	JOHNSON MEMORIAL HOSPITAL				
-	ANNUAL REPORTING				
-	FISCAL YEAR 2016				
		- REPORT OF EACH JOINT VENTURE, PARTNERSHIP CORPORATION RELATED TO THE HOSPITAL			
	AND	CORPORATION RELATED TO THE HOSPITAL			
(1) (2) (3)					
(-/	(-/	(-)			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
١,	AFFILIATE NAME	TRINITY HEALTH NEW ENGLAND INC (FORMER) V CAINT EDANCIS CARE INC.)			
Α.	AFFILIATE NAME	PARENT CORPORATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND SAINT			
		FRANCIS' AFFILIATES. OVERSEES AND COORDINATES THE STRATEGIC PLANNING, FINANCIAL			
	Affiliate Description	PLANNING AND OTHER ACTIVITIES OF SAINT FRANCIS HOSPITAL AND SAINT FRANCIS'			
3	Affiliate type of service Tax Status	Parent Corporation Not for Profit			
4	Street Address	114 Woodland Street			
5	Town	Hartford			
6	State	Connecticut			
8	Zip Code	06105 - Christopher M. Dadlez, EACHE			
9	CEO Name CEO Title	Christopher M. Dadlez, FACHE President			
10	CT Agent Name	c/o CT Corporation System			
11	CT Agent Company	CT Corporation System			
	CT Agent Company Street Address	One Corporate Center			
	CT Agent Town CT Agent State	Hartford			
	CT Agent State CT Agent Zip Code	Connecticut 06103 - 3220			
	or rigonic in order				
B.	AFFILIATE NAME	HOME AND COMMUNITY HEALTH SERVICES, INC.			
		A NONSTOCK CORPORATION FORMERLY KNOWN AS ENFIELD VISITING NURSE ASSOCIATION			
	Affiliate Description	WHICH PROVIDES HOME CARE SERVICES.			
	Affiliate type of service	Home Health/VNAs			
3	Tax Status Street Address	Not for Profit 101 Phoenix Avenue, Enfield, CT			
_	Town	Enfield			
6	State	Connecticut			
7	Zip Code	06082 -			
	CEO Name CEO Title	Stuart Rosenberg President & CEO			
	CT Agent Name	c/o CT Corporation System			
	CT Agent Company	CT Corporation System			
12	CT Agent Company Street Address	One Corporate Center			
13	CT Agent Town	Hartford			
	CT Agent State CT Agent Zip Code	Connecticut 06103 -			
13	O Frigoric Zip Code				
C.	AFFILIATE NAME	JOHNSON EVERGREEN CORPORATION			
		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			
	Tax Status	Not for Profit			
5	Street Address Town	205 Chestnut Hill Road Stafford Springs			
6	State	Connecticut			
7	Zip Code	06076 -			
8	CEO Name	Stuart Rosenberg			
9	CEO Title	President & CEO			
	CT Agent Name CT Agent Company	Reid and Riege, P.C. 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 -			

REPORT 20 1 OF 18 1/11/2018,1:37 PM

		JOHNSON MEMORIAL HOSPITAL			
		ANNUAL REPORTING			
		FISCAL YEAR 2016			
	REPORT 2	20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP			
	AN	ID CORPORATION RELATED TO THE HOSPITAL			
(1)	(2)	(3)			
LINE	DESCRIPTION	AFFILIATE INFORMATION			
D.	AFFILIATE NAME	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)			
D.	AFFILIATE NAME	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)			
	Affiliate Description	A NONSTOCK CORPORATION FORMED TO PROVIDE MEDICAL CARE ON AN OUTPATIENT BASIS.			
	Affiliate type of service	Occupational Heath			
4	Tax Status Street Address	Not for Profit 201 Chestnut Hill Road			
	Town	Stafford Springs			
6	State	Connecticut			
	Zip Code	06076 -			
8	CEO Name	Stuart Rosenberg			
9	CEO Title	President & CEO			
	CT Agent Name	c/o CT Corporation System			
	CT Agent Company	CT Corporation System			
	CT Agent Company Street Address	One Corporate Center			
	CT Agent Town CT Agent State	Hartford Connecticut			
	CT Agent State CT Agent Zip Code	06103 -			
10	or Agent Zip Gode				
		JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL CENTER,			
E.	AFFILIATE NAME	INC.)			
		A NON STOCK CORPORATION FORMED TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT			
_	AMIL A D	THE PURPOSES OF AND UPHOLD, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND			
	Affiliate Description Affiliate type of service	ACTIVITIES OF JOHNSON MEMORIAL HOSPITAL. Hospital			
	Tax Status	Not for Profit			
4	Street Address	201 Chestnut Hill Road, Staffo			
5	Town	Stafford Springs			
6	State	Connecticut			
7	Zip Code	06076 -			
	CEO Name	Stuart Rosenberg			
	CEO Title	President and CEO			
	CT Agent Name	c/o CT Corporation System			
	CT Agent Company	CT Corporation System			
	CT Agent Company Street Address CT Agent Town	One Corporate Center Hartford			
	CT Agent Town CT Agent State	Connecticut			
	CT Agent State CT Agent Zip Code	06103 -			
F.	AFFILIATE NAME	JOHNSON PROFESSIONAL ASSOCIATES, P.C.			
		A PROFESSIONAL CORPORATION TO PROVIDE OB/GYN AND MENTAL HEALTH SERVICES TO			
1	Affiliate Description	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			
	Affiliate type of service	Physicians Services			
	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 Company	Reid and Riege, P.C. Reid and Riege, P.C.			
	CT Agent Company CT Agent Company Street Address	One Financial Plaza			
	CT Agent Company Street Address CT Agent Town	Hartford			
	CT Agent State	Connecticut			
	CT Agent Zip Code	06103 -			

REPORT 20 2 OF 18 1/11/2018,1:37 PM

	IOUNGON MEMORIAL HOODITAL					
	JOHNSON MEMORIAL ANNUAL REPOR					
	FISCAL YEAR 2016					
	REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS					
(1)	(2)	(3)	(4)			
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	9/30/2016			
		1 0112 1 0111 002	0,00,2010			
Α.	JOHNSON MEMORIAL HOSPITAL					
1		Unrestricted	(\$6,168,689)			
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$542,472			
4		Permanently Restricted by Donor	\$0			
5		Intercompany Eliminations	\$0			
		Total:	(\$5,626,217)			
	TRINITY LIE ALTIL NEW FAIGUAND ING /FORMERLY CAINT					
В.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
1	I MARIOLO GANE, IRIO.)	Unrestricted	\$0			
2		Temporarily Restricted by Donor	\$0			
3		Temporarily Restricted by Board	\$0			
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0			
		Total:	\$0			
		Total.	40			
C.	HOME AND COMMUNITY HEALTH SERVICES, INC.					
1		Unrestricted	(\$1,493,092)			
2		Temporarily Restricted by Donor	\$64,968			
3		Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0			
5		Intercompany Eliminations	\$0			
		Total:	(\$1,428,124)			
D.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)					
1	HEALTH GARE, INC.)	Unrestricted	\$111,126			
2		Temporarily Restricted by Donor	\$0			
3		Temporarily Restricted by Board	\$0			
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0			
		Total:	\$111,126			
		Total.	ψ111,120			
	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON					
Ε.	MEMORIAL MEDICAL CENTER, INC.)					
1		Unrestricted	\$7,634,818			
3		Temporarily Restricted by Donor Temporarily Restricted by Board	\$28,714 \$0			
4		Permanently Restricted by Donor	\$0			
5		Intercompany Eliminations	\$0			
		Total:	\$7,663,532			
	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK,					
F.	INC.					
1		Unrestricted	\$0			
2		Temporarily Restricted by Donor	\$0			
3		Temporarily Restricted by Board	\$0 \$0			
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0			
		Total:	\$0			
			,			
G.	TOLLAND IMAGING CENTER, LLC					
2		Unrestricted Temporarily Restricted by Donor	\$0 \$0			
3		Temporarily Restricted by Board	\$0			
			+ -			

	JOHNSON MEMORIAL HOSPITAL				
	ANNUAL REPORT	ΓING			
	FISCAL YEAR 2	016			
	REPORT 5 - HOSPITAL, AFFILIATE AND RELA	TED CORPORATION NET ASSETS			
(1)	(2)	(3)	(4)		
		FUND DESCRIPTION /	BALANCE AS OF		
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2016		
4		Permanently Restricted by Donor	\$0		
5		Intercompany Eliminations	\$0		
		Total:	\$0		
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$720,317		
	Intercompany Eliminations		\$0		
	Total of all Affiliates	Fund Balance:	\$720,317		

REPORT 20 4 OF 18 1/11/2018,1:37 PM

		1		
	JOHN	ISON MEMORIAL HOSPITAL		
		ANNUAL REPORTING		
		FISCAL YEAR 2016		
	REPORT 6 - TRANSACTIONS BETWEEN T	THE HOSPITAL AND AFFILIATES OR RELATED CORPOR	ATIONS	
(1)	(2)	(3)	(4)	(5)
(1)	\-_/	(0)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	HOSPITAL
	TRINITY LIFE A THE ANGLE AND THE GROWER VICENTIA FRANCIS CARE			
Α.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)			
Λ.	ino.)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
B.	HOME AND COMMUNITY HEALTH SERVICES, INC.			
ъ.	HOME AND COMMONT I HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$432,254
1		Cash Transfer	09/30/2016	\$1,641,776
3		Cost Share	09/30/2016	\$393,684
3		Insurance Allocation Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	\$32,844 \$2,500,558
		Ending onconsolidated intercompany balance.	3/30/2010	\$2,300,330
C.	JOHNSON EVERGREEN CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$170,998)
1		Balance write off - no longer an affiliate 12/28/15	12/28/2015	\$170,998
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH			
D.	CARE, INC.)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$203,403)
1		Cash Transfer	09/30/2016	\$176,266
2		Cost Share	09/30/2016	\$53,088
3		Insurance Allocation Ending Unconsolidated Intercompany Balance:	09/30/2016 9/30/2016	\$5,589 \$31,540
		Ending chochsondated intercompany butance.	3/30/2010	\$51,540
	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL			
E.	MEDICAL CENTER, INC.)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$2,591,569)
2		Rent Capital Transfers	09/30/2016 09/30/2016	(\$622,728) \$120,957
3		Cash Transfer	09/30/2016	\$196,824
		Ending Unconsolidated Intercompany Balance:	9/30/2016	(\$2,896,516)
F.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$7 637 67E
1		Balance write off - no longer an affiliate	09/30/2016	\$7,627,675 (\$7,627,675)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
G.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			
—		Beginning Unconsolidated Intercompany Balance: Nothing to Report	9/30/2015	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
		5	3,00,2010	40
H.	TOLLAND IMAGING CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report	9/30/2016	\$0 \$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
			Grand Tatali	(6264 440)
			Grand Total:	(\$364,418)

	JO	DHNSON MEMORIAL HOSPITAL			
		ANNUAL REPORTING			
	PEDODT 6A - TDANSACTIONS RE	FISCAL YEAR 2016 TWEEN HOSPITAL AFFILIATES OR RELATED CO	OPPOPATIONS		
		TWEEN HOSPITAL ATTIENATES ON NELATED CO	SKI OKATIONS		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2015	\$12,338,022
Α.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
	LIGHE AND COMMUNITY LIFALTH OFFINIONS INC.				
В.	HOME AND COMMUNITY HEALTH SERVICES, INC.	JOHNSON MEMORIAL HOSPITAL, INC.			
		(FORMERLY JOHNSON MEMORIAL MEDICAL			
1		CENTER, INC.)	Cash Transfer	09/30/2016	(\$200,000)
			Total:	9/30/2016	(\$200,000)
C.	JOHNSON EVERGREEN CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
D.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
E.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL CENTER, INC.)				
_	medione deliter, mo.j	HOME AND COMMUNITY HEALTH SERVICES,			
1		INC.	Cash Transfer	09/30/2016	\$200,000
			Total:	9/30/2016	\$200,000
F.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.				
⊢ ^{r.}	JUNINGUN FRUFEGGIUNAL AGGUCIATEG, P.C.		Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
			Nothing to Report Total:	9/30/2016	\$0 \$0
			i otai:	9/30/2016	\$0
Н.	TOLLAND IMAGING CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2016	\$12,338,022
			1		

			1
	JOHNSON MEMORIAL HOSE	PITAL	
	ANNUAL REPORTING		
	FISCAL YEAR 2016		
	REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORA	TIONS FOR THE BENEFIT OF THE HOSP	ITAL
(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT	DAIL
A.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)		
0	Nothing to Report	\$0	
_	Total:	\$0	9/30/2016
	HOME AND COMMUNITY HEALTH CERVICES INC		
B .	HOME AND COMMUNITY HEALTH SERVICES, INC. Nothing to Report	# O	
	Total:	\$0 \$0	9/30/2016
	, otta.	40	3/30/2010
C.	JOHNSON EVERGREEN CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
_	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE,		
D.	INC.) Nothing to Report	\$0	
<u> </u>	Total:	\$0 	9/30/2016
	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL		
E.	MEDICAL CENTER, INC.)		
0	Nothing to Report Total:	\$0 \$0	9/30/2016
	Total.	\$0	9/30/2016
F.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
G.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2016
	TOU AND WAR ONE OF WITTEN ALL		
H.	TOLLAND IMAGING CENTER, LLC Nothing to Report	**	
U	Nothing to Report Total:	\$0 \$0	9/30/2016
	i Otal.	\$0	3/30/2010

REPORT 20 7 OF 18 1/11/2018,1:37 PM

	IOUNGON MENODIA MOORE						
-	JOHNSON MEMORIAL HOSPITAL						
	ANNUAL REPORTING						
	FISCAL YEAR 2016	OF AFFILIATES (DEL ATED CORDORA	TIONS				
	REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT	OF AFFILIATES / RELATED CORPORA	TIONS				
(1)	(2)	(3)	(4)				
(1)	(2) AFFILIATE NAME &	(3)	(4)				
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS				
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AWOUNT	TERMIN TEARS				
Α.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)						
0	Nothing to Report	\$0					
- 0	Tota:	\$0 \$0					
	Total:	\$0					
	HOME AND COMMUNITY HEALTH CERVICES INC						
В.	HOME AND COMMUNITY HEALTH SERVICES, INC.	r c					
0	Nothing to Report	\$0	C				
	Total:	\$0					
C.	JOHNSON EVERGREEN CORPORATION						
0	Nothing to Report	\$0	0				
	Total:	\$0					
D.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)						
0	Nothing to Report	\$0	0				
	Total:	\$0					
E.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL CENTER, INC.)						
0	Nothing to Report	\$0	C				
	Total:	\$0					

F.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.						
0	Nothing to Report	\$0	0				
١	Total:	\$0	Ü				
	Total	40					
	NORTHEAST REGIONAL PARIATION ONCO LOCK NETWORK, INC.						
G .	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. Nothing to Report	\$0	0				
U		\$0 \$0					
	Total:	\$0					
H.	TOLLAND IMAGING CENTER, LLC						
0	Nothing to Report	\$0	C				
	Total:	\$0					
I	Grand Total:	\$0					

	I			T T	1		
		IOUNGON MEMORIA	LUCCDITAL				
	JOHNSON MEMORIAL HOSPITAL						
	ANNUAL REPORTING FISCAL YEAR 2016 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR						
	NE.	INDIGENT CARE AND					
		INDIGENT CARE AND	FREE BEDS				
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2015	FY 2016				
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE		
		7.0.07.2	7.0.07.2	7	,, z z		
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%		
1	Donations	\$0.00	\$0.00		0%		
2	Income	\$0.00	\$0.00		0%		
3	Expenditures	\$0.00	\$0.00	\$0.00	0%		
4	Unrealized Gains and Losses	\$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%		
	Ending Balance	\$0.00	\$0.00	\$0.00	0%		
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%		

REPORT 20 9 OF 18 1/11/2018,1:37 PM

JOHNSON MEMORIAL HOSPITAL							
	ANNUAL REPORTING						
	FISCAL YEAR 2016						
REPORT 1	7A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	D BY THE HOSPITAL					
A. Patient Activity							
(1)	(2)	(3)					
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount					
 Number of Applications for Ho 	spital Bed Funds	0					
Grand Total \$0.00							

REPORT 20 10 OF 18 1/11/2018,1:37 PM

JOHNSON MEMORIAL HOSPITAL						
	ANNUAL REPO	RTING				
	FISCAL YEAR	2016				
REPORT 17B - HOSPITA	L BED FUNDS HELD (OR ADMINISTERED B	Y THE HOSPITAL			
ED FUND ACTIVITY						
(2)	(3)	(4)	(5)	(6)		
	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available		
Name of Hospital Bed Fund						
Fair Market Value of the Principal of each	individual Hospital Be	d Fund, or the Princip	al attributable to each	Hospital Bed Fund		
Total Actual Earnings for each Hospital Be	ed Fund or the Earning	s attributable to each	Hospital Bed Fund.			
Actual Dollar Amount of Earnings reinvest	ted 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		
	Name of Hospital Bed Fund Fair Market Value of the Principal of each Total Actual Earnings for each Hospital Bed Actual Dollar Amount of Earnings reinvest	ANNUAL REPO FISCAL YEAR REPORT 17B - HOSPITAL BED FUNDS HELD (D FUND ACTIVITY (2) (3) FMV of Principal Name of Hospital Bed Fund Fair Market Value of the Principal of each individual Hospital Be Total Actual Earnings for each Hospital Bed Fund or the Earning Actual Dollar Amount of Earnings reinvested as Principal, if any	ANNUAL REPORTING FISCAL YEAR 2016 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED B D FUND ACTIVITY (2) (3) (4) FMV of Principal Actual Earnings Name of Hospital Bed Fund Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Princip Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care.	ANNUAL REPORTING FISCAL YEAR 2016 REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL D FUND ACTIVITY (2) (3) (4) (5) FMV of Principal Actual Earnings Earnings Reinvested Name of Hospital Bed Fund Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. Actual Dollar Amount of Earnings available for Patient Care.		

REPORT 20 11 OF 18 1/11/2018,1:37 PM

	JOHNSON MEMORIAL HOSPITAL				
	ANNUAL REPORTING				
		AL YEAR 2016			
	REPORT 18 - HOSPITAL COLLECTION PLACEME	ENT POLICIES AND COLLECTION AGENT INFORMATION			
(4)	(0)	(0)			
(1)	(2)	(3)			
LINE	DESCRIPTION	COLLECTION INFORMATION			
-	CENERAL COLLECTION PROCESSES AND PROCEDURES				
Ι . Α.	GENERAL COLLECTION PROCESSES AND PROCEDURES				
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	An automatic write off to a collection agency is based on the # of statements sent to the patient, age & value of account, or if deemed uncollectible. See our automatic write off policy. Once the account is deemed uncollectible, account may be considered for second placement.			
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid on an hourly rate for specific accounts requiring legal intervention.			
C.	Total Recovery Rate on accounts assigned (excluding Medicare				
	accounts) to Collection Agents	12.10%			
II.	SPECIFIC COLLECTION AGENT INFORMATION				
Α	Collection Agent				
1	Collection Agent Name	American Adjustment Bureau			
	Collection Agent Type	Collection Agency			
	Related / Not Related Entity	Not Related			
	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.	An automatic write off to a collection agency is based on the # of statements sent to the patient, age & value of account, or if deemed uncollectible. See our automatic write off policy. Once the account is deemed uncollectible, account may be considered for second placement.			
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.	Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid on an hourly rate for specific accounts requiring legal intervention.			
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.10%			

REPORT 20 12 OF 18 1/11/2018,1:37 PM

		JOHNSON ME	MORIAL HOSPITAL	!					
	ANNUAL REPORTING								
FISCAL YEAR 2016 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES									
	REFORT TO GREATE	O AND I MINOL BLINLI III	OF THE TENTHORIEOT	AID 11001 TIAL LIIII LO	LLO				
LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL				
1.	Former Chief Financial Officer	John Grish	\$221,404	\$22,843	\$244,247				
2.	Vice President Medical Affairs	Ian Tucker	\$159,973	\$20,795	\$180,768				
3.	Asst VP - Ancillary Services	Karl Kamyk	\$150,240	\$20,470	\$170,710				
4.	Asst VP - Human Resources	Donna Megliola	\$150,240	\$20,470	\$170,710				
5.	Former Corporate Controller	Thomas Blazejowski	\$137,925	\$20,060	\$157,985				
6.	RN	Stephen Czaja	\$127,246	\$19,704	\$146,950				
7.	RN	Dianne Malsbury	\$120,709	\$19,486	\$140,195				
8.	Manager Perioptive Services	Judith Phelan	\$118,526	\$19,413	\$137,939				
9.	RN - Emergency Room	Irene Johnson	\$118,056	\$19,370	\$137,426				
10.	RN	Beate Cortese	\$114,170	\$18,999	\$133,169				
		Grand Total:	\$1,418,489	\$201,610	\$1,620,099				

REPORT 20 13 OF 18 1/11/2018,1:37 PM

		TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS (CARE, INC.)	<u>'</u>	
		ANNUAL REPORTING			
	DEPORT 40D	FISCAL YEAR 2016 SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEAL	TIL OVOTEM EMBLOVEE		
	REPORT 19B -	SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEAL	TH SYSTEM EMPLOYEE	5	
LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	President and Chief Executive Officer - THNE	Christopher M. Dadlez; Trinity Health - NE	\$1,685,526	\$146,818	\$1,832,
2.	President, St Francis Hospital and Medical Center	John F. Rodis, MD; Saint Francis Hospital and Medical Center	\$1,204,152	\$112,429	\$1,316,
3.	Director of Minimally Invasive Cardiac Surgery	William V. Martinez Jr., MD; Saint Francis Medical Group	\$1,215,278	\$60,256	\$1,275
4.	Neurosurgeon	Bruce S. Chozick., MD; Saint Francis Medical Group	\$1,165,323	\$65,772	\$1,231
5.	Neurosurgeon	David Spiro, MD; Saint Francis Medical Group	\$1,122,612	\$55,929	\$1,178
6.	Plastic Surgeon	Leo R. Otake, MD; Saint Francis Medical Group	\$1,062,176	\$56,013	\$1,118
7.	Plastic Surgeon	Samuel D. Buonocore, MD; Saint Francis Medical Group	\$969,909	\$62,896	\$1,032
8.	President, St Marys Hospital	Chad W. Wable; St Marys Hospital	\$726,523	\$240,465	\$960
9.	General Surgeon	Shady Macaron, MD; Franklin Medical Group, PC	\$907,869	\$57,042	\$96
10.	Senior Vice President, Chief Physician Executive	Steven T. Ruby, MD; Trinity Health - NE	\$835,877	\$79,495	\$91
	1	Grand Total:	\$10.895.245	\$937.115	\$11,83

				I	I	I	ı	
	JOHNSON MEMORIAL HOSPITAL							
ANNUAL REPORTING FISCAL YEAR 2016								
REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON								
				SEVERANCE	STOCK OFFERING	OTHER FINANCIAL		
LINE	NAME	POSITION TYPE	SALARY	PAYMENT	VALUE	GAIN	TOTAL	
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0	
2.			\$0				\$(
3.			\$0		\$0			
4. 5.			\$0 \$0		\$0 \$0			
6.			\$0		\$0			
7.			\$0		\$0		\$0	
8.			\$0	\$0	\$0	\$0	\$0	
9.	·		\$0				\$(
10. 11.			\$0 \$0		\$0 \$0			
11.			\$0 \$0		\$0 \$0			
13.			\$0		\$0		\$0	
14.			\$0	\$0	\$0	\$0	\$0	
15.			\$0		\$0		\$0	
16.			\$0		\$0		\$(
17. 18.			\$0 \$0		\$0 \$0			
19.			\$0		\$0			
20.			\$0		\$0		\$0	
21.			\$0	\$0	\$0	\$0	\$0	
22.			\$0		\$0		\$0	
23.			\$0		\$0		\$(
24. 25.			\$0 \$0					
26.			\$0		\$0		\$(
27.			\$0		\$0		\$(
28.			\$0		\$0		\$0	
29.			\$0		\$0		\$(
30. 31.			\$0 \$0					
32.			\$0 \$0		\$0			
33.			\$0		\$0		\$(
34.			\$0	\$0	\$0	\$0	\$(
35.			\$0		\$0			
36.			\$0 \$0		\$0 \$0		\$(
37. 38.			\$0 \$0		\$0			
39.			\$0		\$0		\$0	
40.			\$0	\$0	\$0	\$0	\$0	
41.			\$0		\$0		\$0	
42.			\$0 \$0		\$0 \$0			
43. 44.			\$0 \$0		\$0 \$0		\$0	
45.			\$0		\$0		\$0	
46.			\$0	\$0	\$0	\$0	\$0	
47.			\$0	\$0	\$0	\$0	\$(
48.			\$0		\$0		\$(
49. 50.			\$0 \$0		\$0 \$0			
50.		Out of Table	\$0					
		Grand Total:	\$0	\$0	\$0	\$0	\$	

	JOHNSON MEMORIAL HOS	PITAL					
	ANNUAL REPORTING)					
	FISCAL YEAR 2016		_				
	REPORT 21- HOSPITAL SALARIES AND	FRINGE BENEFIT	<u>S</u>				
	PAID BY JOINT VENTURES, AFFILIATES AND R	ELATED CORPOR	RATIONS				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(1)	(2)	(3)	(4)	(5)			
		SALARIES	FRINGE				
		(Directly or	BENEFITS ^A (DirectI				
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL			
	DECOMM HON	muncony,	y or mancomy,	TOTAL			
	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT						
Α.	FRANCIS 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			
		· ·					
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			
С.	JOHNSON EVERGREEN CORPORATION						
11	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			
_	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON						
D .	HEALTH CARE, INC.)						
1	Paid by the Entity Listed Above to Hospital Employees(B)	<u>\$0</u>	\$0	<u>\$0</u>			
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0			
	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON						
Ε.	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	\$0 \$0			
	and by the Hoopharte Employees of the Emity Lieted 7 to 10	Ψ	Ψ	ΨΟ			
F.	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			
G.	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			
	TOUL AND WARRING OFFITTED LLC						
Н.	TOLLAND IMAGING CENTER, LLC	Φ0	1 00	Φ0			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$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.						
	1 of oddit officed off Nopole 20, complete Nopole 21.						
	A - Fringe benefits shall represent the value of all forms of compensation	as described in Se	ction 19a-643-206-(b)(21)	. includina the			
	fair market value where appropriate.			,			
	B - A hospital employee is anyone who provides a service which incurs a	n expense for the h	ospital.				
	C - Indirect payments include but are not limited to payments made to related entities.						

	IOUNCON MEMORIAL HOCRITAL					
	JOHNSON MEMORIAL HOSPITAL					
	ANNUAL REPORTING					
	FISCAL YEAR 2016					
	REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR					
	CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENT	ПТҮ				
(1)	(2)	(3)				
LINE	DESCRIPTION	ACTUAL FY 2016				
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 Hospital Clinical or Nonclinical Service or Function transferred or involved					
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				
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital					
5.	Clinical or Nonclinical Services or Functions.	\$0				

REPORT 20 17 OF 18 1/11/2018,1:37 PM

		IORIAL HOSPITA REPORTING	<u>.L</u>		
		AL YEAR 2016			
	REPORT 23 - CHARITY CARE AND REDUCED		S PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)
	``	FY 2015	FY 2016	AMÒÚNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	<u>DIFFERENCE</u>
Α.	Hospital Charity Care (see Hospital Audited Financial S	Statement Notes)			
<u> </u>	Trospital Grianty Gare (See Trospital Addited I mariela)	natement Notes)			
1.	Number of Applicants	95	79	(16)	-17%
2.	Number of Approved Applicants	69	52	(17)	-25%
	T (O (A)	# 004.04 7	# 400.004	(000,100)	070/
3.	Total Charges (A)	\$221,047 \$3,204	\$160,881	(\$60,166) (\$110)	-27%
	Average Charges	\$3,204	\$3,094	(\$110)	-3%
4.	Ratio of Cost to Charges (RCC)	0.388467	0.408586	0.020119	5%
4.	Total Cost	\$85,869	\$65,734	(\$20,136)	-23%
	Average Cost	\$1,244	\$1,264	\$20	2%
	Artifuge cost	Ψ1,2-1-1	Ψ1,204	Ψ20	270
5.	Charity Care - Inpatient Charges	\$124,236	\$86,954	(\$37,282)	-30%
	Charity Care - Outpatient Emergency Department	,	· · ·	, , , ,	
6.	Charges	49,957	18,391	(31,566)	-63%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	46,854	55,536	8,682	19%
	Total Charges (A)	\$221,047	\$160,881	(\$60,166)	-27%
8.	Charity Care - Number of Patient Days	27	42	15	56%
9.	Charity Care - Number of Discharges	5	10	5	100%
10.	Charity Care - Number of Outpatient ED Visits	76	18	(58)	-76%
44	Charity Care - Number of Outpatient Visits (Excludes ED	405	50	(4.40)	700/
11.	Visits)	195	53	(142)	-73%
(A) The	e total amount must agree with the total amount listed in	the Hospital Aud	dited Financial S	tatement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F	Report 17)			
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
ა.	Average Charges	\$0 \$0	\$0 \$0	\$0 \$0	0%
	Average ondiges	ΨΟ	Ψ	Ψ	070
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%
0	Dad Francis Outrations Francisco December 4 Observed	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%
		+-	70	70	• • • • • • • • • • • • • • • • • • • •
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%
(D) T:	a total amount must grow with the total and the total	n Haaritel D	time Courts		
(B) Ind	e total amount must agree with the total amount listed o	n nospital Kepori	ung System - Re	port 17.	
	i e			Ĺ	