ANNUAL REPORTING

FISCAL YEAR 2014

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)		
l				
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		
	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		
	CT Agent Name	George Jepsen, Attorney General		
	CT Agent Company	State of CT		
	CT Agent Company Street Address	55 Elm Street, Hartford, CT		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut		
15	CT Agent Zip Code	06106 -		
L .	AFEILIATE NAME	CENTRAL ADMINISTRATION AND FINANCE		
B.	AFFILIATE NAME	CENTRAL ADMINISTRATION AND FINANCE		
1	Affiliate Description	Statutory Entity		
2	Affiliate type of service	Affilate Support Services		
3	Tax Status	Not for Profit		
4	Street Address	263 Farmington Avenue		
5	Town	Farmington		
6	State	Connecticut		
	Zip Code	06030 -		
	CEO Name	Carolle Andrews / Jeffrey P. Geoghegan		
	CEO Title	CAO / CFO		
	CT Agent Name	George Jepsen, Attorney General		
	CT Agent Company	State of CT		
	CT Agent Company Street Address	55 Elm Street		
	CT Agent Town	Hartford		
	CT Agent State	Connecticut 06106 -		
15	CT Agent Zip Code	00100 -		
C.	AFFILIATE NAME	CORRECTIONAL MANAGED HEALTH CARE		
<u>o.</u>	ATTICIATE NAME	CONTROL MANAGED HEAETH CARE		
		MANAGEMENT AND PROVISION OF HEALTH CARE SERVICES FOR THE DEPARTMENT OF		
1	Affiliate Description	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		
	CEO Title	Executive Director		
	CT Agent Name	George Jepsen, Attorney General		
11	CT Agent Company	State of CT		

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REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
12	CT Agent Company Street Address	55 Elm Street, Hartford, CT	
	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 Description Affiliate type of service	Hospital Operations Hospital	
	Tax Status	Not for Profit	
4	Street Address	263 Farmington Avenue	
5	Town	Farmington	
6	State	Connecticut	
	Zip Code	06030 -	
	CEO Name	Anne Diamond	
	CEO Title	Chief Executive Officer	
	CT Agent Name	George Jepsen, Attorney General	
	CT Agent Company	State of CT	
	CT Agent Company Street Address	55 Elm Street	
	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	
	Zip Code	06030 -	
	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	
	CT Agent Company Street Address	55 Elm Street, Hartford, CT	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06106 -	
I		LINIVEDOITY DENITION	
F.	AFFILIATE NAME	UNIVERSITY DENTISTS	
1	Affiliate Description	FACULTY GROUP PRACTICE	
2	Affiliate type of service	Physicians Services	
	Tax Status	Not for Profit	
4	Street Address	263 Farmington Avenue, Farmington, CT	
5	Town	Farmington	
6	State	Connecticut	
		1	

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FISCAL YEAR 2014

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
	DECODIDEION	AFFILIATE INFORMATION	
	DESCRIPTION	AFFILIATE INFORMATION	
	Zip Code	06030 -	
	CEO Name	Dr. Steven M. Lepowsky Senior Associate Dean Education and Patient Care	
	CEO Title		
	CT Agent Name	George Jepsen, Attorney General State of CT	
	CT Agent Company CT Agent Company Street Address	55 Elm Street, Hartford, CT	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06106 -	
15	CT Agent Zip Code	00100	
G.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE CORPORATION	
	Affiliate Description	STATUTORY ENTITY	
2	Affiliate type of service	Affilate Support Services	
3	Tax Status	Not for Profit	
4	Street Address	263 Farmington Avenue, Farmington, CT	
	Town	Farmington	
6	State	Connecticut	
	Zip Code	06030 -	
	CEO Name	Scott Jordan	
	CEO Title	Executive VP for Administration and CFO	
	CT Agent Name	George Jepsen, Attorney General	
	CT Agent Company	State of CT	
	CT Agent Company Street Address	55 Elm Street, Hartford, CT	
	CT Agent Town	Hartford	
	CT Agent State	Connecticut	
15	CT Agent Zip Code	06106 -	
H.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE	
1	Affiliate December	School of Dental Medicine- Academic and Research	
2	Affiliate Description Affiliate type of service	Health Education Services	
3		Not for Profit	
4	Tax Status Street Address	263 Farmington Avenue, Farmington,CT	
5		Farmington	
6	Town 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	
	CT Agent Name	George Jepsen, Attorney General	
	CT Agent Name CT Agent Company	State of CT	
	CT Agent Company Street Address	263 Farmington Avenue, Farmington,CT	
	CT Agent Company Street Address CT Agent Town	Farmington	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06030 -	
I.	AFFILIATE NAME	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	
4	Affiliate Description	SCHOOL OF MEDICINE, ACADEMIC AND RESEARCH	
1	Affiliate Description	SCHOOL OF MEDICINE - ACADEMIC AND RESEARCH	

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
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

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1) (2) (3) FUND DESCRIPTION / FUND PURPOSE A . JOHN DEMPSEY HOSPITAL 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:	\$71,355,029 \$0 \$0 \$0 \$0 \$0
LINE AFFILIATE NAME A. JOHN DEMPSEY HOSPITAL 1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:	9/30/2014 \$71,355,029 \$0 \$0
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:	\$0 \$0
1 Unrestricted 2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:	\$0 \$0
2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:	\$0 \$0
3 Temporarily Restricted by Board 4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:	\$0
4 Permanently Restricted by Donor 5 Intercompany Eliminations Total:	\$0
5 Intercompany Eliminations Total:	ΦΛ
Total:	\$0
	\$0
B. UNIVERSITY OF CONNECTICUT HEALTH CENTER	\$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 5 Intercompany Eliminations	\$4,473 \$0
Total:	\$330,362,206
D. CORRECTIONAL MANAGER LIEALTH CARE	
D. CORRECTIONAL MANAGED HEALTH CARE	
1 Unrestricted	\$0
2 Temporarily Restricted by Donor 3 Temporarily Restricted by Board	\$0 \$0
4 Permanently Restricted by Donor	\$0
5 Intercompany Eliminations	\$0
Total:	\$0
Total.	ΨΟ
E. JOHN DEMPSEY HOSPITAL	
1 Unrestricted	\$0
2 Temporarily Restricted by Donor	\$0
3 Temporarily Restricted by Board	\$0 \$0
4 Permanently Restricted by Donor	\$0
5 Intercompany Eliminations	\$0
Total:	\$0
	40
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	
G. UNIVERSITY DENTISTS Unrestricted	(\$2,763,722)
	(\$2,763,722) \$0 \$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)
н.	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
	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	DESCRIPTION OF TRANSFER DATE	
	UNIVERSITY OF COMMENTALITY OF ALTHOUGHT OF A			
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER			
		Denimina Harrage Hidela distance and process	0/00/0040	\$60.040.070
		Beginning Unconsolidated Intercompany Balance: Revenue from Services	9/30/2013	\$62,319,373
2		Purchase of Goods & services	09/30/2014 09/30/2014	(\$320,821) \$148,890
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$62,147,442
		Ending Officonsolidated intercompany balance.	9/30/2014	\$62,147,442
В.	CENTRAL ADMINISTRATION AND FINANCE			
<u> </u>	OENTRAL ADMINIOTRATION 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			
		Denimalia a Unacasalidate d Intercommuni Delevere	0/20/2042	(\$4.004)
4		Beginning Unconsolidated Intercompany Balance: Revenue from Services	9/30/2013	(\$1,684)
1		Revenue from Services Revenue from Services	09/30/2014 09/30/2014	(\$4,113)
3		Purchase of Goods & services	09/30/2014	(\$1,508,418) (\$10,198)
<u> </u>	1	Purchase of Goods & Services	09/30/2014	(\$10,198)

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

(1)	(2)	(3)	(4)	(5)
				TRANSFER TO / FROM
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	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
Н.	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

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		
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		Intercompany Balance	10/01/2013	\$98,369,907
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER		Nothing to Report		\$0
-			Total:	9/30/2014	\$0
				0,00,2011	,
В.	CENTRAL ADMINISTRATION AND FINANCE				
		UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2014	\$1,475,456
2		JOHN DEMPSEY HOSPITAL	Support Services	09/30/2014 9/30/2014	\$12,976,347
			Total:	9/30/2014	\$14,451,803
C.	CORRECTIONAL MANAGED HEALTH CARE				
	CONTECTIONAL MANAGED HEALTH CANE	UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2014	\$6,526
			Total:	9/30/2014	\$6,526
D.	JOHN DEMPSEY HOSPITAL				
		UNIVERSITY OF CONNECTICUT HEALTH	Б		*
1		CENTER FINANCE CORPORATION	Rent	09/30/2014	\$1,163,197
			Total:	9/30/2014	\$1,163,197
E.	UCONN MEDICAL GROUP				
<u> </u>	COOKIN MEDICAL CITODI	UNIVERSITY OF CONNECTICUT HEALTH			
1		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		N. di . d. D. d		A 2
			Nothing to Report Total:	9/30/2014	\$0 \$0
			i otai:	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
	UNIVERSITY OF CONNECTION TO CONSTRUCT				
l.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	UNIVERSITY OF CONNECTICUT HEALTH			
1		CENTER FINANCE CORPORATION	Rent	09/30/2014	\$1,426
 '		DENTERT IIVANDE COM CITATION	Total:	9/30/2014	\$1,426
	1		i Otal.	3/33/2017	ψ1, 4 20

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

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

(1)	(2)		(3)	(4)
	AFFILIATE NAME &			
LINE	DESCRIPTION OF EXPENDITURE		AMOUNT	DATE
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER			
0	Nothing to Report	-	\$0	
		Total:	\$0	9/30/2014
	OFNITO ALL ADMINISTRATION AND FINANCE			
B. 0	CENTRAL ADMINISTRATION AND FINANCE		Φ0	
U	Nothing to Report	Total:	\$0 \$0	9/30/2014
		rotar.	\$0	9/30/2014
C.	CORRECTIONAL MANAGED HEALTH CARE			
0	Nothing to Report		\$0	
Ť	Treating to respect	Total:	\$0	9/30/2014
			***	0.00=011
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 CORPORA	TION		
0	Nothing to Report	Total:	\$0	0/20/2044
		TOTAL.	\$0	9/30/2014
H.	UNIVERSITY OF CONNECTICUT SCHOOL OF DENTAL MEDICINE			
0	Nothing to Report		\$0	
	Nothing to Report	Total:	\$0 SO	9/30/2014
			40	0/00/2011
Ι.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE			
0	Nothing to Report		\$0	
	V	Total:	\$0	9/30/2014
	Gr	and 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 Nothing to Report	0.2	0
- 0	Total:	\$0	U
	I Oldi.	\$0	
	OFFITE ALL ADMINISTRATION AND FINANCE		
B.	CENTRAL ADMINISTRATION AND FINANCE Nothing to Report	\$0	0
U	Total:	\$0 \$0	0
	Total.	\$ 0	
C .	CORRECTIONAL MANAGED HEALTH CARE	60	0
U	Nothing to Report	\$0 \$0	0
	Total:	\$0	
D.	JOHN DEMPSEY HOSPITAL	¢ο.	0
0	Nothing to Report	\$0	U
	Total:	\$0	
	UCONN MEDICAL GROUP	0.0	
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	UNIVERSITY DENTISTS	0.0	
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	
l.	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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JOHN DEMPSEY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014		
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Α.	Indigent Care				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00		0%
2	Income	\$0.00	\$0.00		0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00		0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
В.	Free Beds				
	Beginning Balance	\$0.00	\$0.00		0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	-	0%
3	Expenditures	\$0.00	\$0.00		0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	-	0%
	Ending Balance	\$0.00	\$0.00		0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
С.	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%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	JOHN DEMPSEY HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2014	PD DV THE HOODITAL
R	EPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERE	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
 Number of Application 	ons for Hospital Bed Funds	0
	Grand Total	\$0.00

		JOHN DEMPSEY I			
		ANNUAL REPO			
		FISCAL YEAR	R 2014		
	REPORT 17B - HOSPITA	L BED FUNDS HELD (OR ADMINISTERED B	Y THE HOSPITAL	
B. BE	ED FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
```	, ,	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Line	Name of Hospital Bed Fund		<b>J</b> .	J	<b>J</b>
	-				
(3)	Fair Market Value of the Principal of each	individual Hosnital Re	d Fund or the Princi	nal attributable to each	Hospital Red
(0)	Tall Market Value of the 1 Thiospar of Caon	marriadai mospitai Be	a rana, or the ranon	pai atti ibatabic to caoi	i Hoopital Bea
(4)	Total Actual Faminas for each Heavital B	ad Frank and ba Familia		h Haanital Dad Frank	
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Earning	gs attributable to eac	n nospitai Bed Fund.	
	1				
(5)	Actual Dollar Amount of Earnings reinves	ted as Principal, if any	•		
(6)	<b>Actual Dollar Amount of Earnings availab</b>	le for Patient Care.			
` ,					
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00
	Total Boa Fallas .	Ψ0.00	Ψ0.00	Ψ0.00	ψ0.00

#### REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
	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.
	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 withe State of CT AG Office for Collection.
	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	17.51%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
	Collection Agent	
	Collection Agent Name	Nair & Levin, P.C.
2	Collection Agent Type	Attorney
	Related / Not Related Entity	Not Related
	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.
	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.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	13.90%
В	Collection Agent	
	Collection Agent Name	American Adjustment Bureau
	Concentration (Agent Name	ranonour rajuotinont Durodu

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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
	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.
	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
	DIDECTOD/NI IDCINIC	<b>\$204.755</b>	φ <u>το</u> 400	\$220.40 <b>7</b>
3.	DIRECTOR/NURSING	\$261,755	\$58,432	\$320,187
4.	ASSISTANT PROFESSOR / CLINICAL / ER	\$245,625	\$56,387	\$302,012
	ACCIOTANT DEOCECCOE / CLINICAL / ED	<b>#040.000</b>	<b>657.007</b>	\$200.C40
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
		<del></del>	<del>-</del> + 10,000	,,
10.	DIRECTOR/CARE COORDINATION	\$153,708	\$105,121	\$258,829
	Grand Total:	\$2,339,024	\$659,209	\$2,998,233

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## JOHN DEMPSEY HOSPITAL ANNUAL REPORTING FISCAL YEAR 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

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

(1)	(2)	(3)	(4)	(5)
		SALARIES (Directly or	FRINGE BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^C	y or Indirectly) ^C	TOTAL
Δ.	LINING POLITY OF CONNECTION THE ALTH CENTER	1		
Α.	UNIVERSITY OF CONNECTICUT HEALTH CENTER	<b>CO</b>		фΩ
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 *0	\$0 *0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
В.	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
С.	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
_		1		
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
Ε.	UCONN MEDICAL GROUP			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Entity Listed Above to Hospital Employees(B)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	T did by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
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
	UNIVERSITY OF CONNECTICUT HEALTH CENTER FINANCE			
G.	CORPORATION		<u> </u>	
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
		1		
н.	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 Entity Listed Above to Hospital Employees(b)  Paid by the Hospital to Employees of the Entity Listed Above	\$0 \$0	\$0	\$0 \$0
	and by the Hospital to Employees of the Entity Listed Above	ΨΟ	ΨΟ	ΨΟ
Ι.	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.

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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.

### 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
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	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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	ANNUAL R	SEY HOSPITAL REPORTING LL YEAR 2014			
	REPORT 23 - CHARITY CARE AND REDUCED (		PROVIDED BY	THE HOSPITAL	
(1) <u>LINE</u>	(2) <u>DESCRIPTION</u>	(3) FY 2013 <u>AMOUNT</u>	(4) FY 2014 <u>AMOUNT</u>	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCI
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial St	tatement 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	1
4.	Ratio of Cost to Charges (RCC)	0.535433	0.495164	(0.040269)	-{
	Total Cost	\$440,950	\$289,018	(\$151,932)	-34
	Average Cost	\$2,070	\$1,953	(\$117)	-(
5.	Charity Care - Inpatient Charges	\$153,668	\$194,619	\$40,951	2
<u> </u>	Charity Care - Outpatient Emergency Department	ψ100,000	Ψ101,010	ψ10,001	
6.	Charges	219,952	169,140	(50,812)	-23
7	Charges (Excludes ED	440.040	240.022	(220,007)	_
7.	Charges) Total Charges (A)	449,919 <b>\$823,539</b>	219,922 <b>\$583,681</b>	(229,997) <b>(\$239,858)</b>	-5 <b>-2</b>
8.	Charity Care - Number of Patient Days	74	120	46	6
9. 10.	Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits	12 184	15 119	(65)	<u>2</u> -3
		104	119	(65)	-3
10.	Charity Care - Number of Outpatient Visits (Excludes ED				
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	757	554	(203)	-2
11.	·	757	554	(203)	-2
11. (A) Th	visits) e total amount must agree with the total amount listed in	757 the Hospital Aud	554	(203)	-2
11.	Visits)	757 the Hospital Aud	554	(203)	-2
11. (A) Th	visits)  e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants	757 the Hospital Aud	554	(203)	-2
11. (A) Th	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R	757 the Hospital Aud	554	(203)	
11.  (A) The  B.  1.  2.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants	757 the Hospital Aud eport 17)	554 lited Financial S - -	(203)	
11. (A) The	visits)  e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants	757 the Hospital Aud	554	(203)	-/2
11. (A) The	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges	the Hospital Aud eport 17) \$0	554 lited Financial S	(203)  itatement Notes.  \$0 \$0	-2
11.  (A) The  B.  1.  2.  3.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	757 the Hospital Aud eport 17)	554 lited Financial S  \$0 \$0	(203) statement Notes.	-/2
11.  (A) The  B.  1.  2.  3.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)	757 the Hospital Aud eport 17)	554 lited Financial S  \$0 \$0	(203)  statement Notes.  \$0 \$0 \$0	
11.  (A) The  B.  1.  2.  3.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost	757 the Hospital Aud eport 17)	554 lited Financial S 0 \$0 \$0 \$0	(203)  statement Notes.  \$0 \$0 \$0 \$0	
11.  (A) The  B.  1. 2. 3.	Visits)  e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost	757  the Hospital Aud  eport 17)  \$0 \$0 \$0 \$0 \$0	554 lited Financial S 0 \$0 \$0 \$0	(203)  tatement Notes.	
11.  (A) The B.  1. 2. 3. 4.	Visits)  e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges	757  the Hospital Aud  eport 17)  \$0 \$0 \$0 \$0 \$0 0	554 lited Financial S 	(203) statement Notes.	
11.  (A) The  B.  1. 2. 3. 4.	Visits)  e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges	757  the Hospital Aud  eport 17)  \$0 \$0 \$0 \$0 \$0 \$0	554 lited Financial S  \$0 \$0 \$0 \$0 \$0 \$0	(203)  statement Notes.	-2
11.  (A) The B.  1. 2. 3. 4.  5. 6.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants Number of Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)	757  the Hospital Aud  eport 17)  \$0 \$0 \$0 \$0 0 \$0 0 \$0 \$0 0 \$0 \$0	554 lited Financial S	(203)  statement Notes.	
11.  (A) The B.  1. 2. 3. 4.  5. 6. 7.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days	757  the Hospital Aud  eport 17)  \$0 \$0 \$0 \$0 0 0 0 0 0 0 0 0	554 lited Financial S	(203)  statement Notes.	
11.  (A) The B.  1. 2. 3. 4.  5. 6.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants Number of Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)	757  the Hospital Aud  eport 17)  \$0 \$0 \$0 \$0 0 \$0 0 \$0 \$0 0 \$0 \$0	554 lited Financial S	(203)  statement Notes.	-2
11.  (A) The  B.  1. 2. 3. 4.  5. 6. 7.	e total amount must agree with the total amount listed in  Hospital Bed Funds (see Hospital Reporting System - R  Number of Applicants Number of Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges  Bed Funds - Outpatient Emergency Department Charges  Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days  Bed Funds - Number of Discharges	757  the Hospital Aud  eport 17)	554 lited Financial S	(203)  statement Notes.	