

JOHN DEMPSEY HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
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	Andrew Agwunobi, M.D., M.P.H.
9	CEO Title	Interim Executive Vice President for Health Affair
10	CT Agent Name	George Jepsen, 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 ADMINISTRATION AND FINANCE		
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 / Jeffrey P. Geoghegan
9	CEO Title	CAO / CFO
10	CT Agent Name	George Jepsen, 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		
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	George Jepsen, Attorney General
11	CT Agent Company	State of CT

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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	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	Anne Diamond
9	CEO Title	Chief Executive Officer
10	CT Agent Name	George Jepsen, 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	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	Denis Lafreniere, M.D.
9	CEO Title	Medical Director, UMG Associate Dean
10	CT Agent Name	George Jepsen, 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 -
F.	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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06030 -
8	CEO Name	Dr. Steven M. Lepowsky
9	CEO Title	Senior Associate Dean Education and Patient Care
10	CT Agent Name	George Jepsen, 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 -
G. 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	Scott Jordan
9	CEO Title	Executive VP for Administration and CFO
10	CT Agent Name	George Jepsen, 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 -
H. 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	Dr. R. Lamont MacNeil, D.D.S., M.Dent.Sc.
9	CEO Title	Dean, School of Dental Medicine
10	CT Agent Name	George Jepsen, 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 -
I. AFFILIATE NAME UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
1	Affiliate Description	SCHOOL OF MEDICINE - ACADEMIC AND RESEARCH

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LINE	DESCRIPTION	AFFILIATE INFORMATION
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	Bruce T. Liang, M.D., F.A.C.C.
9	CEO Title	Interim Dean, School of Medicine
10	CT Agent Name	George Jepsen, 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 -

* 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 9/30/2014
A . JOHN DEMPSEY HOSPITAL			
1		Unrestricted	\$71,355,029
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$71,355,029
B . UNIVERSITY OF CONNECTICUT HEALTH CENTER			
1		Unrestricted	\$75,575,645
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$547,078
5		Intercompany Eliminations	\$0
		Total:	\$76,122,723
C . CENTRAL ADMINISTRATION AND FINANCE			
1		Unrestricted	\$330,355,280
2		Temporarily Restricted by Donor	\$2,453
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$4,473
5		Intercompany Eliminations	\$0
		Total:	\$330,362,206
D . CORRECTIONAL MANAGED HEALTH CARE			
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
E . 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
F . UCONN MEDICAL GROUP			
1		Unrestricted	\$25,068,145
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$25,068,145
G . UNIVERSITY DENTISTS			
1		Unrestricted	(\$2,763,722)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0

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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 9/30/2014
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$2,763,722)
H.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
1		Unrestricted	\$7,726,443
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$7,726,443
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
1		Unrestricted	(\$10,728,274)
2		Temporarily Restricted by Donor	\$19,891
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$53,098
5		Intercompany Eliminations	\$0
		Total:	(\$10,655,285)
J.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
1		Unrestricted	(\$73,214,599)
2		Temporarily Restricted by Donor	\$39,107
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$46,704
5		Intercompany Eliminations	\$0
		Total:	(\$73,128,788)
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$424,086,751
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$424,086,751

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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:	9/30/2013	\$62,319,373
1		Revenue from Services	09/30/2014	(\$320,821)
2		Purchase of Goods & services	09/30/2014	\$148,890
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$62,147,442
B.	CENTRAL ADMINISTRATION AND FINANCE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$19,983,370
1		Revenue from Services	09/30/2014	(\$9,835,497)
2		Purchase of Goods & services	09/30/2014	\$36,976,018
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$47,123,891
C.	CORRECTIONAL MANAGED HEALTH CARE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$12,354,723
1		Revenue from Services	09/30/2014	(\$5,720,441)
2		Purchase of Goods & services	09/30/2014	(\$2,569,470)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$4,064,812
D.	JOHN DEMPSEY HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
E.	UCONN MEDICAL GROUP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$7,331,382
1		Revenue from Services	09/30/2014	(\$2,759,117)
2		Purchase of Goods & services	09/30/2014	\$3,618,897
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$8,191,162
F.	UNIVERSITY DENTISTS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$1,684)
1		Revenue from Services	09/30/2014	(\$4,113)
2		Revenue from Services	09/30/2014	(\$1,508,418)
3		Purchase of Goods & services	09/30/2014	(\$10,198)

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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
4		Purchase of Goods & services	09/30/2014	\$256,800
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$1,267,613)
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$21,599,614
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$21,599,614
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,500,683
1		Revenue from Services	09/30/2014	(\$19,199)
2		Purchase of Goods & services	09/30/2014	\$19,931
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,501,415
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$73,073,719
1		Revenue from Services	09/30/2014	(\$383,295)
2		Purchase of Goods & services	09/30/2014	\$19,371,816
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$92,062,240
			Grand Total:	\$235,422,963

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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	10/01/2013	\$98,369,907
A.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		Nothing to Report		\$0
			Total:	9/30/2014	\$0
B.	CENTRAL ADMINISTRATION AND FINANCE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2014	\$1,475,456
2		JOHN DEMPSEY HOSPITAL	Support Services	09/30/2014	\$12,976,347
			Total:	9/30/2014	\$14,451,803
C.	CORRECTIONAL MANAGED HEALTH CARE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2014	\$6,526
			Total:	9/30/2014	\$6,526
D.	JOHN DEMPSEY HOSPITAL				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2014	\$1,163,197
			Total:	9/30/2014	\$1,163,197
E.	UCONN MEDICAL GROUP				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2014	\$692,114
2		CENTRAL ADMINISTRATION AND FINANCE	Support Services	09/30/2014	\$3,614,343
			Total:	9/30/2014	\$4,306,457
F.	UNIVERSITY DENTISTS				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2014	\$1,426
			Total:	9/30/2014	\$1,426

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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
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$118,299,316

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. UNIVERSITY OF CONNECTICUT HEALTH CENTER			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. CENTRAL ADMINISTRATION AND FINANCE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. CORRECTIONAL MANAGED HEALTH CARE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. JOHN DEMPSEY HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. UCONN MEDICAL GROUP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. UNIVERSITY DENTISTS			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

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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 ADMINISTRATION AND FINANCE		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	CORRECTIONAL MANAGED HEALTH CARE		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	JOHN DEMPSEY HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	UCONN MEDICAL GROUP		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	UNIVERSITY DENTISTS		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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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 2013 ACTUAL	FY 2014 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%

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

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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.				
	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	JDH sends patient an initial dunning letter to verify address & generate payment. Staff performs asset and employment verification on balances > \$2K. If no response is recieved in 90 days, the account is turned over to self. It may be referred to collection agency or AG Office.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The agencies submitted a bid thru an RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement w the State of CT AG Office for Collection.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	17.51%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A 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 patient an initial dunning letter to verify address & generate payment. Staff performs asset and employment verification on balances > \$2K. If no response is recieved in 90 days, the account is turned over to self. It may be referred to collection agency or AG 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 an RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement w the State of CT AG Office for Collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.90%
B Collection Agent		
1	Collection Agent Name	American Adjustment Bureau

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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 patient an initial dunning letter to verify address & generate payment. Staff performs asset and employment verification on balances > \$2K. If no response is recieved in 90 days, the account is turned over to self. It may be referred to collection agency or AG 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 an RFP to perform collection services. They are paid on a commission based payment schedule. The Hospital also has an arrangement w the State of CT AG Office for Collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	22.69%

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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.	ASSOCIATE PROFESSOR / CLINICAL/ER	\$308,058	\$55,464	\$363,522
2.	CEO	\$271,625	\$60,895	\$332,520
3.	DIRECTOR/NURSING	\$261,755	\$58,432	\$320,187
4.	ASSISTANT PROFESSOR / CLINICAL / ER	\$245,625	\$56,387	\$302,012
5.	ASSISTANT PROFESSOR / CLINICAL / ER	\$243,382	\$57,237	\$300,619
6.	ASSISTANT PROFESSOR / CLINICAL / ER	\$243,000	\$54,959	\$297,959
7.	DIRECTOR/NURSING	\$241,896	\$52,847	\$294,743
8.	PHARMACIST	\$152,689	\$111,911	\$264,600
9.	ASSISTANT PROFESSOR / CLINICAL / ER	\$217,286	\$45,956	\$263,242
10.	DIRECTOR/CARE COORDINATION	\$153,708	\$105,121	\$258,829
	Grand Total:	\$2,339,024	\$659,209	\$2,998,233

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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 (Directl y 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 ADMINISTRATION AND 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
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 . 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
E . 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
F . 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
G . UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE 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
H . 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
I . 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.

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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 2014
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

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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 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	403	227	(176)	-44%
2.	Number of Approved Applicants	213	148	(65)	-31%
3.	Total Charges (A)	\$823,539	\$583,681	(\$239,858)	-29%
	Average Charges	\$3,866	\$3,944	\$77	2%
4.	Ratio of Cost to Charges (RCC)	0.535433	0.495164	(0.040269)	-8%
	Total Cost	\$440,950	\$289,018	(\$151,932)	-34%
	Average Cost	\$2,070	\$1,953	(\$117)	-6%
5.	Charity Care - Inpatient Charges	\$153,668	\$194,619	\$40,951	27%
6.	Charity Care - Outpatient Emergency Department Charges	219,952	169,140	(50,812)	-23%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	449,919	219,922	(229,997)	-51%
	Total Charges (A)	\$823,539	\$583,681	(\$239,858)	-29%
8.	Charity Care - Number of Patient Days	74	120	46	62%
9.	Charity Care - Number of Discharges	12	15	3	25%
10.	Charity Care - Number of Outpatient ED Visits	184	119	(65)	-35%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	757	554	(203)	-27%
(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.					