

**JOHN DEMPSEY HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2013**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A.</b>	<b>AFFILIATE NAME</b>	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	Dr. Frank M. Torti
9	CEO Title	Executive Vice President for Health Affairs
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>B.</b>	<b>AFFILIATE NAME</b>	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 / Interim 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 -
<b>C.</b>	<b>AFFILIATE NAME</b>	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
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
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	Interim 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, UConn Medical Group
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
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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>G.</b>	<b>AFFILIATE NAME</b>	<b>UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION</b>
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 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 -
<b>H.</b>	<b>AFFILIATE NAME</b>	<b>UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE</b>
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 -
<b>I.</b>	<b>AFFILIATE NAME</b>	<b>UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE</b>
1	Affiliate Description	SCHOOL OF 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. Frank Torti
9	CEO Title	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

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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 9/30/2013
A .	<b>JOHN DEMPSEY HOSPITAL</b>		
1		Unrestricted	\$79,674,598
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>\$79,674,598</b>
B .	<b>UNIVERSITY OF CONNECTICUT HEALTH CENTER</b>		
1		Unrestricted	\$78,282,069
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,981,931
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$80,264,000</b>
C .	<b>CENTRAL ADMINISTRATION AND FINANCE</b>		
1		Unrestricted	\$287,790,405
2		Temporarily Restricted by Donor	\$2,453
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$56,977
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$287,849,835</b>
D .	<b>CORRECTIONAL MANAGED HEALTH CARE</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>
E .	<b>JOHN DEMPSEY HOSPITAL</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>
F .	<b>UCONN MEDICAL GROUP</b>		
1		Unrestricted	\$23,713,951
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>\$23,713,951</b>
G .	<b>UNIVERSITY DENTISTS</b>		
1		Unrestricted	(\$4,057,228)
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>(\$4,057,228)</b>

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
H .	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
1		Unrestricted	\$6,229,895
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>\$6,229,895</b>
I .	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
1		Unrestricted	(\$5,285,679)
2		Temporarily Restricted by Donor	\$19,891
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$316,448
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$4,949,340)</b>
J .	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
1		Unrestricted	(\$71,454,797)
2		Temporarily Restricted by Donor	\$39,107
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$420,982
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$70,994,708)</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$397,731,003</b>
	<b>Intercompany Eliminations</b>		<b>\$0</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$397,731,003</b>

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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			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$62,593,060</b>
1		Purchase of Goods & services	09/30/2013	\$1,645
2		Revenue from Services	09/30/2013	( <b>\$275,332</b> )
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2013</b>	<b>\$62,319,373</b>
B.	CENTRAL ADMINISTRATION AND FINANCE			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
1		Purchase of Goods & services	09/30/2013	\$25,518,323
2		Revenue from Services	09/30/2013	( <b>\$5,534,953</b> )
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2013</b>	<b>\$19,983,370</b>
C.	CORRECTIONAL MANAGED HEALTH CARE			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$17,699,289</b>
1		Purchase of Goods & services	09/30/2013	( <b>\$5,850</b> )
2		Revenue from Services	09/30/2013	( <b>\$5,338,716</b> )
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2013</b>	<b>\$12,354,723</b>
D.	JOHN DEMPSEY HOSPITAL			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2013</b>	<b>\$0</b>
E.	UCONN MEDICAL GROUP			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2012</b>	<b>\$5,615,571</b>
1		Purchase of Goods & services	09/30/2013	\$4,019,838
2		Revenue from Services	09/30/2013	( <b>\$2,304,027</b> )
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2013</b>	<b>\$7,331,382</b>
F.	UNIVERSITY DENTISTS			

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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
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2012	\$0
1		Revenue from Services	09/30/2013	(\$1,684)
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2013	<b>(\$1,684)</b>
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2012	\$21,536,974
1		Purchase of Goods & services	09/30/2013	\$62,640
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2013	<b>\$21,599,614</b>
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2012	\$1,509,422
1		Purchase of Goods & services	09/30/2013	\$21,734
2		Revenue from Services	09/30/2013	(\$30,473)
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2013	<b>\$1,500,683</b>
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	9/30/2012	\$58,895,859
1		Purchase of Goods & services	09/30/2013	\$16,076,422
2		Revenue from Services	09/30/2013	(\$1,898,562)
		<b>Ending Unconsolidated Intercompany Balance:</b>	9/30/2013	<b>\$73,073,719</b>
		<b>Grand Total:</b>		<b>\$198,161,180</b>

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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	10/01/2012	\$77,615,933
A.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		Nothing to Report		\$0
				Total:	9/30/2013 \$0
B.	CENTRAL ADMINISTRATION AND FINANCE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2013	\$1,484,429
2		JOHN DEMPSEY HOSPITAL	Support Services	09/30/2013	\$15,178,047
				Total:	9/30/2013 \$16,662,476
C.	CORRECTIONAL MANAGED HEALTH CARE				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2013	\$356
				Total:	9/30/2013 \$356
D.	JOHN DEMPSEY HOSPITAL				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2012	\$1,156,954
				Total:	9/30/2013 \$1,156,954
E.	UCONN MEDICAL GROUP				
1		UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2013	\$696,859
2		CENTRAL ADMINISTRATION AND FINANCE	Rent	09/30/2013	\$2,235,697
				Total:	9/30/2013 \$2,932,556
F.	UNIVERSITY DENTISTS				
		Nothing to Report			\$0
				Total:	9/30/2013 \$0
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION				
		Nothing to Report			\$0
				Total:	9/30/2013 \$0
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE				
		Nothing to Report			\$0
				Total:	9/30/2013 \$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
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	Rent	09/30/2013	\$1,632
1			Total:	9/30/2013	\$1,632
			Ending Unconsolidated Intercompany Balance	9/30/2013	\$98,369,907

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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	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
B.	CENTRAL ADMINISTRATION AND FINANCE		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
C.	CORRECTIONAL MANAGED HEALTH CARE		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
D.	JOHN DEMPSEY HOSPITAL		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
E.	UCONN MEDICAL GROUP		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
F.	UNIVERSITY DENTISTS		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
G.	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
I.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	
		<b>Total:</b>	<b>\$0</b> 9/30/2013
		<b>Grand Total:</b>	<b>\$0</b> 9/30/2013

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
A. 0	UNIVERSITY OF CONNECTICUT HEALTH CENTER Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
B. 0	CENTRAL ADMINISTRATION AND FINANCE Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
C. 0	CORRECTIONAL MANAGED HEALTH CARE Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
D. 0	JOHN DEMPSEY HOSPITAL Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
E. 0	UCONN MEDICAL GROUP Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
F. 0	UNIVERSITY DENTISTS Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
G. 0	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
H. 0	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
I. 0	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE Nothing to Report	\$0	0
		<b>Total:</b>	<b>\$0</b>
		<b>Grand Total:</b>	<b>\$0</b>

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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 2012 ACTUAL	FY 2013 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%

<b>JOHN DEMPSEY HOSPITAL</b> <b>ANNUAL REPORTING</b> <b>FISCAL YEAR 2013</b> <b>REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>		
<b>A. Patient Activity</b>		
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>Patient</b>	Name of Hospital Bed Fund ( <b>FULL NAME</b> )	<b>Amount</b>
1. Number of Applications for Hospital Bed Funds		0
	<b>Grand Total</b>	<b>\$0.00</b>

JOHN DEMPSEY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 <b>REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>					
<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					
(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**

<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>COLLECTION INFORMATION</b>
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	JDH sends initial dunning letter to generate payment. Staff performs asset and employment verification on large balances of \$2K. If no response rec.d in 60 days from date acct turned over to self pay, acct may be referred to a collection agency or the CT Atty General.s Office.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies submitted a bid through an RFP to perform collection services. Agencies are paid on a commission based payment schedule. JDH also has an arrangement with the State of CT Atty General.s Office for collection.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	15.75%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A</b>	<b>Collection Agent</b>	
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	JDH sends initial dunning letter to generate payment. Staff performs asset and employment verification on large balances of \$2K. If no response rec.d in 60 days from date acct turned over to self pay, acct may be referred to a collection agency or the CT Atty General.s 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.	Agencies submitted a bid through an RFP to perform collection services. Agencies are paid on a commission based payment schedule. JDH also has an arrangement with the State of CT Atty General.s Office for collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	18.78%

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

<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>COLLECTION INFORMATION</b>
<b>B</b>	<b>Collection Agent</b>	
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 initial dunning letter to generate payment. Staff performs asset and employment verification on large balances of \$2K. If no response rec.d in 60 days from date acct turned over to self pay, acct may be referred to a collection agency or the CT Atty General.s 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.	Agencies submitted a bid through an RFP to perform collection services. Agencies are paid on a commission based payment schedule. JDH also has an arrangement with the State of CT Atty General.s Office for collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	12.71%

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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.	CEO	\$555,962	\$57,253	\$613,215
2.	ASSOCIATE PROFESSOR / CLINICAL/ER	\$298,853	\$58,478	\$357,331
3.	COO	\$267,039	\$55,893	\$322,932
4.	ASSISTANT PROFESSOR / CLINICAL / ER	\$250,647	\$54,428	\$305,075
5.	ASSOCIATE PROFESSOR / CLINICAL/ER	\$242,260	\$54,780	\$297,040
6.	ASSISTANT PROFESSOR / CLINICAL / ER	\$241,916	\$50,026	\$291,942
7.	ASSISTANT PROFESSOR / CLINICAL / ER	\$238,304	\$51,528	\$289,832
8.	ASSISTANT PROFESSOR / CLINICAL / ER	\$218,909	\$49,106	\$268,015
9.	ASSOCIATE VICE PRESIDENT / NURSING	\$220,584	\$44,274	\$264,858
10.	STAFF NURSE	\$166,288	\$91,830	\$258,118
	<b>Grand Total:</b>	<b>\$2,700,762</b>	<b>\$567,596</b>	<b>\$3,268,358</b>

**JOHN DEMPSEY HOSPITAL**  
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**REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS**

**PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1) LINE	(2) DESCRIPTION	(3) SALARIES (Directly or Indirectly) <sup>C</sup>	(4) FRINGE BENEFITS <sup>A</sup> (Direct ly or Indirectly) <sup>C</sup>	(5) TOTAL
A .	<b>UNIVERSITY OF CONNECTICUT HEALTH CENTER</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>CENTRAL ADMINISTRATION AND FINANCE</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
C .	<b>CORRECTIONAL MANAGED HEALTH CARE</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
D .	<b>JOHN DEMPSEY HOSPITAL</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
E .	<b>UCONN MEDICAL GROUP</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
F .	<b>UNIVERSITY DENTISTS</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
G .	<b>UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE 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
H .	<b>UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE</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 .	<b>UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE</b>			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**JOHN DEMPSEY HOSPITAL**  
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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 2013
<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

JOHN DEMPSEY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	AMOUNT	AMOUNT	AMOUNT	%
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	545	403	(142)	-26%
2.	Number of Approved Applicants	282	213	(69)	-24%
3.	Total Charges (A)	\$477,593	\$823,539	\$345,946	72%
	<b>Average Charges</b>	<b>\$1,694</b>	<b>\$3,866</b>	<b>\$2,173</b>	<b>128%</b>
4.	Ratio of Cost to Charges (RCC)	0.490064	0.535433	0.045369	9%
	<b>Total Cost</b>	<b>\$234,051</b>	<b>\$440,950</b>	<b>\$206,899</b>	<b>88%</b>
	<b>Average Cost</b>	<b>\$830</b>	<b>\$2,070</b>	<b>\$1,240</b>	<b>149%</b>
5.	Charity Care - Inpatient Charges	\$91,830	\$153,668	\$61,838	67%
6.	Charity Care - Outpatient Emergency Department Charges	148,864	219,952	71,088	48%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	236,899	449,919	213,020	90%
	<b>Total Charges (A)</b>	<b>\$477,593</b>	<b>\$823,539</b>	<b>\$345,946</b>	<b>72%</b>
8.	Charity Care - Number of Patient Days	78	74	(4)	-5%
9.	Charity Care - Number of Discharges	13	12	(1)	-8%
10.	Charity Care - Number of Outpatient ED Visits	134	184	50	37%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	559	757	198	35%
<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>					