

JOHN DEMPSEY HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2009
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
UNIVERSITY OF CONNECTICUT HEALTH CENTER		
1	Affiliate Description	Academic Health Center
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Cato T. Laurencin, M.D., Ph.D.
9	CEO Title	Executive Vice President for Health Affairs
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
B. AFFILIATE NAME		
CENTRAL ADMINISTRATIVE SERVICES		
1	Affiliate Description	Statutory Entity
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Carolle Andrews
9	CEO Title	Chief Administrative Officer (Interim)
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
C. AFFILIATE NAME		
CORRECTIONAL MANAGED HEALTH CARE		
MANAGEMENT AND PROVISION OF HEALTH CARE SERVICES FOR THE DEPARTMENT OF CORRECTION.		
1	Affiliate Description	MANAGEMENT AND PROVISION OF HEALTH CARE SERVICES FOR THE DEPARTMENT OF CORRECTION.
2	Affiliate type of service	Managed Care
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Robert Trestman
9	CEO Title	Executive Director
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
D. AFFILIATE NAME		
DENTAL MSI		
1	Affiliate Description	Implant & Reconstructive Dentistry Center
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	R. Lamont MacNeil, DDS, M. Dent. Sc.
9	CEO Title	Dean
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
E. AFFILIATE NAME		
AFFILIATE NAME		JOHN DEMPSEY HOSPITAL
1	Affiliate Description	Hospital Operations
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Dr. Mike Summerer
9	CEO Title	Hospital Director
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
F. AFFILIATE NAME		
AFFILIATE NAME		UCHCFC MUNSON ROAD CORPORATION
1	Affiliate Description	STATUTORY ENTITY
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Richard Gray
9	CEO Title	Executive Director
10	CT Agent Name	Richard Blumenthal
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
G. AFFILIATE NAME		
AFFILIATE NAME		UCONN MEDICAL GROUP
1	Affiliate Description	Faculty Group Practice
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Peter Albertsen, MD
9	CEO Title	Associate Dean for Clinical Affairs
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
H.	AFFILIATE NAME	UNIVERSITY DENTISTS
1	Affiliate Description	FACULTY GROUP PRACTICE
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	R. Lamont MacNeil, DDS, M. Dent.Sc.
9	CEO Title	Dean
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
I.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION
1	Affiliate Description	STATUTORY ENTITY
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Richard Gray
9	CEO Title	Executive Director
10	CT Agent Name	Richard Blumethal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -
J.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE
1	Affiliate Description	School of Dental Medicine- Academic and Research
2	Affiliate type of service	Health Education Services
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington,CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	R. Lamont MacNeil, DDS, M.Dent. Sc.
9	CEO Title	Dean
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	263 Farmington Avenue, Farmington,CT
13	CT Agent Town	Farmington
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06030 -
K.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE
1	Affiliate Description	SCHOOL OF MEDICINE - ACADEMIC AND RESEARCH
2	Affiliate type of service	Health Education Services

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	263 Farmington Avenue, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06030 -
8	CEO Name	Cato. T. Laurencin, M.D., Ph.D.
9	CEO Title	Dean
10	CT Agent Name	Richard Blumenthal, Attorney General
11	CT Agent Company	State of CT
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06106 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**JOHN DEMPSEY 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 9/30/2009
A. JOHN DEMPSEY HOSPITAL			
1		Unrestricted	\$55,553,714
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$144,180
5		Intercompany Eliminations	\$0
		Total:	\$55,697,894
B. UNIVERSITY OF CONNECTICUT HEALTH CENTER			
1		Unrestricted	\$11,237,357
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$34,885,629
5		Intercompany Eliminations	\$0
		Total:	\$46,122,986
C. CENTRAL ADMINISTRATIVE SERVICES			
1		Unrestricted	\$168,577,684
2		Temporarily Restricted by Donor	\$2,452
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$71,207
5		Intercompany Eliminations	\$0
		Total:	\$168,651,343
D. CORRECTIONAL MANAGED HEALTH CARE			
1		Unrestricted	\$813,182
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$813,182
E. DENTAL MSI			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	(\$958,968)
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$958,968)
F. JOHN DEMPSEY HOSPITAL			
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
G. UCHCFC MUNSON ROAD CORPORATION			
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

**JOHN DEMPSEY 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 9/30/2009
H. UCONN MEDICAL GROUP			
1		Unrestricted	\$36,879,370
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$36,879,370
I. UNIVERSITY DENTISTS			
1		Unrestricted	\$88,829
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$88,829
J. UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION			
1		Unrestricted	\$2,241,860
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,241,860
K. UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
1		Unrestricted	\$1,835,809
2		Temporarily Restricted by Donor	\$19,891
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,789,858
5		Intercompany Eliminations	\$0
		Total:	\$3,645,558
L. UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
1		Unrestricted	(\$4,778,815)
2		Temporarily Restricted by Donor	\$39,107
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$2,562,397
5		Intercompany Eliminations	\$0
		Total:	(\$2,177,311)
Total of all Affiliates (before Intercompany Eliminations)		Fund Balance:	\$311,004,743
Intercompany Eliminations			\$0
Total of all Affiliates		Fund Balance:	\$311,004,743

**JOHN DEMPSEY 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.	UNIVERSITY OF CONNECTICUT HEALTH CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$12,764,573
1		Revenue from Services	09/30/2009	(\$331,609)
2		Purchase of Goods & services	09/30/2009	\$10,424,706
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$22,857,670
B.	CENTRAL ADMINISTRATIVE SERVICES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
C.	CORRECTIONAL MANAGED HEALTH CARE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$10,595,431
1		Revenue from Services	09/30/2009	\$9,526,000
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$20,121,431
D.	DENTAL MSI			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
E.	JOHN DEMPSEY HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
F.	UCHCFC MUNSON ROAD CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
G.	UCONN MEDICAL GROUP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$1,300,072
1		Revenue from Services	09/30/2009	(\$2,484,496)
2		Purchase of Goods & services	09/30/2009	(\$480,812)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$1,665,236)

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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
H.	UNIVERSITY DENTISTS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$0
I.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$12,021,779
1		Rent	09/30/2009	\$2,356,464
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$14,378,243
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	(\$226,195)
1		Purchase of Goods & services	09/30/2009	(\$181,009)
2		Revenue from Services	09/30/2009	(\$147,477)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	(\$554,681)
K.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2008	\$24,042,731
1		Purchase of Goods & services	09/30/2009	\$12,753,741
2		Revenue from Services	09/30/2009	(\$432,626)
		Ending Unconsolidated Intercompany Balance:	9/30/2009	\$36,363,846
			Grand Total:	\$91,501,273

JOHN DEMPSEY 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	10/01/2008	\$8,385,640
A.	UNIVERSITY OF CONNECTICUT HEALTH CENTER				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
B.	CENTRAL ADMINISTRATIVE SERVICES				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2009	\$1,402,227
2		JOHN DEMPSEY HOSPITAL	Rent	09/30/2009	\$14,900,000
			Total:	9/30/2009	\$16,302,227
C.	CORRECTIONAL MANAGED HEALTH CARE				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
D.	DENTAL MSI				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
E.	JOHN DEMPSEY HOSPITAL				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2009	\$1,248,785
			Total:	9/30/2009	\$1,248,785
F.	UCHCFC MUNSON ROAD CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
G.	UCONN MEDICAL GROUP				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2009	\$648,174
2		CENTRAL ADMINISTRATIVE SERVICES	Rental Of Space	09/30/2009	\$1,909,449
			Total:	9/30/2009	\$2,557,623
H.	UNIVERSITY DENTISTS				
			Nothing to Report		\$0

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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
			Total:	9/30/2009	\$0
I.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE				
			Nothing to Report		\$0
			Total:	9/30/2009	\$0
K.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2009	\$14,794
			Total:	9/30/2009	\$14,794
			Ending Unconsolidated Intercompany Balance	9/30/2009	\$28,509,069

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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. UNIVERSITY OF CONNECTICUT HEALTH CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	B. CENTRAL ADMINISTRATIVE SERVICES		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	C. CORRECTIONAL MANAGED HEALTH CARE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	D. DENTAL MSI		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	E. JOHN DEMPSEY HOSPITAL		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	F. UCHCFC MUNSON ROAD CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	G. UCONN MEDICAL GROUP		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	H. UNIVERSITY DENTISTS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	I. UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	J. UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	K. UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2009
	Grand Total:	\$0	9/30/2009

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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.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	CENTRAL ADMINISTRATIVE SERVICES		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CORRECTIONAL MANAGED HEALTH CARE		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	DENTAL MSI		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	JOHN DEMPSEY HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	UCHCFC MUNSON ROAD CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	UCONN MEDICAL GROUP		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	UNIVERSITY DENTISTS		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	

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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
K. 0	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**JOHN DEMPSEY 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 2008 ACTUAL	FY 2009 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%

JOHN DEMPSEY HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		0
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

JOHN DEMPSEY HOSPITAL					
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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 Hospital				
(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.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**JOHN DEMPSEY HOSPITAL
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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	JDH sends an initial dunning letter to verify address and to stimulate payment. The staff perform asset and employment verification on large balances. If the patient or responsible party does not respond in 90 days, the account may be referred to a collection agency or the Attorney General Office
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The agencies submitted a bid thru a RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement with the State of Connecticut Attorney General Office for Collection.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	19.18%
II. SPECIFIC COLLECTION AGENT INFORMATION		
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.	JDH sends an initial dunning letter to verify address and to stimulate payment. The staff perform asset and employment verification on large balances. If the patient or responsible party does not respond in 90 days, the account may be referred to a collection agency or the Attorney General Office
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 agencies submitted a bid thru a RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement with the State of Connecticut Attorney General Office for Collection.

**JOHN DEMPSEY HOSPITAL
ANNUAL REPORTING
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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.	22.92%
	Collection Agent	
1	Collection Agent Name	Nair & Levin, P.C.
2	Collection Agent Type	Attorney
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.	JDH sends an initial dunning letter to verify address and to stimulate payment. The staff perform asset and employment verification on large balances. If the patient or responsible party does not respond in 90 days, the account may be referred to a collection agency or the Attorney General Office
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 agencies submitted a bid thru a RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement with the State of Connecticut Attorney General Office for Collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.02%

**JOHN DEMPSEY HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CFO	\$338,795	\$128,776	\$467,571
2.	COO	\$209,321	\$79,563	\$288,884
3.	ASSISTANT PROFESSOR / CLINICAL / ER	\$204,883	\$77,876	\$282,759
4.	ASSISTANT PROFESSOR / CLINICAL / ER	\$204,396	\$77,691	\$282,087
5.	ASSISTANT PROFESSOR / CLINICAL / ER	\$203,901	\$77,503	\$281,404
6.	ASSOCIATE VP / CLINICAL OPERATION	\$203,108	\$77,201	\$280,309
7.	ASSISTANT PROFESSOR / CLINICAL / ER	\$188,587	\$71,662	\$260,249
8.	MEDICAL PHYSICIST/CLINICAL/RADIOLOGY	\$172,329	\$65,502	\$237,831
9.	PROFESSOR / CLINICAL OPERATION	\$164,991	\$62,713	\$227,704
10.	CEO	\$113,700	\$9,028	\$122,728
	Grand Total:	\$2,004,011	\$727,515	\$2,731,526

**JOHN DEMPSEY HOSPITAL
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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 (Directly or Indirectly) ^C	TOTAL
A . UNIVERSITY OF CONNECTICUT HEALTH CENTER				
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 . CENTRAL ADMINISTRATIVE SERVICES				
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 . CORRECTIONAL MANAGED HEALTH CARE				
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 . DENTAL MSI				
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 . JOHN DEMPSEY HOSPITAL				
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 . UCHCFC MUNSON ROAD 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
G . UCONN MEDICAL GROUP				
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
H . UNIVERSITY DENTISTS				
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 . UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE				
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
K . UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE				
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.

**JOHN DEMPSEY HOSPITAL
ANNUAL REPORTING
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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 2009
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

JOHN DEMPSEY HOSPITAL					
ANNUAL REPORTING					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	239	464	225	94%
2.	Number of Approved Applicants	117	135	18	15%
3.	Total Charges (A)	\$996,974	\$727,509	(\$269,465)	-27%
	Average Charges	\$8,521	\$5,389	(\$3,132)	-37%
4.	Ratio of Cost to Charges (RCC)	0.592592	0.606485	0.013893	2%
	Total Cost	\$590,799	\$441,223	(\$149,576)	-25%
	Average Cost	\$5,050	\$3,268	(\$1,781)	-35%
5.	Charity Care - Inpatient Charges	\$501,943	\$208,733	(\$293,210)	-58%
6.	Charity Care - Outpatient Emergency Department Charges	60,810	64,554	3,744	6%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	434,221	454,222	20,001	5%
	Total Charges (A)	\$996,974	\$727,509	(\$269,465)	-27%
8.	Charity Care - Number of Patient Days	124	146	22	18%
9.	Charity Care - Number of Discharges	21	23	2	10%
10.	Charity Care - Number of Outpatient ED Visits	41	71	30	73%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	168	358	190	113%
(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.					