

<b>JOHNSON MEMORIAL HOSPITAL</b>		
<b>ANNUAL REPORTING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b>		
<b>AND CORPORATION RELATED TO THE HOSPITAL</b>		
(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A.</b>		
	<b>AFFILIATE NAME</b>	<b>TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>
1	Affiliate Description	PARENT CORPORATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND SAINT FRANCIS' AFFILIATES. OVERSEES AND COORDINATES THE STRATEGIC PLANNING, FINANCIAL PLANNING AND OTHER ACTIVITIES OF SAINT FRANCIS HOSPITAL AND SAINT FRANCIS'
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	114 Woodland Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Christopher M. Dadlez, FACHE
9	CEO Title	President
10	CT Agent Name	c/o CT Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3220
<b>B.</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	101 Phoenix 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	c/o CT Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>C.</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	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 -

<b>JOHNSON MEMORIAL HOSPITAL</b>		
<b>ANNUAL REPORTING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b>		
<b>AND CORPORATION RELATED TO THE HOSPITAL</b>		
(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>D.</b>	<b>AFFILIATE NAME</b>	<b>JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY 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	201 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	c/o CT Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
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 MEMORIAL HOSPITAL, INC. (FORMERLY 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	Hospital
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	c/o CT Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
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 PROFESSIONAL ASSOCIATES, P.C.</b>
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 -

<b>JOHNSON MEMORIAL HOSPITAL</b>			
<b>ANNUAL REPORTING</b>			
<b>FISCAL YEAR 2016</b>			
<b>REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS</b>			
(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
<b>A. JOHNSON MEMORIAL HOSPITAL</b>			
1		Unrestricted	(\$6,168,689)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$542,472
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$5,626,217)</b>
<b>B. TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, 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>C. HOME AND COMMUNITY HEALTH SERVICES, INC.</b>			
1		Unrestricted	(\$1,493,092)
2		Temporarily Restricted by Donor	\$64,968
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$1,428,124)</b>
<b>D. JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)</b>			
1		Unrestricted	\$111,126
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>\$111,126</b>
<b>E. JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL CENTER, INC.)</b>			
1		Unrestricted	\$7,634,818
2		Temporarily Restricted by Donor	\$28,714
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$7,663,532</b>
<b>F. 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>G. TOLLAND IMAGING CENTER, LLC</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

JOHNSON MEMORIAL HOSPITAL			
ANNUAL REPORTING			
FISCAL YEAR 2016			
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS			
(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2016
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>\$720,317</b>
	<b>Intercompany Eliminations</b>		<b>\$0</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$720,317</b>

JOHNSON MEMORIAL HOSPITAL				
ANNUAL REPORTING				
FISCAL YEAR 2016				
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.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)			
		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.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$432,254
1		Cash Transfer	09/30/2016	\$1,641,776
2		Cost Share	09/30/2016	\$393,684
3		Insurance Allocation	09/30/2016	\$32,844
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$2,500,558
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
D.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH 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	09/30/2016	\$5,589
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$31,540
E.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL CENTER, INC.)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	(\$2,591,569)
1		Rent	09/30/2016	(\$622,728)
2		Capital Transfers	09/30/2016	\$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	\$7,627,675
1		Balance write off - no longer an affiliate	09/30/2016	(\$7,627,675)
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
G.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
H.	TOLLAND IMAGING CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2015	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2016	\$0
			Grand Total:	(\$364,418)

JOHNSON MEMORIAL HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2016					
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	10/01/2015	\$12,338,022
A.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)		Nothing to Report		\$0
			Total:	9/30/2016	\$0
B.	HOME AND COMMUNITY HEALTH SERVICES, INC.				
1		JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL 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.)				
1		HOME AND COMMUNITY HEALTH SERVICES, INC.	Cash Transfer	09/30/2016	\$200,000
			Total:	9/30/2016	\$200,000
F.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
G.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
H.	TOLLAND IMAGING CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2016	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2016	\$12,338,022

JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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
<b>A. TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>B. HOME AND COMMUNITY HEALTH SERVICES, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>C. JOHNSON EVERGREEN CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>D. JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>E. JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL CENTER, INC.)</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>F. JOHNSON PROFESSIONAL ASSOCIATES, P.C.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>G. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
<b>H. TOLLAND IMAGING CENTER, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2016</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2016</b>

JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016			
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.	TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, 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 EVERGREEN CORPORATION		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
D.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON HEALTH CARE, INC.)		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
E.	JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY JOHNSON MEMORIAL MEDICAL CENTER, INC.)		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
F.	JOHNSON PROFESSIONAL ASSOCIATES, P.C.		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
G.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
H.	TOLLAND IMAGING CENTER, LLC		
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 2016					
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR					
INDIGENT CARE AND FREE BEDS					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A .</b>	<b>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 .</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 .</b>	<b>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%

JOHNSON MEMORIAL HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2016		
REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
<b>A. Patient Activity</b>		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund ( <u>FULL NAME</u> )	<b>Amount</b>
1. Number of Applications for Hospital Bed Funds		<b>0</b>
<b>Grand Total</b>		<b>\$0.00</b>

JOHNSON MEMORIAL HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2016					
REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
<b>B. BED FUND ACTIVITY</b>					
(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 Fund				
(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 2016		
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	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%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A. 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.	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%

JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES					
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
<b>Grand Total:</b>			<b>\$1,418,489</b>	<b>\$201,610</b>	<b>\$1,620,099</b>

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
ANNUAL REPORTING					
FISCAL YEAR 2016					
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.	President and Chief Executive Officer - THNE	Christopher M. Dadlez; Trinity Health - NE	\$1,685,526	\$146,818	\$1,832,344
2.	President, St Francis Hospital and Medical Center	John F. Rodis, MD; Saint Francis Hospital and Medical Center	\$1,204,152	\$112,429	\$1,316,581
3.	Director of Minimally Invasive Cardiac Surgery	William V. Martinez Jr., MD; Saint Francis Medical Group	\$1,215,278	\$60,256	\$1,275,534
4.	Neurosurgeon	Bruce S. Chozick., MD; Saint Francis Medical Group	\$1,165,323	\$65,772	\$1,231,095
5.	Neurosurgeon	David Spiro, MD; Saint Francis Medical Group	\$1,122,612	\$55,929	\$1,178,541
6.	Plastic Surgeon	Leo R. Otake, MD; Saint Francis Medical Group	\$1,062,176	\$56,013	\$1,118,189
7.	Plastic Surgeon	Samuel D. Buonocore, MD; Saint Francis Medical Group	\$969,909	\$62,896	\$1,032,805
8.	President, St Marys Hospital	Chad W. Wable; St Marys Hospital	\$726,523	\$240,465	\$966,988
9.	General Surgeon	Shady Macaron, MD; Franklin Medical Group, PC	\$907,869	\$57,042	\$964,911
10.	Senior Vice President, Chief Physician Executive	Steven T. Ruby, MD; Trinity Health - NE	\$835,877	\$79,495	\$915,372
<b>Grand Total:</b>			<b>\$10,895,245</b>	<b>\$937,115</b>	<b>\$11,832,360</b>

JOHNSON MEMORIAL HOSPITAL							
ANNUAL REPORTING							
FISCAL YEAR 2016							
REPORT 19C - FINANCIAL GAINS REALIZED FROM A TRANSFER OF OWNERSHIP CON							
LINE	NAME	POSITION TYPE	SALARY	SEVERANCE PAYMENT	STOCK OFFERING VALUE	OTHER FINANCIAL GAIN	TOTAL
1.	Not Applicable		\$0	\$0	\$0	\$0	\$0
2.			\$0	\$0	\$0	\$0	\$0
3.			\$0	\$0	\$0	\$0	\$0
4.			\$0	\$0	\$0	\$0	\$0
5.			\$0	\$0	\$0	\$0	\$0
6.			\$0	\$0	\$0	\$0	\$0
7.			\$0	\$0	\$0	\$0	\$0
8.			\$0	\$0	\$0	\$0	\$0
9.			\$0	\$0	\$0	\$0	\$0
10.			\$0	\$0	\$0	\$0	\$0
11.			\$0	\$0	\$0	\$0	\$0
12.			\$0	\$0	\$0	\$0	\$0
13.			\$0	\$0	\$0	\$0	\$0
14.			\$0	\$0	\$0	\$0	\$0
15.			\$0	\$0	\$0	\$0	\$0
16.			\$0	\$0	\$0	\$0	\$0
17.			\$0	\$0	\$0	\$0	\$0
18.			\$0	\$0	\$0	\$0	\$0
19.			\$0	\$0	\$0	\$0	\$0
20.			\$0	\$0	\$0	\$0	\$0
21.			\$0	\$0	\$0	\$0	\$0
22.			\$0	\$0	\$0	\$0	\$0
23.			\$0	\$0	\$0	\$0	\$0
24.			\$0	\$0	\$0	\$0	\$0
25.			\$0	\$0	\$0	\$0	\$0
26.			\$0	\$0	\$0	\$0	\$0
27.			\$0	\$0	\$0	\$0	\$0
28.			\$0	\$0	\$0	\$0	\$0
29.			\$0	\$0	\$0	\$0	\$0
30.			\$0	\$0	\$0	\$0	\$0
31.			\$0	\$0	\$0	\$0	\$0
32.			\$0	\$0	\$0	\$0	\$0
33.			\$0	\$0	\$0	\$0	\$0
34.			\$0	\$0	\$0	\$0	\$0
35.			\$0	\$0	\$0	\$0	\$0
36.			\$0	\$0	\$0	\$0	\$0
37.			\$0	\$0	\$0	\$0	\$0
38.			\$0	\$0	\$0	\$0	\$0
39.			\$0	\$0	\$0	\$0	\$0
40.			\$0	\$0	\$0	\$0	\$0
41.			\$0	\$0	\$0	\$0	\$0
42.			\$0	\$0	\$0	\$0	\$0
43.			\$0	\$0	\$0	\$0	\$0
44.			\$0	\$0	\$0	\$0	\$0
45.			\$0	\$0	\$0	\$0	\$0
46.			\$0	\$0	\$0	\$0	\$0
47.			\$0	\$0	\$0	\$0	\$0
48.			\$0	\$0	\$0	\$0	\$0
49.			\$0	\$0	\$0	\$0	\$0
50.			\$0	\$0	\$0	\$0	\$0
		<b>Grand Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

JOHNSON MEMORIAL HOSPITAL ANNUAL REPORTING FISCAL YEAR 2016 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> (Directl y or Indirectly) <sup>C</sup>	TOTAL
<b>A . TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS 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>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 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>D . JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY 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>E . JOHNSON MEMORIAL HOSPITAL, INC. (FORMERLY 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>F . 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>G . 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>H . 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
<i>For each entity listed on Report 20, complete Report 21.</i>				
<i>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.</i>				
<i>B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.</i>				
<i>C - Indirect payments include but are not limited to payments made to related entities.</i>				



<b>JOHNSON MEMORIAL HOSPITAL</b> <b>ANNUAL REPORTING</b> <b>FISCAL YEAR 2016</b>		
<b>REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR</b> <b>CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY</b>		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
<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 2016					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 AMOUNT	FY 2016 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	95	79	(16)	-17%
2.	Number of Approved Applicants	69	52	(17)	-25%
3.	Total Charges (A)	\$221,047	\$160,881	(\$60,166)	-27%
	<b>Average Charges</b>	<b>\$3,204</b>	<b>\$3,094</b>	<b>(\$110)</b>	<b>-3%</b>
4.	Ratio of Cost to Charges (RCC)	0.388467	0.408586	0.020119	5%
	<b>Total Cost</b>	<b>\$85,869</b>	<b>\$65,734</b>	<b>(\$20,136)</b>	<b>-23%</b>
	<b>Average Cost</b>	<b>\$1,244</b>	<b>\$1,264</b>	<b>\$20</b>	<b>2%</b>
5.	Charity Care - Inpatient Charges	\$124,236	\$86,954	(\$37,282)	-30%
6.	Charity Care - Outpatient Emergency Department Charges	49,957	18,391	(31,566)	-63%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	46,854	55,536	8,682	19%
	<b>Total Charges (A)</b>	<b>\$221,047</b>	<b>\$160,881</b>	<b>(\$60,166)</b>	<b>-27%</b>
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%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	195	53	(142)	-73%
<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>					