

**JOHNSON MEMORIAL HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

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

**JOHNSON MEMORIAL HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

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

**JOHNSON MEMORIAL HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

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

**JOHNSON MEMORIAL HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2012**  
**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.  |
| 1    | Affiliate Description           | A "FOR PROFIT" SUBSIDIARY. RELATIONSHIP IN THE JOINT VENTURE WAS TERMINATED IN AUGUST 2000; HOWEVER, THE SUBSIDIARY IS INACTIVE AT THIS TIME. |
| 2    | Affiliate type of service       | For Profit Services (Specify)   |
| 3    | Tax Status                      | For Profit  |
| 4    | Street Address                  | 230 Chestnut Hill Road  |
| 5    | Town                            | Stafford Springs  |
| 6    | State                           | Connecticut   |
| 7    | Zip Code                        | 06076 -   |
| 8    | CEO Name                        | 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

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1)  | (2)            | (3)                                | (4)                        |
|--|----------------|------------------------------------|----------------------------|
| LINE   | AFFILIATE NAME | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2012 |
| <b>A. JOHNSON MEMORIAL HOSPITAL</b>                |                |                                    |                            |
| 1  |                | Unrestricted                       | \$4,961,876                |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$262,646                  |
| 4  |                | Permanently Restricted by Donor    | \$4,460,079                |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$9,684,601</b>         |
| <b>B. JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>    |                |                                    |                            |
| 1  |                | Unrestricted                       | \$2,683,171                |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | (\$3,119,194)              |
|  |                | <b>Total:</b>                      | <b>(\$436,023)</b>         |
| <b>C. HOME AND COMMUNITY HEALTH SERVICES, INC.</b> |                |                                    |                            |
| 1  |                | Unrestricted                       | \$128,275                  |
| 2  |                | Temporarily Restricted by Donor    | \$38,729                   |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$170,235                  |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$337,239</b>           |
| <b>D. JOHNSON DEVELOPMENT FUND, INC.</b>           |                |                                    |                            |
| 1  |                | Unrestricted                       | \$27,578                   |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$27,578</b>            |
| <b>E. JOHNSON EVERGREEN CORPORATION</b>            |                |                                    |                            |
| 1  |                | Unrestricted                       | (\$5,390,029)              |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>(\$5,390,029)</b>       |
| <b>F. JOHNSON HEALTH CARE, INC.</b>                |                |                                    |                            |
| 1  |                | Unrestricted                       | \$242,577                  |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$242,577</b>           |
| <b>G. JOHNSON MEDICAL SPECIALISTS, P.C.</b>        |                |                                    |                            |
| 1  |                | Unrestricted                       | \$2,174                    |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$2,174</b>             |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1)  | (2)   | (3)                                | (4)                        |
|------|---|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME  | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2012 |
|      | <b>H. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>                   |                                    |                            |
| 1    |   | Unrestricted                       | (\$12,397,506)             |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | <b>Total:</b>                      | <b>(\$12,397,506)</b>      |
|      | <b>I. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>     |                                    |                            |
| 1    |   | Unrestricted                       | \$0                        |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | <b>Total:</b>                      | <b>\$0</b>                 |
|      | <b>J. TOLLAND IMAGING CENTER, LLC</b>                             |                                    |                            |
| 1    |   | Unrestricted                       | \$0                        |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | <b>Total:</b>                      | <b>\$0</b>                 |
|      | <b>K. WELLCARE, INC.</b>  |                                    |                            |
| 1    |   | Unrestricted                       | \$0                        |
| 2    |   | Temporarily Restricted by Donor    | \$0                        |
| 3    |   | Temporarily Restricted by Board    | \$0                        |
| 4    |   | Permanently Restricted by Donor    | \$0                        |
| 5    |   | Intercompany Eliminations          | \$0                        |
|      |   | <b>Total:</b>                      | <b>\$0</b>                 |
|      | <b>Total of all Affiliates (before Intercompany Eliminations)</b> | <b>Fund Balance:</b>               | <b>(\$4,810,195)</b>       |
|      | <b>Intercompany Eliminations</b>                                  |                                    | <b>(\$3,119,194)</b>       |
|      | <b>Total of all Affiliates</b>                                    | <b>Fund Balance:</b>               | <b>(\$7,929,389)</b>       |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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<br>HOSPITAL |
| <b>A. JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>    |                |   |                  |                                |
|  |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>(\$837,498)</b>             |
| 1  |                | Other inter-company activity                          | 09/30/2012       | (\$137,529)                    |
|  |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>(\$975,027)</b>             |
| <b>B. HOME AND COMMUNITY HEALTH SERVICES, INC.</b> |                |   |                  |                                |
|  |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>(\$217,365)</b>             |
| 1  |                | Cash Transfer   | 09/30/2012       | (\$556,247)                    |
| 2  |                | Other inter-company activity                          | 09/30/2012       | \$556,570                      |
|  |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>(\$217,042)</b>             |
| <b>C. JOHNSON DEVELOPMENT FUND, INC.</b>           |                |   |                  |                                |
|  |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$0</b>                     |
| 1  |                | Other inter-company activity                          | 09/30/2012       | \$0                            |
|  |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$0</b>                     |
| <b>D. JOHNSON EVERGREEN CORPORATION</b>            |                |   |                  |                                |
|  |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>(\$338,150)</b>             |
| 1  |                | Cash Transfer   | 09/30/2012       | (\$524,616)                    |
| 2  |                | Other inter-company activity                          | 09/30/2012       | \$1,106,106                    |
|  |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$243,340</b>               |
| <b>E. JOHNSON HEALTH CARE, INC.</b>                |                |   |                  |                                |
|  |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$311</b>                   |
| 1  |                | Cash Transfer   | 09/30/2012       | (\$70,318)                     |
| 2  |                | Other inter-company activity                          | 09/30/2012       | \$76,669                       |
|  |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$6,662</b>                 |
| <b>F. JOHNSON MEDICAL SPECIALISTS, P.C.</b>        |                |   |                  |                                |
|  |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$0</b>                     |
| 1  |                | Cash Transfer   | 09/30/2012       | \$0                            |
|  |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b> | <b>\$0</b>                     |
| <b>G. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>    |                |   |                  |                                |
|  |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b> | <b>\$2,019,428</b>             |
| 1  |                | Cash Transfer   | 09/30/2012       | \$1,185,502                    |
| 2  |                | Other inter-company activity                          | 09/30/2012       | \$653,764                      |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

**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<br>HOSPITAL |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b>    | <b>\$3,858,694</b>             |
| <b>H.</b> | <b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b> |   |                     |                                |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b>    | <b>\$0</b>                     |
|           |  | Nothing to Report                                     |                     | \$0                            |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b>    | <b>\$0</b>                     |
| <b>I.</b> | <b>TOLLAND IMAGING CENTER, LLC</b>                         |   |                     |                                |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b>    | <b>\$0</b>                     |
|           |  | Nothing to Report                                     |                     | \$0                            |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b>    | <b>\$0</b>                     |
| <b>J.</b> | <b>WELLCARE, INC.</b>                                      |   |                     |                                |
|           |  | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2011</b>    | <b>\$0</b>                     |
|           |  | Nothing to Report                                     |                     | \$0                            |
|           |  | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2012</b>    | <b>\$0</b>                     |
|           |  |   |                     |                                |
|           |  |   | <b>Grand Total:</b> | <b>\$2,916,627</b>             |

JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1)       | (2)  | (3)                                      | (4)  | (5)               | (6)                 |
|-----------|--|--|--|-------------------|---------------------|
| LINE      | AFFILIATE TRANSFERRING FUNDS                               | AFFILIATE RECEIVING FUNDS                | DESCRIPTION OF TRANSFER                              | DATE              | AMOUNT              |
|           |  |  | <b>Beginning Unconsolidated Intercompany Balance</b> | <b>10/01/2011</b> | <b>\$12,338,024</b> |
| <b>A.</b> | <b>JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>               |  |  |                   |                     |
| 1         |  | JOHNSON PROFESSIONAL ASSOCIATES, P.C.    | Other inter-company activity                         | 09/30/2012        | \$804,353           |
|           |  |  | <b>Total:</b>  | <b>9/30/2012</b>  | <b>\$804,353</b>    |
| <b>B.</b> | <b>HOME AND COMMUNITY HEALTH SERVICES, INC.</b>            |  |  |                   |                     |
| 1         |  | JOHNSON HEALTH CARE, INC.                | Other inter-company activity                         | 09/30/2012        | \$135               |
|           |  |  | <b>Total:</b>  | <b>9/30/2012</b>  | <b>\$135</b>        |
| <b>C.</b> | <b>JOHNSON DEVELOPMENT FUND, INC.</b>                      |  |  |                   |                     |
|           |  |  | Nothing to Report                                    |                   | \$0                 |
|           |  |  | <b>Total:</b>  | <b>9/30/2012</b>  | <b>\$0</b>          |
| <b>D.</b> | <b>JOHNSON EVERGREEN CORPORATION</b>                       |  |  |                   |                     |
|           |  |  | Nothing to Report                                    |                   | \$0                 |
|           |  |  | <b>Total:</b>  | <b>9/30/2012</b>  | <b>\$0</b>          |
| <b>E.</b> | <b>JOHNSON HEALTH CARE, INC.</b>                           |  |  |                   |                     |
| 1         |  | HOME AND COMMUNITY HEALTH SERVICES, INC. | Other inter-company activity                         | 09/30/2012        | (\$135)             |
| 2         |  | JOHNSON PROFESSIONAL ASSOCIATES, P.C.    | Other inter-company activity                         | 09/30/2012        | \$70,746            |
|           |  |  | <b>Total:</b>  | <b>9/30/2012</b>  | <b>\$70,611</b>     |
| <b>F.</b> | <b>JOHNSON MEDICAL SPECIALISTS, P.C.</b>                   |  |  |                   |                     |
|           |  |  | Nothing to Report                                    |                   | \$0                 |
|           |  |  | <b>Total:</b>  | <b>9/30/2012</b>  | <b>\$0</b>          |
| <b>G.</b> | <b>JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>               |  |  |                   |                     |
| 1         |  | JOHNSON MEMORIAL MEDICAL CENTER, INC.    | Other inter-company activity                         | 09/30/2012        | (\$804,353)         |
| 2         |  | JOHNSON HEALTH CARE, INC.                | Other inter-company activity                         | 09/30/2012        | (\$70,746)          |
|           |  |  | <b>Total:</b>  | <b>9/30/2012</b>  | <b>(\$875,099)</b>  |
| <b>H.</b> | <b>NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b> |  |  |                   |                     |

JOHNSON MEMORIAL HOSPITAL  
 ANNUAL REPORTING  
 FISCAL YEAR 2012  
 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              |
|           |                                    |                           | Nothing to Report                                     |                  | \$0                 |
|           |                                    |                           | <b>Total:</b>   | <b>9/30/2012</b> | <b>\$0</b>          |
|           |                                    |                           |   |                  |                     |
| <b>I.</b> | <b>TOLLAND IMAGING CENTER, LLC</b> |                           |   |                  |                     |
|           |                                    |                           | Nothing to Report                                     |                  | \$0                 |
|           |                                    |                           | <b>Total:</b>   | <b>9/30/2012</b> | <b>\$0</b>          |
|           |                                    |                           |   |                  |                     |
| <b>J.</b> | <b>WELLCARE, INC.</b>              |                           |   |                  |                     |
|           |                                    |                           | Nothing to Report                                     |                  | \$0                 |
|           |                                    |                           | <b>Total:</b>   | <b>9/30/2012</b> | <b>\$0</b>          |
|           |                                    |                           |   |                  |                     |
|           |                                    |                           | <b>Ending Unconsolidated<br/>Intercompany Balance</b> | <b>9/30/2012</b> | <b>\$12,338,024</b> |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

| (1)  | (2)   | (3)        | (4)              |
|------|---|------------|------------------|
| LINE | AFFILIATE NAME &<br>DESCRIPTION OF EXPENDITURE                | AMOUNT     | DATE             |
|      | <b>A. JOHNSON MEMORIAL MEDICAL CENTER, INC.</b>               |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>B. HOME AND COMMUNITY HEALTH SERVICES, INC.</b>            |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>C. JOHNSON DEVELOPMENT FUND, INC.</b>                      |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>D. JOHNSON EVERGREEN CORPORATION</b>                       |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>E. JOHNSON HEALTH CARE, INC.</b>                           |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>F. JOHNSON MEDICAL SPECIALISTS, P.C.</b>                   |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>G. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>               |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>H. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b> |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>I. TOLLAND IMAGING CENTER, LLC</b>                         |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>J. WELLCARE, INC.</b>                                      |            |                  |
| 0    | Nothing to Report   | \$0        |                  |
|      | <b>Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |
|      | <b>Grand Total:</b>   | <b>\$0</b> | <b>9/30/2012</b> |

JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

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

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

| (1)                     | (2)                         | (3)               | (4)               | (5)                  | (6)          |
|-------------------------|-----------------------------|-------------------|-------------------|----------------------|--------------|
| LINE                    | DESCRIPTION                 | FY 2011<br>ACTUAL | FY 2012<br>ACTUAL | AMOUNT<br>DIFFERENCE | % DIFFERENCE |
| <b>A. Indigent Care</b> |                             |                   |                   |                      |              |
|                         | <b>Beginning Balance</b>    | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>0%</b>    |
| 1                       | Donations                   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 2                       | Income                      | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 3                       | Expenditures                | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 4                       | Unrealized Gains and Losses | \$0.00            | \$0.00            | \$0.00               | 0%           |
|                         | <b>Ending Balance</b>       | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>0%</b>    |
| 5                       | Projected Interest Income   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| <b>B. Free Beds</b>     |                             |                   |                   |                      |              |
|                         | <b>Beginning Balance</b>    | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>0%</b>    |
| 1                       | Donations                   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 2                       | Income                      | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 3                       | Expenditures                | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 4                       | Unrealized Gains and Losses | \$0.00            | \$0.00            | \$0.00               | 0%           |
|                         | <b>Ending Balance</b>       | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>0%</b>    |
| 5                       | Projected Interest Income   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| <b>C. Other</b>         |                             |                   |                   |                      |              |
|                         | <b>Beginning Balance</b>    | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>0%</b>    |
| 1                       | Donations                   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 2                       | Income                      | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 3                       | Expenditures                | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 4                       | Unrealized Gains and Losses | \$0.00            | \$0.00            | \$0.00               | 0%           |
|                         | <b>Ending Balance</b>       | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>        | <b>0%</b>    |
| 5                       | Projected Interest Income   | \$0.00            | \$0.00            | \$0.00               | 0%           |

| <b>JOHNSON MEMORIAL HOSPITAL</b>   |  |               |
|--|--|---------------|
| <b>ANNUAL REPORTING</b>  |  |               |
| <b>FISCAL YEAR 2012</b>  |  |               |
| <b>REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>               |  |               |
| <b>A. Patient Activity</b>   |  |               |
| (1)  | (2)  | (3)           |
| <u>Patient</u>   | Name of Hospital Bed Fund ( <b>FULL NAME</b> ) | Amount        |
| <b>1. Number of Applications for Hospital Bed Funds</b>                                  |  | <b>0</b>      |
| <b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>                       |  | <b>0</b>      |
| <b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b> |  | <b>\$0.00</b> |
|  |  |               |
| <b>Grand Total</b>   |  | <b>\$0.00</b> |
|  |  |               |
|  |  |               |

| JOHNSON MEMORIAL HOSPITAL   |  |                  |                 |                     |                    |
|---|--|------------------|-----------------|---------------------|--------------------|
| ANNUAL REPORTING  |  |                  |                 |                     |                    |
| FISCAL YEAR 2012  |  |                  |                 |                     |                    |
| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL |  |                  |                 |                     |                    |
| B. BED 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 each individual Hospital Bed Fund, or the Principal attributable to each |                  |                 |                     |                    |
| (4)   | Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.       |                  |                 |                     |                    |
| (5)   | Actual Dollar Amount of Earnings reinvested as Principal, if any.  |                  |                 |                     |                    |
| (6)   | Actual Dollar Amount of Earnings available for Patient Care.   |                  |                 |                     |                    |
|   |  |                  |                 |                     |                    |
|   | <b>Total Bed Funds :</b>   | <b>\$0.00</b>    | <b>\$0.00</b>   | <b>\$0.00</b>       | <b>\$0.00</b>      |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012**

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

| (1)   | (2)   | (3)  |
|---|---|--|
| LINE  | DESCRIPTION   | COLLECTION INFORMATION   |
| <b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b> |   |  |
| A.  | Hospital's processes and policies for assigning a debt to a Collection Agent  | The Hospital turns uncollectable accounts to an agent. This occurs only after third party monies are posted, the patient had been billed and/or called, and A. Patient/Guarantor refuses to pay. B. Patient 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   | 18.00%   |
| <b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>      |   |  |
| <b>Collection Agent</b>                               |   |  |
| 1   | Collection Agent Name   | American Adjustment Bureau   |
| 2   | Collection Agent Type   | Collection Agency  |
| 3   | Related / Not Related Entity  | Not Related  |
| 4   | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | The Hospital turns uncollectable accounts to an agent. This occurs only after third party monies are posted, the patient had been billed and/or called, and A. Patient/Guarantor refuses to pay. B. Patient 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   |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
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%                 |
|      |   |                        |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

| <b>LINE</b> | <b>POSITION TITLE</b>                 | <b>SALARY</b>      | <b>FRINGE BENEFITS</b> | <b>TOTAL</b>       |
|-------------|---------------------------------------|--------------------|------------------------|--------------------|
| 1.          | President                             | \$422,003          | \$61,067               | \$483,070          |
| 2.          | Cheif Financial Officer               | \$274,997          | \$38,453               | \$313,450          |
| 3.          | Vice President - Patient Care Svcs.   | \$173,840          | \$34,919               | \$208,759          |
| 4.          | Vice President Medical Affairs        | \$158,225          | \$18,670               | \$176,895          |
| 5.          | Corporate Director - Physical Therapy | \$124,987          | \$30,239               | \$155,226          |
| 6.          | RN                                    | \$122,913          | \$31,550               | \$154,463          |
| 7.          | Corporate Controller                  | \$120,408          | \$25,272               | \$145,680          |
| 8.          | Director, Perioperative Services      | \$116,574          | \$13,501               | \$130,075          |
| 9.          | RN                                    | \$113,934          | \$31,124               | \$145,058          |
| 10.         | RN                                    | \$112,119          | \$31,039               | \$143,158          |
|             | <b>Grand Total:</b>                   | <b>\$1,740,000</b> | <b>\$315,834</b>       | <b>\$2,055,834</b> |

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

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

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

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

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

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

**JOHNSON MEMORIAL HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2012  
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 2012 |
| <b>A</b> | <b>Transfer of Assets or Operations</b>  |                |
| 1.       | Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A            |
| 2.       | Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.  | N/A            |
| 3.       | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.   | N/A            |
| 4.       | Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.  | N/A            |
| 5.       | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.   | \$0            |

| JOHNSON MEMORIAL HOSPITAL  |   |                  |                  |                    |             |
|--|---|------------------|------------------|--------------------|-------------|
| ANNUAL REPORTING   |   |                  |                  |                    |             |
| FISCAL YEAR 2012   |   |                  |                  |                    |             |
| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL  |   |                  |                  |                    |             |
| (1)  | (2)   | (3)              | (4)              | (5)                | (6)         |
|  |   | FY 2011          | FY 2012          | AMOUNT             | %           |
| LINE   | DESCRIPTION   | AMOUNT           | AMOUNT           | DIFFERENCE         | DIFFERENCE  |
| <b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>                                       |   |                  |                  |                    |             |
| 1.   | Number of Applicants  | 485              | 322              | (163)              | -34%        |
| 2.   | Number of Approved Applicants                                   | 376              | 213              | (163)              | -43%        |
| 3.   | Total Charges (A)   | \$465,815        | \$193,110        | (\$272,705)        | -59%        |
|  | <b>Average Charges</b>  | <b>\$1,239</b>   | <b>\$907</b>     | <b>(\$332)</b>     | <b>-27%</b> |
| 4.   | Ratio of Cost to Charges (RCC)                                  | 0.445438         | 0.40873          | (0.036708)         | -8%         |
|  | <b>Total Cost</b>   | <b>\$207,492</b> | <b>\$78,930</b>  | <b>(\$128,562)</b> | <b>-62%</b> |
|  | <b>Average Cost</b>   | <b>\$552</b>     | <b>\$371</b>     | <b>(\$181)</b>     | <b>-33%</b> |
| 5.   | Charity Care - Inpatient Charges                                | \$282,865        | \$65,414         | (\$217,451)        | -77%        |
| 6.   | Charity Care - Outpatient Emergency Department Charges          | 115,353          | 94,568           | (20,785)           | -18%        |
| 7.   | Charity Care - Outpatient Charges (Excludes ED Charges)         | 67,597           | 33,128           | (34,469)           | -51%        |
|  | <b>Total Charges (A)</b>  | <b>\$465,815</b> | <b>\$193,110</b> | <b>(\$272,705)</b> | <b>-59%</b> |
| 8.   | Charity Care - Number of Patient Days                           | 136              | 35               | (101)              | -74%        |
| 9.   | Charity Care - Number of Discharges                             | 52               | 25               | (27)               | -52%        |
| 10.  | Charity Care - Number of Outpatient ED Visits                   | 165              | 124              | (41)               | -25%        |
| 11.  | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 204              | 119              | (85)               | -42%        |
| <b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b> |   |                  |                  |                    |             |
| <b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>   |   |                  |                  |                    |             |
| 1.   | Number of Applicants  | -                | -                | -                  | 0%          |
| 2.   | Number of Approved Applicants                                   | -                | -                | -                  | 0%          |
| 3.   | Total Charges (B)   | \$0              | \$0              | \$0                | 0%          |
|  | <b>Average Charges</b>  | <b>\$0</b>       | <b>\$0</b>       | <b>\$0</b>         | <b>0%</b>   |
| 4.   | Ratio of Cost to Charges (RCC)                                  | 0                | 0                | 0.000000           | 0%          |
|  | <b>Total Cost</b>   | <b>\$0</b>       | <b>\$0</b>       | <b>\$0</b>         | <b>0%</b>   |
|  | <b>Average Cost</b>   | <b>\$0</b>       | <b>\$0</b>       | <b>\$0</b>         | <b>0%</b>   |
| 5.   | Bed Funds - Inpatient Charges                                   | \$0              | \$0              | \$0                | 0%          |
| 6.   | Bed Funds - Outpatient Emergency Department Charges             | 0                | 0                | 0                  | 0%          |
| 7.   | Bed Funds - Outpatient Charges (Excludes ED Charges)            | 0                | 0                | 0                  | 0%          |
|  | <b>Total Charges (B)</b>  | <b>\$0</b>       | <b>\$0</b>       | <b>\$0</b>         | <b>0%</b>   |
| 8.   | Bed Funds - Number of Patient Days                              | 0                | 0                | 0                  | 0%          |
| 9.   | Bed Funds - Number of Discharges                                | 0                | 0                | 0                  | 0%          |
| 10.  | Bed Funds - Number of Outpatient ED Visits                      | 0                | 0                | 0                  | 0%          |
| 11.  | Bed Funds - Number of Outpatient Visits (Excludes ED Visits)    | 0                | 0                | 0                  | 0%          |
| <b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>          |   |                  |                  |                    |             |