ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
LINE	DESCRIPTION	AFFILIATE INFORMATION		
	AFFILIATE MAME	JOHNSON MEMORIAL MEDICAL CENTER, INC.		
A.	AFFILIATE NAME	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		
1	Affiliate Description	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		
	Zip Code	06076 -		
8	CEO Name	Stuart Rosenberg		
	CEO Title	President and CEO		
	CT Agent Name	Reid and Riege, P.C.		
	CT Agent Company	Reid and Riege, P.C.		
	CT Agent Company Street Address	One Financial Plaza		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06103 -		
<u></u>	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 ASSOCIATION		
1	Affiliate Description	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		
	Zip Code	06082 -		
	CEO Name	Stuart Rosenberg		
	CEO Title	President & CEO		
	CT Agent Name	Reid and Riege, P.C.		
	CT Agent Company	Reid and Riege, P.C.		
	CT Agent Company Street Address	One Financial Plaza		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
	CT Agent Zip Code	06103 -		
C.	AFFILIATE NAME	JOHNSON DEVELOPMENT FUND, INC.		
	A SCILLA DE LA CALLACTE	A NONSTOCK CORPORATION FORMED TO SOLICIT, RECEIVE, HOLD, INVEST AND ADMINISTER		
1	Affiliate Description	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	Stuart Rosenberg		
	CEO Title	President & CEO		
	CT Agent Name	Reid and Riege, P.C.		
11	CT Agent Company	Reid and Riege, 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	
	CT Agent Company Street Address	One Financial Plaza	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06076 -	
D.	AFFILIATE NAME	JOHNSON EVERGREEN CORPORATION	
Ъ.	AFFILIATE NAME	A CORPORATE ENTITY WHICH WAS CREATED TO ACCOMMODATE THE NURSING HOME	
		OPERATIONS FOR THE EVERGREEN HEALTH CARE CENTER, A 150 BED NURSING HOME	
1	Affiliate Description	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	Stuart Rosenberg	
9	CEO Title	President & CEO	
10	CT Agent Name	Reid and Riege, P.C.	
	CT Agent Company	Reid and Riege, P.C.	
12	CT Agent Company Street Address	One Financial Plaza	
	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
_		IOUNGON UEAU TU OARE ING	
E.	AFFILIATE NAME	JOHNSON HEALTH CARE, INC.	
1	Affiliate Description	A NONSTOCK CORPORATION FORMED TO PROVIDE MEDICAL CARE ON AN OUTPATIENT BASIS	
2	Affiliate type of service	Occupational Heath	
3	Tax Status	Not for Profit	
4	Street Address	140 Hazard Avenue	
5	Town	Enfield	
6	State	Connecticut	
7	Zip Code	06082 -	
8	CEO Name	Stuart Rosenberg	
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	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 -	
F.	AFFILIATE NAME	JOHNSON MEDICAL SPECIALISTS, P.C.	
	Affiliate Description	A HEAD DROETH CHROIDIADY TO DENDED DROESCOLONAL MEDICAL GERMIOES	
1	Affiliate Description	A "FOR PROFIT" SUBSIDIARY. TO RENDER PROFESSIONAL MEDICAL SERVICES.	
2	Affiliate type of service	Physicians Services	
	Tau Otatua		
3	Tax Status	For Profit	
4	Street Address	201 Chestnut Hill Road, Stafford Springs, CT	

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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
7	Zip Code	06076 -
	CEO Name	Stuart Rosenberg
9	CEO Name CEO Title	President & CEO
	CT Agent Name	Reid & Riege, P.C.
	CT Agent Company	Reid & Riege, PC
	CT Agent Company Street Address	One Financial Plaza, Hartford, CT
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
G.	AFFILIATE NAME	JOHNSON PROFESSIONAL ASSOCIATES, P.C.
<u>0.</u>	ALLIERIE NAME	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
1	Affiliate Description	JOHNSON MEMORIAL CORPORATION BUT IS PART OF THE JOHNSON HEALTH NETWORK
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 -
	CEO Name	Stuart Rosenberg
	CEO Title	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	One Financial Plaza
	CT Agent Company Street Address CT Agent Town	Hartford
	CT Agent Town CT Agent State	Connecticut
	CT Agent State CT Agent Zip Code	06103 -
13	CT Agent Zip Code	00100
н.	AFFILIATE NAME	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.
 	ALTIEIATE NAME	NOT-FOR-PROFIT ORGANIZATION-PROVIDES ACCESSIBLE COMMUNTIY-BASED MEDICAL CARE
		&TREATMENT TO CANCER PATIENTS UTILIZING RADIATION THERAPY SERVICES. THE
1	Affiliate Description	FOUNDING MEMBERS ARE HARTFORD HOSPITAL, JOHNSON MEMORIAL HOSPITAL,
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	Dennis McConnville
9	CEO Title	Chairman of the Board
-	CT Agent Name	Robinson & Cole LLP
	CT Agent Company	Lisa Boyle
	CT Agent Company Street Address	280 Trumbull Street
	CT Agent Company Street Address CT Agent Town	Hartford
	CT Agent Town CT Agent State	Connecticut
	CT Agent State CT Agent Zip Code	06103 - 3597
13	OT Agent Zip Oode	
l.	AFFILIATE NAME	TOLLAND IMAGING CENTER, LLC
⊢"—	AITILIATE NAME	A FOR PROFIT ORGANIZATION THAT PROVIDES COMPREHENSIVE OUTPATIENT RADIOLOGY
		SERVICES. FOUNDING AND INTITIAL MEMBERS ARE JOHNSON MEMORIAL HOSPITAL,
1	Affiliate Description	MANCHESTER MEMORIAL HOSPITAL, ROCKVILLE GENERAL HOSPITAL, AND WINDHAM
	· · · · · · · · · · · · · · · · · · ·	,

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FISCAL YEAR 2014

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

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
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	Stuart Rosenberg	
9	CEO Title	President & CEO	
10	CT Agent Name	Lisa Boyle	
11	CT Agent Company	Robinson & Cole	
12	CT Agent Company Street Address	280 Trumbull St.	
13	CT Agent Town	Hartford	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06103 - 3597	
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.	
1 2	Affiliate Description Affiliate type of service	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME.	
2	Affiliate type of service	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify)	
3	Affiliate type of service Tax Status	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit	
2 3 4	Affiliate type of service Tax Status Street Address	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road	
2 3 4 5	Affiliate type of service Tax Status Street Address Town	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs	
2 3 4 5 6	Affiliate type of service Tax Status Street Address Town State	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut	
2 3 4 5 6 7	Affiliate type of service Tax Status Street Address Town State Zip Code	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut 06076 -	
2 3 4 5 6 7 8	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut	
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut 06076 - Stuart Rosenberg President & CEO	
2 3 4 5 6 7 8 9	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut 06076 - Stuart Rosenberg President & CEO Reid and Riege, P.C.	
2 3 4 5 6 7 8 9 10	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut 06076 - Stuart Rosenberg President & CEO	
2 3 4 5 6 7 8 9 10 11	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut 06076 - Stuart Rosenberg President & CEO Reid and Riege, P.C. Reid and Riege, P.C.	
2 3 4 5 6 7 8 9 10 11 12 13	Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. For Profit Services (Specify) For Profit 230 Chestnut Hill Road Stafford Springs Connecticut 06076 - Stuart Rosenberg President & CEO Reid and Riege, P.C. Reid and Riege, P.C. One Financial Plaza	

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

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	()	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2014
Α.	JOHNSON MEMORIAL HOSPITAL		
1		Unrestricted	\$3,321,183
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$332,881
4		Permanently Restricted by Donor	\$4,636,910
5		Intercompany Eliminations	\$0
		Total:	\$8,290,974
_	TOURISON MEMORIAL MEDICAL CENTER INC		
В.	JOHNSON MEMORIAL MEDICAL CENTER, INC.		Ø500.405
1		Unrestricted	\$536,125
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$27,886 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
ٽ		Total:	\$564,011
		Total.	ψ504,011
C.	HOME AND COMMUNITY HEALTH SERVICES, INC.		
1		Unrestricted	(\$169,577)
2		Temporarily Restricted by Donor	\$56,912
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$170,235
5		Intercompany Eliminations	\$0
		Total:	\$57,570
D.	JOHNSON DEVELOPMENT FUND, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
_	IOUNCON EVEDODEEN CORDODATION		
Ε.	JOHNSON EVERGREEN CORPORATION	I la acceptal at a st	(\$0,000,000)
1		Unrestricted	(\$9,366,686)
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
Ť		Total:	(\$9,366,686)
			(40,000,000)
F.	JOHNSON HEALTH CARE, INC.		
1	• -	Unrestricted	\$249,011
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$249,011
G.	JOHNSON MEDICAL SPECIALISTS, P.C.		
1		Unrestricted	\$1,673
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

LINE	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,673
Н.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.		
1		Unrestricted	(\$7,800,016)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$432,995)
		Total:	(\$8,233,011)
1.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, 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
J.	TOLLAND IMAGING CENTER, LLC		
	TOLLAND IMAGING CENTER, LLC	I love etviete d	r _O
1		Unrestricted	\$0 \$0
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0
		Permanently Restricted by Donor	\$0
<u>4</u> 5		Intercompany Eliminations	\$0
3		Total:	\$0
		Total.	40
Κ.	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:	(\$8,003,463)
	Intercompany Eliminations	i una balance.	(\$432,995)
	Total of all Affiliates	Fund Balance:	(\$8,436,458)

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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	DESCRIPTION OF TRANSFER DATE	
•	TOURSON MEMORIAL MEDICAL CENTER INC			
Α.	JOHNSON MEMORIAL MEDICAL CENTER, INC.			
		Designing Unconcelled to delete on the second Polemen.	0/20/2042	(\$4.20E.22C)
1		Beginning Unconsolidated Intercompany Balance: Other inter-company activity	9/30/2013 10/31/2014	(\$1,285,236) (\$261,381)
<u> </u>		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$261,361) (\$1,546,617)
		Ending Officonsolidated Intercompany Balance.	9/30/2014	(\$1,340,617)
В.	HOME AND COMMUNITY HEALTH SERVICES, INC.			
В.	HOWE AND COMMONITY HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$70,250)
1		Cash Transfer	09/30/2014	\$104,415
2		Other inter-company activity	09/30/2014	\$35,407
3		Cost Share	09/30/2014	\$393,684
4		Insurance premium allocation	09/30/2014	\$214,982
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$678,238
C.	JOHNSON DEVELOPMENT FUND, INC.			
	,			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
D.	JOHNSON EVERGREEN CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$79,991
1		Cash Transfer	09/30/2014	(\$1,201,432)
2		Other inter-company activity	09/30/2014	\$83,109
3		Cost Share	09/30/2014	\$285,208
4		Land Rental Expense	09/30/2014	\$180,000
5		Insurance Allocation	09/30/2014	\$736,310
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$163,186
E.	JOHNSON HEALTH CARE, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$7,465
1		Cash Transfer	09/30/2014	(\$77,955)
2		Other inter-company activity	09/30/2014	\$11,701
3		Cost Share	09/30/2014	\$58,872
4		Insurance Allocation	09/30/2014	\$9,478
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$9,561

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	
F.	JOHNSON MEDICAL SPECIALISTS, P.C.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0	
		Nothing to Report	0/00/00/1	\$0	
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0	
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.				
G.	JUNISON PROFESSIONAL ASSOCIATES, P.C.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$5,093,786	
1		Cash Transfer	09/30/2014	\$848,756	
2		Other inter-company activity	09/30/2014	\$61,547	
3		Behavioral Health Services	09/30/2014	(\$389,126)	
4		Hospitalist Services	09/30/2014	\$158,804	
5		Oncology Services	09/30/2014	\$356,930	
6		Purchase of Office Staff Service	09/30/2014	\$544,549	
7		Insurance Allocation	09/30/2014	\$128,213	
8		Medical Director Fees	09/30/2014	(\$308,137)	
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$6,495,322	
H.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0	
		Nothing to Report	0,00,20.0	\$0	
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0	
I.	TOLLAND IMAGING CENTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	¢o	
-		Nothing to Report	9/30/2013	\$0	
-		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0	
		Ending onconsolidated intercompany balance.	9/30/2014	\$0	
J.	WELLCARE, INC.				
J.	WELLOAKE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0	
		Nothing to Report	3/30/2013	90	
-		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0 \$0	
			3/30/2014	Ψ0	
			Grand Total:	\$5,799,690	

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	·			` '	• •
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated		
_			Intercompany Balance	10/01/2013	\$12,338,024
Α.	JOHNSON MEMORIAL MEDICAL CENTER, INC.				
1		JOHNSON PROFESSIONAL ASSOCIATES, P.C.	Rental Income	09/30/2014	\$1,105,080
- '		JOHNSON FROI ESSIONAL ASSOCIATES, F.C.	Total:	9/30/2014	\$1,105,080
				0/00/2011	\$1,100,000
В.	HOME AND COMMUNITY HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	JOHNSON DEVELOPMENT FUND, INC.		N di		•
			Nothing to Report	9/30/2014	\$0
			Total:	9/30/2014	\$0
D.	JOHNSON EVERGREEN CORPORATION				
	OSTRIBUTE CONTURATION		Nothing to Report		\$0
			Total:	9/30/2014	\$0
					**
E.	JOHNSON HEALTH CARE, INC.				
1		JOHNSON PROFESSIONAL ASSOCIATES, P.C.	Due for Services Provided	09/30/2014	\$70,745
			Total:	9/30/2014	\$70,745
F.	JOHNSON MEDICAL SPECIALISTS, P.C.				
г.	JOHNSON MEDICAL SPECIALISTS, F.G.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
				0,00,2011	4.0
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.				
1		JOHNSON HEALTH CARE, INC.	Services provided by JHC	09/30/2014	(\$70,746)
		IOUNICON MEMORIAL MEDICAL CENTER INC.	Daniel Francisco	00/00/00:	(64.40====
2		JOHNSON MEMORIAL MEDICAL CENTER, INC.	Rental Expense Total:	09/30/2014 9/30/2014	(\$1,105,081) (\$4,475,827)
			l otal:	9/30/2014	(\$1,175,827)
Н.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
— —	TOTAL TESTINE REPORTED ON OF THE PORT, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
					,
I.	TOLLAND IMAGING CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
	WELLOADE INO				
J.	WELLCARE, INC.		Nothing to Depart		A A
<u></u>			Nothing to Report		\$0

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2014	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2014	\$12,338,022

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
LINE	DESCRIPTION OF EXPENDITURE		Amoun	DATE
Α.	JOHNSON MEMORIAL MEDICAL CENTER, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
В.	HOME AND COMMUNITY HEALTH SERVICES, INC.		<u> </u>	
0	Nothing to Report	Total:	\$0 \$0	0/00/0044
		TOTAL:	20	9/30/2014
C.	JOHNSON DEVELOPMENT FUND, INC.			
0.	Nothing to Report		\$0	
	gp	Total:	\$0	9/30/2014
			·	
D.	JOHNSON EVERGREEN CORPORATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
_				
E.	JOHNSON HEALTH CARE, INC.			
-0	Nothing to Report	Total:	\$0 \$0	9/30/2014
		Total.	40	9/30/2014
F.	JOHNSON MEDICAL SPECIALISTS, P.C.			
0	Nothing to Report		\$0	
	,	Total:	\$0	9/30/2014
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	NODTHE ACT DECIDIAL DADIATION ON OUR DOWNETWORK INC			
H.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. Nothing to Report		фо.	
0	Nothing to Report	Total:	\$0 \$0	9/30/2014
			Ψ	3/33/2314
I.	TOLLAND IMAGING CENTER, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
J.	WELLCARE, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	Crana	l Total:	\$0	9/30/2014
	Grand	i i otali	\$0	9/30/2014

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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
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AWOON	TERM IN TEARS
A.	JOHNSON MEMORIAL MEDICAL CENTER, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	HOME AND COMMUNITY HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
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	Ü
	Total:	\$0	
G.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.	0	0
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. Nothing to Report	\$0	0
U	Nothing to Report Total:	\$0 \$0	0
	I Otal:	\$0	
	TOLLAND IMAGING OFFITED 110		
I.	TOLLAND IMAGING CENTER, LLC Nothing to Report	\$0	0
	Total:	\$0 \$0	0
	Total.	30	
	WELLCARE, INC.		
J.	Nothing to Report	\$0	
	Total:	\$ 0	0
	Total.	40	
	Grand Total:	\$0	
L	Grand rotal.	\$ 0	

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JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00		0%
	Expenditures	\$0.00	\$0.00	\$0.00	0%
	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$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%
1	Donations	\$0.00	\$0.00		0%
	Income	\$0.00	\$0.00		0%
	Expenditures	\$0.00	\$0.00		0%
	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
С.	Other				
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	JOHNSON MEMORIAL HOSPITAL					
ANNUAL REPORTING						
	FISCAL YEAR 2014					
F	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTER	ED BY THE HOSPITAL				
A. Patient Activity						
(1)	(2)	(3)				
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount				
 Number of Applicat 	ions for Hospital Bed Funds	0				
	Grand Total	\$0.00				

	JOHNSON MEMORIAL HOSPITAL								
		ANNUAL REPO							
		FISCAL YEAR							
	REPORT 17B - HOSPITA			V THE HOCDITAL					
	REPORT T/B - HOSPITA	IL BED FUNDS HELD (JK ADMINISTERED E	IT THE HUSPITAL					
B. BE	D FUND ACTIVITY								
(1)	(2)	(3)	(4)	(5)	(6)				
		FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available				
Line	Name of Hospital Bed Fund								
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princi	pal attributable to each	Hospital Bed				
	-	-			-				
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earning	as attributable to eac	h Hospital Bed Fund.					
	<u> </u>		_						
(5)	Actual Dollar Amount of Earnings reinves	ted as Princinal if any	i						
(0)	Actual Bollar Amount of Earnings femiles	nea ao i mioipai, ii any	•						
(6)	Actual Dollar Amount of Earnings availab	la for Patient Care							
(6)	Actual Dollar Amount of Earnings availab	ie iui ralieill Gale.							
		1 40.00	*		*				
	Total Bed Funds : \$0.00 \$0.00 \$0.00 \$0.00								

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 an/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 paid a percentage of what they are able to collect
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	13.00%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	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 an/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.	Tje agent is paid a percentage of what they are able to collect
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.00%
	l	l

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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.	Cheif Financial Officer	\$274,997	\$36,925	\$311,922
2.	President	\$179,005	\$19,319	\$198,324
	Vice Desident Defeat One Con-	# 400.004	004.040	\$404.04 7
3.	Vice President - Patient Care Svcs.	\$160,204	\$24,643	\$184,847
4.	RN - ICU	\$140,965	\$29,483	\$170,448
	+			
5.	VP Human Resources	\$140,005	\$29,388	\$169,393
6.	Vice President Operations	\$129,431	\$15,231	\$144,662
7.	RN - Nursing Administration	\$123,278	\$27,545	\$150,823
	Taxa and		. 1	
8.	RN - OB	\$122,744	\$25,821	\$148,565
9.	Corporate Controller	\$120,640	\$31,788	\$152,428
		¥ .==,,	***,****	, , ,
10.	RN - Med/Surg Unit	\$120,342	\$28,207	\$148,549
	Grand Total:	\$1,511,611	\$268,350	\$1,779,961

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JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
	DECODINE	SALARIES (Directly or	FRINGE BENEFITS ^A (Directl	TOTAL
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Α.	JOHNSON MEMORIAL MEDICAL CENTER, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
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 \$0
			<u> </u>	
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
Ε.	JOHNSON HEALTH CARE, 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 \$0
	and by the Prospital to Employees of the Emity Elected 7 18070	Ψ3	,	Ψ-
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
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
Н.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, 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 \$0
			1 +0	
۱.	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
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

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

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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 ANNUAL REPORTING FISCAL YEAR 2014 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

(1)	(2)	(3)
INE	DESCRIPTION	ACTUAL FY 2014
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 Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Heavital Official as New York 10 and a supply for the supply of th	
2	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	NI/A
3.	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
	Official of Notionalical Dervices of Functions occurred.	1W/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

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		ORIAL HOSPITA	L		
		REPORTING			
		AL YEAR 2014			
	REPORT 23 - CHARITY CARE AND REDUCED	COST SERVICES	S PROVIDED BY	THE HOSPITAL	
(4)	(0)	(0)	(4)	(E)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
	DECORIDATION	FY 2013	FY 2014	AMOUNT	% DIFFERENCE
<u>LINE</u>	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
_					
1.	Number of Applicants	168	117	(51)	-30%
2.	Number of Approved Applicants	113	102	(11)	-10%
3.	Total Charges (A)	\$310,398	\$387,404	\$77,006	25%
	Average Charges	\$2,747	\$3,798	\$1,051	38%
				(2.222212)	
4.	Ratio of Cost to Charges (RCC)	0.431354	0.398842	(0.032512)	-8%
	Total Cost	\$133,891	\$154,513	\$20,622	15%
	Average Cost	\$1,185	\$1,515	\$330	28%
E	Charity Care - Inpatient Charges	\$147,829	Ø460 004	€4 E 400	10%
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department	\$147,829	\$163,321	\$15,492	10%
6.	Charges	105,813	109,332	3,519	3%
0.	Charity Care - Outpatient Charges (Excludes ED	103,613	109,332	3,319	3 /0
7.	Charges)	56,756	114,751	57,995	102%
, .	Total Charges (A)	\$310,398	\$387,404	\$77,006	25%
	Jest Grand G	4 010,000	************	Ţ11,000	
8.	Charity Care - Number of Patient Days	36	34	(2)	-6%
9.	Charity Care - Number of Discharges	19	9	(10)	-53%
10.	Charity Care - Number of Outpatient ED Visits	129	117	(12)	-9%
	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Visits)	185	178	(7)	-4%
/ A \					
(A) The	e total amount must agree with the total amount listed in	n the Hospital Au	dited Financial S	tatement Notes.	
B.	Hospital Bed Funds (see Hospital Reporting System -	Report 17)			
<u> </u>	riospital Bed Fullus (see Flospital Reporting Gystem -	Keport 17)			
1.	Number of Applicants	_	_	-	0%
2.	Number of Approved Applicants	-	_	-	0%
	11 11				
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0		0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
	5 15 1 1 1 1 10			Φ0	201
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6	Red Funds Outpetient Emergency Department Charges	0	0	0	00/
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
, , , , , , , , , , , , , , , , , , ,	Total Charges (B)	\$0	\$0	\$0	0%
		43	ΨΦ	Ψ3	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	e total amount must agree with the total amount listed o	n Hospital Repor	ting System - Re	eport 17.	

	JOHNSON MEMORIAL HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2014						
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL						
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2013	FY 2014	AMOUNT	%		
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE		