

JOHNSON MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A.		
	AFFILIATE NAME	JOHNSON MEMORIAL MEDICAL CENTER, INC.
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	Stuart Rosenberg
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.		
	AFFILIATE NAME	HOME AND COMMUNITY HEALTH SERVICES, INC.
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	Stuart Rosenberg
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C.		
	AFFILIATE NAME	JOHNSON EVERGREEN CORPORATION
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	Stuart Rosenberg
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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 -
D. AFFILIATE NAME JOHNSON HEALTH CARE, INC.		
1	Affiliate Description	A NONSTOCK CORPORATION FORMED TO PROVIDE MEDICAL CARE ON AN OUTPATIENT BASIS
2	Affiliate type of service	Occupational Health
3	Tax Status	Not for Profit
4	Street Address	140 Hazard Avenue
5	Town	Enfield
6	State	Connecticut
7	Zip Code	06082 -
8	CEO Name	Stuart Rosenberg
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
E. AFFILIATE NAME JOHNSON PROFESSIONAL ASSOCIATES, P.C.		
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
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	Stuart Rosenberg
9	CEO Title	President & CEO
10	CT Agent Name	Reid and Riege, P.C.
11	CT Agent Company	Reid and Riege, P.C.
12	CT Agent Company Street Address	One Financial Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
F. AFFILIATE NAME NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.		
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,
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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06040 -
8	CEO Name	Dennis McConville
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
G.	AFFILIATE NAME	TOLLAND IMAGING CENTER, LLC
1	Affiliate Description	A FOR PROFIT ORGANIZATION THAT PROVIDES COMPREHENSIVE OUTPATIENT RADIOLOGY SERVICES. FOUNDING AND INTITAL MEMBERS ARE JOHNSON MEMORIAL HOSPITAL, MANCHESTER MEMORIAL HOSPITAL, ROCKVILLE GENERAL HOSPITAL, AND WINDHAM
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	Dennis McConville
9	CEO Title	President & CEO
10	CT Agent Name	Lisa Boyle
11	CT Agent Company	Robinson & Cole
12	CT Agent Company Street Address	280 Trumbull St.
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3597

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
A . JOHNSON MEMORIAL HOSPITAL			
1		Unrestricted	\$452,120
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$471,516
4		Permanently Restricted by Donor	\$4,269,508
5		Intercompany Eliminations	\$0
		Total:	\$5,193,144
B . JOHNSON MEMORIAL MEDICAL CENTER, INC.			
1		Unrestricted	\$983,050
2		Temporarily Restricted by Donor	\$17,635
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,000,685
C . HOME AND COMMUNITY HEALTH SERVICES, INC.			
1		Unrestricted	(\$587,395)
2		Temporarily Restricted by Donor	\$64,124
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$170,235
5		Intercompany Eliminations	\$0
		Total:	(\$353,036)
D . JOHNSON EVERGREEN CORPORATION			
1		Unrestricted	(\$13,417,244)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$13,417,244)
E . JOHNSON HEALTH CARE, INC.			
1		Unrestricted	\$192,748
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$192,748
F . JOHNSON PROFESSIONAL ASSOCIATES, P.C.			
1		Unrestricted	(\$8,760,746)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$432,995
		Total:	(\$8,327,751)
G . NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2015
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
H .	TOLLAND IMAGING CENTER, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	(\$16,144,449)
	Intercompany Eliminations		\$432,995
	Total of all Affiliates	Fund Balance:	(\$15,711,454)

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. JOHNSON MEMORIAL MEDICAL CENTER, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	(\$1,546,617)
1		Rent	09/30/2015	(\$622,728)
2		Capital Transfers	09/30/2015	\$283,502
3		Cash Transfer	09/30/2015	(\$846,157)
4		Purchased Services	09/30/2015	\$140,431
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$2,591,569)
B. HOME AND COMMUNITY HEALTH SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$678,238
1		Cash Transfer	09/30/2015	(\$698,766)
2		Cost Share	09/30/2015	\$393,684
3		Insurance Allocation	09/30/2015	\$59,098
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$432,254
C. JOHNSON EVERGREEN CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$163,186
1		Cash Transfer	09/30/2015	(\$2,289,492)
2		Insurance Allocation	09/30/2015	\$488,954
3		Cost Share	09/30/2015	\$994,476
4		Land Rental Expense	09/30/2015	\$95,175
5		Legal Services	09/30/2015	\$247,703
6		Charge for potable water & services	09/30/2015	\$55,593
7		Purchase of Services	09/30/2015	\$73,407
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$170,998)
D. JOHNSON HEALTH CARE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$9,561
1		Cash Transfer	09/30/2015	(\$300,229)
2		Cost Share	09/30/2015	\$53,088
3		Insurance Allocation	09/30/2015	\$34,177
		Ending Unconsolidated Intercompany Balance:	9/30/2015	(\$203,403)
E. JOHNSON PROFESSIONAL ASSOCIATES, P.C.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$6,495,322

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Cash Transfer	09/30/2015	\$724,151
2		Purchase of Office Staff Service	09/30/2015	\$322,777
3		Insurance Allocation	09/30/2015	\$118,127
4		VPMA. Wound Medical Dir., Surg asst. expense	09/30/2015	(\$309,704)
5		Other services	09/30/2015	\$301,757
6		Purchase of Services	09/30/2015	(\$24,755)
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$7,627,675
F. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Nothing to report	09/30/2015	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
G. TOLLAND IMAGING CENTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2014	\$0
1		Nothing to report	09/30/2015	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2015	\$0
			Grand Total:	\$5,093,959

**JOHNSON MEMORIAL HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2014	\$12,338,022
A.	JOHNSON MEMORIAL MEDICAL CENTER, INC.				
1		JOHNSON PROFESSIONAL ASSOCIATES, P.C.	Rental Income	09/30/2015	\$70,464
			Total:	9/30/2015	\$70,464
B.	HOME AND COMMUNITY HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
C.	JOHNSON EVERGREEN CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
D.	JOHNSON HEALTH CARE, INC.				
1		JOHNSON PROFESSIONAL ASSOCIATES, P.C.	Due for Services Provided	09/30/2015	\$70,746
			Total:	9/30/2015	\$70,746
E.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.				
1		JOHNSON MEMORIAL MEDICAL CENTER, INC.	Rental Expense	09/30/2015	(\$70,464)
2		JOHNSON HEALTH CARE, INC.	Services provided by JHC	09/30/2015	(\$70,746)
			Total:	9/30/2015	(\$141,210)
F.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
G.	TOLLAND IMAGING CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2015	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2015	\$12,338,022

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	A. JOHNSON MEMORIAL MEDICAL CENTER, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	B. HOME AND COMMUNITY HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	C. JOHNSON EVERGREEN CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	D. JOHNSON HEALTH CARE, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	E. JOHNSON PROFESSIONAL ASSOCIATES, P.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	F. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	G. TOLLAND IMAGING CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2015
	Grand Total:	\$0	9/30/2015

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

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

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . 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%
B . Free Beds					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

JOHNSON MEMORIAL HOSPITAL		
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1.	Number of Applications for Hospital Bed Funds	0
Grand Total		\$0.00

JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2015 REPORT 17B - 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 Hospital Bed				
(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.				
	nothing to report	\$0.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	The Hospital turns uncollectable accounts to an agent. This occurs only after third party monies are posted, the patient had been billed and/or called, and A. Patient/Guarantor refuses to pay. B. Patient made no attempt to fulfill, uninsured determination defined by Public act No. 03-026
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The agent is paid a percentage of what they are able to collect
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	14.00%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	Collection Agent	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The Hospital turns uncollectable accounts to an agent. This occurs only after third party monies are posted, the patient had been billed and/or called, and A. Patient/Guarantor refuses to pay. B. Patient made no attempt to fulfill, uninsured determination defined by Public act No. 03-026
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The agent is paid a percentage of what they are able to collect
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	14.00%

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

LINE	POSITION TITLE	EMPLOYEE NAME	SALARY	FRINGE BENEFITS	TOTAL
1.	Cheif Financial Officer	John Grish	\$285,232	\$41,850	\$327,082
2.	Asst VP - Human Resources	Donna Megliola	\$147,450	\$27,217	\$174,667
3.	RN - ICU	Stephen Czaja	\$142,979	\$27,762	\$170,741
4.	Asst VP - Ancillary Services	Karl Kamyk	\$146,325	\$15,260	\$161,585
5.	RN - OR	Diane Malsbury	\$133,276	\$27,061	\$160,337
6.	Corporate Controller	Thomas Blazejowski	\$120,889	\$33,910	\$154,799
7.	RN - PSYCH	Candace Holmes	\$121,588	\$31,162	\$152,750
8.	RN - OR	Beate Cortese	\$122,297	\$26,004	\$148,301
9.	RN - PACU	Janina Piascik	\$119,971	\$25,781	\$145,752
10.	RN - OB	Lorelei Sullivan	\$117,655	\$26,711	\$144,366
		Grand Total:	\$1,457,662	\$282,718	\$1,740,380

**JOHNSON MEMORIAL MEDICAL CENTER, INC.
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REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	Orthopedic Physician	Robert Dudek	\$455,000	\$42,298	\$497,298
2.	Orthopedic Physician	Carmine Ciccarelli	\$380,002	\$38,674	\$418,676
3.	Cheif Financial Officer	John Grish	\$285,232	\$41,850	\$327,082
4.	Medical Director	Ian Tucker	\$304,140	\$22,037	\$326,177
5.	Asst VP - Human Resources	Donna Megliola	\$147,450	\$27,217	\$174,667
6.	RN - OR	Stephen Czaja	\$142,979	\$27,762	\$170,741
7.	Physician	Loretta Pilagin	\$139,856	\$29,547	\$169,403
8.	Asst VP - Ancillary Services	Karl Kamyk	\$146,325	\$15,260	\$161,585
9.	RN - OR	Dianne Malsbury	\$133,276	\$27,061	\$160,337
10.	RN - Evergreen Manager	Damien Eileman	\$134,193	\$23,508	\$157,701
		Grand Total:	\$2,268,453	\$295,214	\$2,563,667

JOHNSON MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2015
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . JOHNSON MEMORIAL MEDICAL CENTER, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . 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
C . JOHNSON EVERGREEN CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . JOHNSON HEALTH CARE, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . 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
F . 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
G . TOLLAND IMAGING CENTER, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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 2015
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 2015
A	Transfer of Assets or Operations	
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

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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	117	95	(22)	-19%
2.	Number of Approved Applicants	102	69	(33)	-32%
3.	Total Charges (A)	\$387,404	\$221,047	(\$166,357)	-43%
	Average Charges	\$3,798	\$3,204	(\$594)	-16%
4.	Ratio of Cost to Charges (RCC)	0.398842	0.388467	(0.010375)	-3%
	Total Cost	\$154,513	\$85,869	(\$68,644)	-44%
	Average Cost	\$1,515	\$1,244	(\$270)	-18%
5.	Charity Care - Inpatient Charges	\$163,321	\$124,236	(\$39,085)	-24%
6.	Charity Care - Outpatient Emergency Department Charges	109,332	49,957	(59,375)	-54%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	114,751	46,854	(67,897)	-59%
	Total Charges (A)	\$387,404	\$221,047	(\$166,357)	-43%
8.	Charity Care - Number of Patient Days	34	27	(7)	-21%
9.	Charity Care - Number of Discharges	9	5	(4)	-44%
10.	Charity Care - Number of Outpatient ED Visits	117	76	(41)	-35%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	178	195	17	10%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	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%
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) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

JOHNSON MEMORIAL HOSPITAL**ANNUAL REPORTING****FISCAL YEAR 2015****REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE