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**FEDERAL FORM 990  
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
FOR THE YEAR ENDED SEPTEMBER 30, 2016**

**PUBLIC DISCLOSURE COPY**

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# Return of Organization Exempt From Income Tax

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** 10/01, 2015, **and ending** 09/30, 2016

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> CONNECTICUT CHILDREN'S MEDICAL CENTER				<b>D Employer identification number</b> 06-0646755	
	Doing business as				<b>E Telephone number</b> (860) 545-9000	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		<b>G Gross receipts \$</b> 329,810,705.	
	282 WASHINGTON STREET		HARTFORD, CT 06106-3322			
<b>F Name and address of principal officer:</b> JAMES E. SHMERLING, DHA, FACHE 282 WASHINGTON STREET HARTFORD, CT 06106-3322				<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>J Website:</b> WWW.CONNECTICUTCHILDRENS.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L Year of formation:</b> 1921 <b>M State of legal domicile:</b> CT		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: CONNECTICUT CHILDREN'S MEDICAL CENTER IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED CARE, RESEARCH, EDUCATION AND ADVOCACY.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	23.	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	22.	
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	2,120.	
	<b>6</b>	Total number of volunteers (estimate if necessary)	362.	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	22,898,068.	20,434,065.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	294,961,171.	307,571,046.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,174,785.	93,295.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,251,414.	1,299,205.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,285,438.	329,397,611.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	144,710,363.	149,766,958.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,710,661.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	143,339,977.	153,479,146.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	288,050,340.	303,262,994.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	32,235,098.	26,134,617.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	380,119,520.	385,271,416.
	<b>21</b>	Total liabilities (Part X, line 26)	181,869,675.	172,366,163.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	198,249,845.	212,905,253.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ Date _____				
	Type or print name and title _____				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT J MARIANI	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN P00642486
	Firm's name ▶ WITHUMSMITH+BROWN, PC			Firm's EIN ▶ 22-2027092	
	Firm's address ▶ 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070			Phone no. 973-898-9494	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 226,130,286. including grants of \$ 16,890. ) (Revenue \$ 307,571,046. )

ACUTE CARE CHILDREN'S HOSPITAL: EXPENSES INCURRED TO PROVIDE ACUTE CARE INPATIENT AND OUTPATIENT SERVICES TO CHILDREN FROM CONNECTICUT AND THE SURROUNDING AREA. IN FISCAL YEAR 2016 THERE WERE 6,331 ADMISSIONS AND 76,678 OUTPATIENT VISITS. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 226,130,286.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

PATRICK J. GARVEY, CPA, CHFP 282 WASHINGTON STREET HARTFORD, CT 06106 860-545-9000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII. . . . .  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) E. CLAYTON GENGRAS, III CHAIRMAN - DIRECTOR	1.00 0.	X		X				0.	0.	0.
(2) WILLIAM C. POPIK, M.D. VICE CHAIRMAN - DIRECTOR	1.00 0.	X		X				0.	0.	0.
(3) ROBERT J. SHANFIELD SECRETARY - DIRECTOR	1.00 0.	X		X				0.	0.	0.
(4) GENO AURIEMMA DIRECTOR	1.00 0.	X						0.	0.	0.
(5) MARILYN A. BACON, M.D. DIRECTOR	1.00 0.	X						0.	0.	0.
(6) THOMAS O. BARNES DIRECTOR	1.00 0.	X						0.	0.	0.
(7) CRAIG C. BONANNI, M.D. DIRECTOR - PRESIDENT MED STAFF	1.00 0.	X						0.	0.	0.
(8) JAMES W. FANELLI, CFP DIRECTOR	1.00 0.	X						0.	0.	0.
(9) GLEN R. GREENBERG DIRECTOR	1.00 0.	X						0.	0.	0.
(10) SUSAN V. HERBST, PH.D. DIRECTOR	1.00 0.	X						0.	0.	0.
(11) JEFFREY S. HOFFMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(12) CATO LAURENCIN, M.D., PH.D. DIRECTOR	1.00 0.	X						0.	0.	0.
(13) SOREN TORP LAURSEN DIRECTOR	1.00 0.	X						0.	0.	0.
(14) ROBERT S. LE BLANC DIRECTOR	1.00 0.	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) EDWARD LEWIS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 16) CHRISSY MONACO ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 17) KATHERINE O. NIXON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 18) KOLAWOLE A. OLOFINBOBA, M.D. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 19) DAVID M. ROTH, ESQ. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 20) ANNE P. SARGENT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 21) JAMES E. SHMERLING, DHA, FACHE ----- DIRECTOR-PRES/CEO (EFF 11/1/15)	55.00 ----- 0.	X		X				176,960.	0.	2,934.
( 22) LESLIE SILVERMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 23) LAUREN K. ZELIGSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 24) SCOTT W. FANNING ----- DIRECTOR (TERMED 01/01/16)	1.00 ----- 0.	X						0.	0.	0.
( 25) MARTIN J. GAVIN ----- DIRECTOR-PRES/CEO (10/1-10/31)	55.00 ----- 0.	X		X				632,641.	0.	30,088.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								5,592,507.	1,899,642.	676,218.
<b>d Total (add lines 1b and 1c)</b> . . . . .								5,592,507.	1,899,642.	676,218.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 155

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 51

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) JAMES A. MANAFORT, JR. DIRECTOR (TERMED 07/01/16)	1.00 0.	X					0.	0.	0.	
27) CHARLES W. SHIVERY DIRECTOR (TERMED 12/31/15)	1.00 0.	X					0.	0.	0.	
28) PATRICK J. GARVEY, CPA, CHFP TREASURER - SVP/CFO	55.00 0.			X			344,255.	0.	44,346.	
29) FERNANDO FERRER, M.D. EVP, CLINICAL AFF (TERM 7/11/16)	55.00 0.			X			0.	899,927.	47,437.	
30) CHRISTINE FINCK, M.D., FACS EVP, SURG-IN-CHIEF (EFF 7/27/16)	55.00 0.			X			0.	699,826.	40,939.	
31) PAUL H. DWORKIN, M.D. EVP, COMMUNITY CHILD HEALTH	55.00 0.			X			478,949.	0.	23,463.	
32) JUAN SALAZAR, M.D., MPH EVP, ACADEMIC AFFAIRS	55.00 0.			X			446,693.	0.	47,267.	
33) ANN G. TAYLOR, JD EVP, CHIEF ADMIN. OFFICER	55.00 0.			X			391,090.	0.	36,332.	
34) ANDREA L. BENIN, M.D. SVP, PATIENT SAFETY & QUALITY	55.00 0.			X			400,760.	0.	46,915.	
35) KELLY STYLES, MBA SVP, OPERATIONS & CIO	55.00 0.			X			374,129.	0.	19,960.	
36) CHERYL HOEY, RN, BSN, MBA SVP, CLINICAL SERVICES & CNO	55.00 0.			X			263,262.	0.	42,786.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 155

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) LAWRENCE E. MILAN, MA SVP, HUMAN RESOURCES	55.00 0.			X				260,646.	0.	26,490.
( 38) THOMAS RICHARDSON VP, MKTG & COMM (TERM 4/22/16)	55.00 0.			X				192,878.	0.	40,493.
( 39) AUDREY WISE, MBA VP, CHIEF MKTG OFF (EFF 9/26/16)	55.00 0.			X				0.	0.	0.
( 40) RICHELLE DEMAYO, M.D. CHIEF MED INFORMATION OFFICER	55.00 0.			X				302,242.	0.	26,344.
( 41) TRISHA FARMER, MSN, RN CHIEF OF STAFF (EFF 4/24/16)	55.00 0.			X				139,098.	0.	37,324.
( 42) BOBBY M. VARGAS GENERAL COUNSEL	55.00 0.			X				279,800.	0.	40,884.
( 43) JUNG PARK SR DIR, INFORMATION SERVICES	55.00 0.					X		190,790.	0.	12,246.
( 44) LINDA A. GROOM CLINICAL NURSE IV	55.00 0.					X		184,085.	0.	14,033.
( 45) MARLENE E. FERRIS SR DIR, ORGANIZATIONAL EFFECT.	55.00 0.					X		179,982.	0.	28,484.
( 46) ROBERT J. FRALEIGH DIRECTOR CORP. COMMUNICATIONS	55.00 0.					X		178,150.	0.	7,977.
( 47) PHILIP B. HOPKINS DIRECTOR TECHNICAL SERVICES	55.00 0.					X		176,097.	0.	12,694.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 155

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII. X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	512,562.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	7,661,054.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	8,361,536.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	3,898,913.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			20,434,065.				
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE	<b>Business Code</b>	541900	305,164,135.	305,164,135.			
	<b>b</b> OTHER HEALTHCARE RELATED REVENUE		541900	2,406,911.	2,406,911.			
	<b>c</b> . . . . .							
	<b>d</b> . . . . .							
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			307,571,046.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). <u>ATTACHMENT 3</u> . . . . . ▶			93,295.			93,295.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal	219,502.				
		<b>b</b> Less: rental expenses . . . . .		147,202.				
		<b>c</b> Rental income or (loss) . . . . .		72,300.				
		<b>d</b> Net rental income or (loss) . . . . . ▶			72,300.			72,300.
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . . ▶			0.			
	<b>8a</b> Gross income from fundraising events (not including \$ <u>512,562.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <u>ATCH 4</u>	<b>a</b>		263,945.				
		<b>b</b> Less: direct expenses . . . . . <u>ATCH 5</u> ▶		263,945.				
		<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0.			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <u>ATCH 6</u>	<b>a</b>		5,720.				
<b>b</b> Less: direct expenses . . . . .			1,947.					
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶				3,773.			3,773.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <u>ATCH 6</u>	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .							
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.				
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>	FOOD SERVICES		453000	1,147,153.			1,147,153.	
	<b>b</b> CONSULTING		541900	75,979.			75,979.	
	<b>c</b> . . . . .							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				1,223,132.				
<b>12 Total revenue.</b> See instructions. . . . . ▶				329,397,611.	307,571,046.		1,392,500.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	16,890.	16,890.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,948,254.		6,948,254.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	117,842,702.	92,609,873.	23,265,133.	1,967,696.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,023,505.	5,519,611.	1,386,618.	117,276.
9 Other employee benefits . . . . .	8,643,899.	6,954,710.	1,541,421.	147,768.
10 Payroll taxes . . . . .	9,308,598.	7,259,468.	1,894,887.	154,243.
11 Fees for services (non-employees):				
a Management . . . . .	319,541.	273,286.	46,255.	
b Legal . . . . .	387,446.	438.	387,008.	
c Accounting . . . . .	242,311.		242,311.	
d Lobbying . . . . .	164,135.	164,135.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	929,220.		929,220.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). <b>ATCH 7</b>	57,066,639.	50,141,863.	6,893,744.	31,032.
12 Advertising and promotion . . . . .	1,271,598.		1,271,598.	
13 Office expenses . . . . .	5,685,095.	3,818,103.	1,846,777.	20,215.
14 Information technology . . . . .	5,785,256.	591,343.	5,193,913.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	12,895,778.	8,110,098.	4,746,131.	39,549.
17 Travel . . . . .	381,046.	236,679.	140,573.	3,794.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	874,193.	660,454.	193,008.	20,731.
20 Interest . . . . .	1,137,843.	722,752.	405,106.	9,985.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	19,046,493.	12,098,248.	6,781,109.	167,136.
23 Insurance . . . . .	2,894,693.	2,630,225.	264,468.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u> . . . . .	30,598,321.	30,558,700.	39,164.	457.
b <u>SPECIALITY GROUP SUPPORT</u> . . . . .	8,796,478.		8,796,478.	
c <u>REPAIRS &amp; MAINTENANCE</u> . . . . .	2,944,998.	2,416,578.	528,420.	
d <u>DUES, LICENSES &amp; SUBSCRIPT.</u> . . . . .	1,366,675.	662,958.	680,451.	23,266.
e All other expenses . . . . .	691,387.	683,874.		7,513.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	303,262,994.	226,130,286.	74,422,047.	2,710,661.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.  X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	8,339,532.	<b>1</b>	4,161,628.
	<b>2</b> Savings and temporary cash investments	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net	31,383,650.	<b>4</b>	32,051,457.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	1,443,429.	<b>8</b>	2,407,715.
	<b>9</b> Prepaid expenses and deferred charges	761,737.	<b>9</b>	647,914.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	278,054,050.		
	<b>b</b> Less: accumulated depreciation	151,474,917.		
		130,307,644.	<b>10c</b>	126,579,133.
	<b>11</b> Investments - publicly traded securities	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11	176,116,474.	<b>13</b>	189,713,912.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11	31,767,054.	<b>15</b>	29,709,657.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	380,119,520.	<b>16</b>	385,271,416.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	49,959,877.	<b>17</b>	47,706,884.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	59,216,334.	<b>20</b>	52,065,004.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties <b>ATCH 8</b>	51,544.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	196,004.	<b>24</b>	162,036.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	72,445,916.	<b>25</b>	72,432,239.
	<b>26 Total liabilities.</b> Add lines 17 through 25	181,869,675.	<b>26</b>	172,366,163.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	75,698,045.	<b>27</b>	86,365,161.
	<b>28</b> Temporarily restricted net assets	29,429,877.	<b>28</b>	27,079,719.
	<b>29</b> Permanently restricted net assets	93,121,923.	<b>29</b>	99,460,373.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	198,249,845.	<b>33</b>	212,905,253.
	<b>34</b> Total liabilities and net assets/fund balances	380,119,520.	<b>34</b>	385,271,416.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	329,397,611.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	303,262,994.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	26,134,617.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	198,249,845.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-11,479,209.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	212,905,253.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization CONNECTICUT CHILDREN'S MEDICAL CENTER	Employer identification number 06-0646755
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CONNECTICUT CHILDREN'S MEDICAL CENTER	Employer identification number 06-0646755
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Blank lines for supplemental information.

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINES 1A, 1B, 1D, 1F & 1G

CONNECTICUT CHILDREN'S MEDICAL CENTER ADVOCATES FOR CHILD-FRIENDLY POLICIES AT THE CONNECTICUT GENERAL ASSEMBLY AND THE UNITED STATES CONGRESS. ADVOCACY CAN INCLUDE MESSAGING SENT TO LEGISLATORS VIA EMAIL, LETTERS AND SOCIAL MEDIA AND SOMETIMES THE PROVISION OF OPPORTUNITIES FOR MEDICAL CENTER EMPLOYEES, MEDICAL STAFF AND SUPPORTERS IN THE COMMUNITY TO REACH OUT TO THEIR SENATORS AND REPRESENTATIVES BY SHARING ACTION ALERTS THROUGH EMAIL.

THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, CONNECTICUT HOSPITAL ASSOCIATION AND NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TOWARDS LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THIS ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$64,135 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016.

DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016, THE ORGANIZATION PAID AN OUTSIDE INDEPENDENT CONSULTING FIRM \$100,000 TO LOBBY ON BEHALF OF THE MEDICAL CENTER FOR LEGISLATION AFFECTING CHILDREN'S HEALTH AND OTHER HEALTHCARE LEGISLATIVE MATTERS.

THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITIES A PERCENTAGE OF COMPENSATION PAID TO TWO CONNECTICUT CHILDREN'S MEDICAL CENTER EMPLOYEES TO REPRESENT TIME SPENT LOBBYING ON BEHALF OF THE ORGANIZATION. THIS

**Part IV** Supplemental Information (continued)

ALLOCATION AMOUNTED TO \$155,610 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. PLEASE NOTE THIS AMOUNT IS INCLUDED WITHIN CORE FORM, PART IX, LINES 5 AND 7 AS SALARIES EXPENSES.

VOLUNTEER PARTICIPATION IN LOBBYING ACTIVITIES INCLUDING PHONE CALLS, EMAILS AND LETTERS TO LEGISLATORS AND FEDERAL AND STATE POLICY MAKERS REGARDING VARIOUS CHILD-RELATED ISSUES. THERE WAS NO MONEY INVOLVED IN THESE VOLUNTEER TRANSACTIONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 83.4600 %
c Temporarily restricted endowment 16.5400 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INTEREST IN CONNECTICUT		
(2) CHILDREN'S MEDICAL CENTER		
(3) FOUNDATION, INC.; A RELATED		
(4) INTERNAL REVENUE CODE		
(5) §501(C)(3) TAX-EXEMPT ORG.	108,498,436.	FMV
(6) FUNDS HELD IN TRUST BY OTHERS	80,740,462.	FMV
(7) RABBI TRUST	275,014.	FMV
(8) NORTHEAST PEDIATRIC		
(9) SPECIALISTS, INC. INVESTMENT	200,000.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	189,713,912.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PROFESSIONAL LIABILITY	
(2) INSURANCE RECEIVABLE	14,886,104.
(3) BOND ISSUANCE COSTS	615,889.
(4) OTHER RECEIVABLES	1,291,992.
(5) OTHER ASSETS	10,597,305.
(6) DUE FROM AFFILIATED ENTITIES	18,853.
(7) GROUND LEASE	2,299,514.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	29,709,657.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTIES	12,076,475.
(3) DUE TO AFFILIATED ENTITIES	15,089,703.
(4) ACCRUED PENSION LIABILITY	24,478,050.
(5) OTHER LONG-TERM LIABILITIES	20,788,011.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	72,432,239.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information (continued)

## SCHEDULE D, PART V, QUESTION 4

THE ENDOWMENT FUNDS REPORTED IN SCHEDULE D, PART V, ARE HELD BY CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION FOR THE BENEFIT OF CONNECTICUT CHILDREN'S MEDICAL CENTER.

INCOME FROM ENDOWMENT FUNDS IS CONSIDERED TEMPORARILY RESTRICTED UNTIL IT MEETS THE ORIGINAL DONOR'S TIME OR PURPOSE RESTRICTION OF THE DONATION. THESE FUNDS ARE COMMINGLED WITH OTHER TEMPORARILY RESTRICTED CONTRIBUTIONS FOR THE SAME PURPOSES AND INVESTED UNTIL SUCH TIME THAT THE FUNDS ARE UTILIZED. CONNECTICUT CHILDREN'S MEDICAL CENTER'S SPENDING POLICY IS THAT ANY EXPENDITURE ASSOCIATED WITH THE ENDOWMENT IS APPROPRIATED BASED ON THE DONOR'S INTENTION.

RESTRICTED FUNDS ARE USED TO SUPPORT AND FURTHER THE MISSION OF CONNECTICUT CHILDREN'S MEDICAL CENTER BY PROVIDING FUNDS IN SUPPORT OF OPERATIONS AND CAPITAL PURCHASES OF CONNECTICUT CHILDREN'S MEDICAL CENTER.

## SCHEDULE D, PART X, QUESTION 2

AN INDEPENDENT FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S MEDICAL CENTER AND SUBSIDIARIES FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR

**Part XIII Supplemental Information** (continued)

UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

"THE MEDICAL CENTER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT HAS DETERMINED THAT THERE WERE NO MATERIAL TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2016 AND 2015."

IN ADDITION, THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THIS ORGANIZATION. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015 THAT REPORTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

"THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT HAS DETERMINED THAT THERE WERE NO MATERIAL TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2016 AND 2015."

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	FINANCIAL VEHICLE	4,202,050.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	FINANCIAL VEHICLE	880,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					5,082,050.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					5,082,050.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## SCHEDULE F, PART I

THIS ORGANIZATION PAID CHS INSURANCE LIMITED, A FINANCIAL VEHICLE, MALPRACTICE PREMIUM PAYMENTS IN THE AMOUNT OF \$4,202,050 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016.

ADDITIONALLY, THIS ORGANIZATION PAID CHS INSURANCE LIMITED MALPRACTICE PREMIUMS IN THE AMOUNT OF \$2,048,444, ON BEHALF OF CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THIS AMOUNT IS REIMBURSED TO CONNECTICUT CHILDREN'S MEDICAL CENTER. IN ADDITION, CONNNECTICUT CHILDREN'S SPECIALTY GROUP, INC. REPORTS MALPRACTICE PREMIUM PAYMENTS IN THE AMOUNT OF \$2,048,444 ON SCHEDULE F OF ITS FORM 990.

DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, CCMC CORPORATION, THE TAX-EXEMPT PARENT ORGANIZATION OF CONNECTICUT CHILDREN'S MEDICAL CENTER, CREATED NEW ENGLAND PEDIATRICS INDEMNITY, LTD. ("NEPI"), A FOREIGN WHOLLY OWNED CAPTIVE FINANCIAL VEHICLE. ON AUGUST 26, 2016, THE ORGANIZATION TRANSFERRED \$880,000 TO NEPI, AS A CAPTIAL CONTRIBUTION, ON BEHALF OF CCMC CORPORATION FOR ITS INVESTMENT IN NEPI.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	776,507.			776,507.
	<b>2</b> Less: Contributions . . . . .	512,562.			512,562.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	263,945.			263,945.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	139,397.			139,397.
	<b>7</b> Food and beverages . . . . .	25,597.			25,597.
	<b>8</b> Entertainment . . . . .	58,658.			58,658.
	<b>9</b> Other direct expenses . . . . .	40,293.			40,293.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				263,945.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250.0000</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .		X
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			807,858.		807,858.	.27
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			148,807,497.	86,551,281.	62,256,216.	20.53
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			149,615,355.	86,551,281.	63,064,074.	20.80
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			6,536,891.	3,452,776.	3,084,115.	1.02
<b>f</b> Health professions education (from Worksheet 5) . . . . .			13,346,560.	1,263,069.	12,083,491.	3.98
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			1,548,253.		1,548,253.	.51
<b>h</b> Research (from Worksheet 7)			9,024,425.	3,141,545.	5,882,880.	1.94
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			63,320.		63,320.	.02
<b>j Total.</b> Other Benefits . . . . .			30,519,449.	7,857,390.	22,662,059.	7.47
<b>k Total.</b> Add lines 7d and 7j. . . . .			180,134,804.	94,408,671.	85,726,133.	28.27

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			2,511,202.	676,199.	1,835,003.	.61
2 Economic development						
3 Community support			3,546,935.	1,399,810.	2,147,125.	.71
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			252,052.		252,052.	.08
7 Community health improvement advocacy			187,375.	84,606.	102,769.	.03
8 Workforce development						
9 Other						
10 Total			6,497,564.	2,160,615.	4,336,949.	1.43

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. **2** 1,605,446.
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3**
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME). **5** 103,224.
- Enter Medicare allowable costs of care relating to payments on line 5. **6** 379,097.
- Subtract line 6 from line 5. This is the surplus (or shortfall). **7** -275,873.
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- Did the organization have a written debt collection policy during the tax year? **9a** X
- If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. **9b** X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD CT 06106 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X	X			1
<b>2</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 263 FARMINGTON AVENUE FARMINGTON CT 06030 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
<b>3</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 80 SEYMOUR STREET HARTFORD CT 06102 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
<b>4</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 56 FRANKLIN STREET WATERBURY CT 06706 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X						1
<b>5</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 505 FARMINGTON AVENUE FARMINGTON CT 06030 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CONNECTICUT CHILDREN'S MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding hospital facility licensing, CHNA, and implementation strategies.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group CONNECTICUT CHILDREN'S MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CONNECTICUTCHILDRENS.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CONNECTICUTCHILDRENS.ORG</u>		
<b>c</b>	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		



**Part V Facility Information** *(continued)*

Name of hospital facility or letter of facility reporting group CONNECTICUT CHILDREN'S MEDICAL CENTER

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		X
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		X
If "Yes," explain in Section C.			
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .		X
If "Yes," explain in Section C.			

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCH H, PT V, SECT B, Q'S 2, 3J, 6A, 13B, 13H, 15E, 18D, 19D, 20E, 21C, 21D, 22D, 23&24

NOT APPLICABLE.

SCHEDULE H, PART V, SECTION B, QUESTION 5

WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, THE ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH.

THE ORGANIZATION DEVELOPED THE CHNA WITH STRONG GUIDANCE FROM THE CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE"). ADDITIONALLY, THE ORGANIZATION PARTNERED WITH VARIOUS OUTSIDE ORGANIZATIONS AS WELL AS A VARIETY OF KEY COMMUNITY STAKEHOLDERS. THIS COLLABORATION ALLOWED THE ORGANIZATION TO PRESENT COMMUNITY HEALTH NEEDS ACROSS THE AGE SPAN AND SECTORS OF SERVICE AND WITHIN THE CONTEXT OF KEY COMMUNITY CONTRIBUTORS TO HEALTH.

PRIMARY DATA COLLECTION EFFORTS

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AS DESCRIBED IN THE ORGANIZATION'S CHNA, IN AN EFFORT TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY SERVED, THE ORGANIZATION USED A VARIETY OF METHODS TO COMPILE DATA. THESE METHODS ARE OUTLINED BELOW:

(1) KEY INFORMANT INTERVIEWS:

IN DEVELOPING THIS ASSESSMENT, PRIMARY DATA COLLECTION EFFORTS RELIED HEAVILY ON INFORMATION OBTAINED DURING INTERVIEWS WITH KEY INFORMANTS. THOSE INTERVIEWS INCLUDED CITY OFFICIALS SUCH AS:

- THE DIRECTOR OF THE HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES;
- LEADERS OF PRIVATE FOUNDATIONS;
- LEADERS OF COMMUNITY-BASED NONPROFIT ORGANIZATIONS; AND
- LEADERS OF STATE AGENCIES.

IN ADDITION TO CONNECTICUT CHILDREN'S, VARIOUS OTHER AGENCIES PARTICIPATED IN THE KEY INFORMANT INTERVIEWS. THOSE AGENCIES INCLUDE THE FOLLOWING:

- CITY OF HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES;
- CITY OF HARTFORD FRESH FOOD INITIATIVE IN EARLY CARE AND EDUCATION;
- COMADRONA;
- COMMUNITY HEALTH NETWORK OF CONNECTICUT;
- CONNECTICUT DENTAL HEALTH PARTNERSHIP;
- CONNECTICUT DEPARTMENT OF EDUCATION;
- HARTFORD CHILDHOOD WELLNESS ALLIANCE;

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- HARTFORD FOUNDATION FOR PUBLIC GIVING;
- HEALTHY START;
- HISPANIC HEALTH COUNCIL;
- MATERNAL AND INFANT OUTREACH PROGRAM;
- MINDING THE BABY HOME VISITING PROGRAM;
- NORTHEAST NEIGHBORHOOD PARTNERSHIP;
- NURTURING FAMILIES NETWORK;
- SUCCESSFUL FATHERHOOD INITIATIVE;
- UNITED WAY OF CONNECTICUT; AND
- VILLAGE FOR FAMILIES AND CHILDREN.

INTERVIEWEES WERE ASKED A VARIETY OF QUESTIONS THAT FOCUSED ON IDENTIFYING UNMET NEEDS WITHIN THE COMMUNITY.

(2) HARTFORD BLUEPRINT FOR WOMEN'S AND CHILDREN'S HEALTH:

THE HARTFORD BLUEPRINT FOR WOMEN'S AND CHILDREN'S HEALTH ("THE BLUEPRINT") PROVIDES A COMPREHENSIVE LOOK AT THE NEEDS OF THE CITY'S WOMEN AND YOUNG CHILDREN. THE CITY OF HARTFORD COMMISSIONED THE OFFICE TO PREPARE THE BLUEPRINT AS TO ARTICULATE THE NEED FOR BUILDING A COMPREHENSIVE SYSTEM IN HARTFORD TO ENSURE STRONG FAMILIES AND LIFELONG OUTCOMES FOR CHILDREN. THE DOCUMENT PROVIDES A ROADMAP TO ADDRESS THE NEEDS IDENTIFIED FOR HARTFORD'S WOMEN AND CHILDREN THROUGH SYSTEM BUILDING AND COLLECTIVE IMPACT. ADDITIONAL PRIMARY COLLECTION DATA EFFORTS INCLUDE THE FOLLOWING WITH RESPECT TO THE BLUEPRINT:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- THE ORGANIZATION REVIEWED PRIOR REPORTS AND SURVEYS RELATED TO HEALTH, PRENATAL CARE, AND EARLY CARE AND EDUCATION;
- FOCUS GROUPS WITH EARLY CARE AND EDUCATION PROVIDERS, COMMUNITY LEADERS, AND RESIDENTS WERE CONDUCTED;
- VARIOUS MEETINGS WITH HEALTH AND HUMAN SERVICES AND EARLY CARE AND EDUCATION STEERING COMMITTEES AND COLLABORATIVES TOOK PLACE;
- SURVEYS FROM MEDICAL, BEHAVIORAL HEALTH, AND DENTAL PROVIDERS IN HARTFORD WERE DISTRIBUTED; AND
- LEADERSHIP DISCUSSIONS WITH THE CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH OFFICE TOOK PLACE.

(3) SCHOOL NURSE SURVEYS:

A SURVEY OF SCHOOL NURSES FROM ACROSS CONNECTICUT WAS CONDUCTED IN AUGUST 2014 AND PROVIDED CRITICAL INFORMATION ABOUT THE NEEDS OF HARTFORD'S OLDER CHILDREN. THE SURVEY, WAS CONDUCTED BY THE ORGANIZATION AND LISTED A VARIETY OF PUBLIC HEALTH CONCERNS AND ASKED RESPONDENTS TO RATE THEM FROM ZERO, WHERE THE ISSUE IS PERCEIVED NOT TO BE A PROBLEM, TO FOUR, WHERE THE ISSUE IS PERCEIVED TO BE A MAJOR PROBLEM. THE SURVEY ALSO ASKED RESPONDENTS TO PROVIDE IDEAS ABOUT HOW TO IMPROVE THE HEALTH OF CHILDREN IN CONNECTICUT.

THERE WERE A TOTAL OF 90 SURVEYS COLLECTED FROM SCHOOL NURSES DURING A CONFERENCE IN AUGUST 2015. ARRANGED BY COUNTY, THERE WERE 57 FROM

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HARTFORD COUNTY, EIGHT FROM TOLLAND COUNTY, SEVEN FROM NEW LONDON COUNTY, SIX FROM FAIRFIELD COUNTY, THREE FROM LITCHFIELD COUNTY, AND TWO EACH FROM NEW HAVEN, WINDHAM, AND MIDDLESEX COUNTIES.

(4) SINA NEIGHBORHOOD ECONOMIC DEVELOPMENT PLAN:

BEYOND HEALTH AND CHILD DEVELOPMENT, THE CHNA ALSO CONSIDERS COMMUNITY NEEDS AS IDENTIFIED BY THE 2015 SINA ECONOMIC DEVELOPMENT PLAN.

SINA, WHICH IS A PARTNERSHIP BETWEEN CONNECTICUT CHILDREN'S, HARTFORD HOSPITAL, AND TRINITY COLLEGE, CONDUCTED AN ANALYSIS OF NEIGHBORHOOD NEEDS, OPPORTUNITIES AND RESOURCES AND COMPILED THE RESULTS INTO THE SINA NEIGHBORHOOD ECONOMIC DEVELOPMENT STUDY.

THE ORGANIZATION CONDUCTED INTERVIEWS WITH SENIOR MANAGERS OF RELEVANT DEPARTMENTS WITHIN SINA MEMBER INSTITUTIONS. ADDITIONALLY, FOCUS GROUPS WITH KEY COMMUNITY STAKEHOLDERS WERE HELD.

SECONDARY DATA COLLECTION EFFORTS

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IN ADDITION TO THE PRIMARY DATA COLLECTIONS DESCRIBED ABOVE, THE ORGANIZATION TOOK INTO ACCOUNT VARIOUS SECONDARY DATA SOURCES WHEN DEVELOPING ITS CHNA. THESE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

(1) HARTFORD FOUNDATION FOR PUBLIC GIVING EARLY DEVELOPMENT INSTRUMENT

("EDI"):

THE EDI ATTEMPTS TO ANSWER THE QUESTION OF WHAT CAN BE DONE TO ENSURE CHILDREN ARE READY FOR SCHOOL. THE ORGANIZATION ANALYZED THE DATA TO HELP IDENTIFY COMMUNITY NEEDS IN THIS REPORT. THE EDI PROJECT WAS CONDUCTED AT SCHOOLS IN HARTFORD AND WEST HARTFORD AS A POPULATION MEASURE OF HOW YOUNG CHILDREN ARE DEVELOPING IN COMMUNITIES. IT MEASURES FIVE AREAS OF EARLY CHILDHOOD DEVELOPMENT: PHYSICAL HEALTH AND WELLBEING; SOCIAL COMPETENCE; EMOTIONAL MATURITY; LANGUAGE AND COGNITIVE DEVELOPMENT; AND COMMUNICATIONS SKILLS AND GENERAL KNOWLEDGE.

THE WORK WAS GUIDED BY THE UCLA CENTER FOR HEALTHIER FAMILIES, CHILDREN AND COMMUNITIES. THE ORGANIZATION USED THE DATA TO FURTHER GATHER INFORMATION WITH RESPECT TO COMMUNITY NEEDS RELATED TO EARLY CHILDHOOD CARE AND EDUCATION.

(2) DATAHAVEN COMMUNITY WELLBEING SURVEY:

THE DATAHAVEN COMMUNITY WELLBEING SURVEY ALSO PROVIDED KEY INFORMATION FOR THE CHNA. THE NON-PROFIT GROUP DATAHAVEN, BASED IN NEW HAVEN, CONNECTICUT, IS DEDICATED TO IMPROVING THE QUALITY OF LIFE OF RESIDENTS BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA TO ASSIST LEADERS WITH EFFECTIVE DECISION MAKING. THE ORGANIZATION HAS BEEN IN EXISTENCE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SINCE 1992. THE SURVEY IS ITS LARGEST INITIATIVE AND PRODUCES INFORMATION ON THE QUALITY OF LIFE, PUBLIC HEALTH, ECONOMIC DEVELOPMENT AND CIVIC VITALITY FOR MORE THAN 100 STATE AND LOCAL GOVERNMENT, HEALTH CARE, ACADEMIC, AND COMMUNITY PARTNERS ACROSS CONNECTICUT.

THE ORGANIZATION ANALYZED DATA CONTAINED IN THE 2015 DATAHAVEN COMMUNITY WELL-BEING SURVEY FOR HARTFORD, AND USED PERTINENT INFORMATION TO IDENTIFY COMMUNITY NEEDS. DATAHAVEN CONTRACTED WITH THE SIENA COLLEGE RESEARCH INSTITUTE TO CONDUCT A SURVEY OF 16,820 RESIDENTS ACROSS THE STATE OF CONNECTICUT, INCLUDING 750 RESIDENTS OF THE CITY OF HARTFORD. INTERVIEWS WERE CONDUCTED IN ENGLISH AND SPANISH. TO ENSURE THAT THE STATISTICS REPRESENTED THE TRUE DEMOGRAPHICS OF THE STATE, THE OVERALL STATEWIDE SAMPLE WAS WEIGHTED BY AGE, GENDER, REPORTED RACE, AND COUNTY. IT WAS ALSO WEIGHTED TO MATCH CURRENT PATTERNS OF TELEPHONE USAGE (LANDLINE ONLY, CELL PHONE ONLY, OR BOTH). LOCAL LEVEL SAMPLES, LIKE THOSE FOR HARTFORD, WERE WEIGHED USING THE SAME PARAMETERS AND APPLIED AT A LOCAL LEVEL (TOWN INSTEAD OF COUNTY). SURVEYS WERE CONDUCTED VIA LANDLINES AND CELL PHONES.

(3) UNITED WAY OF CONNECTICUT'S 211 PROGRAM:

THE NONPROFIT UNITED WAY OF CONNECTICUT STRIVES TO MEET THE NEEDS OF STATE RESIDENTS BY PROVIDING THEM WITH INFORMATION, EDUCATION, AND CONNECTIONS TO SERVICES. IT MANAGES AND OPERATES THE CHILD DEVELOPMENT INFOLINE, WHICH IS ACCESSIBLE THROUGH 211, AND SERVES AS THE STATEWIDE



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CENTRALIZED TELEPHONE ACCESS POINT WHERE CARE COORDINATORS CONNECT FAMILIES IN NEED WITH SERVICES THAT CAN HELP THEM. IN THE 2014-2015 FISCAL YEAR, HARTFORD RESIDENTS CALLED 211 A TOTAL OF 54,695 TIMES WHICH RESULTED IN 70,501 REQUESTS FOR SERVICES.

THE CHNA ANALYZED DATA PROVIDED BY THE UNITED WAY OF CONNECTICUT'S 211 INFORMATION AND REFERRAL SERVICE, WHICH SHOWS THE ESTIMATED NUMBER OF CALLS FOR SERVICE COMING IN FROM HARTFORD DURING THE 2015-2016 FISCAL YEAR. DATA FROM THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT, THE REGION THAT INCLUDES HARTFORD, WAS ALSO USED. THE ORGANIZATION USED THIS DATA TO GATHER ADDITIONAL INFORMATION WITH RESPECT TO THE COMMUNITY NEEDS OF THE GREATER HARTFORD AREA.

SCHEDULE H, PART V, SECTION B, QUESTION 6B

ALTHOUGH THE CHNA WAS CONDUCTED SOLELY BY CONNECTICUT CHILDREN'S MEDICAL CENTER, THE FOLLOWING IS STATED WITHIN THE CHNA "WE BELIEVE THAT OUR APPROACH TO CONDUCTING THIS ASSESSMENT HAS ALLOWED US TO ENGAGE OUR COMMUNITY PARTNERS AND HAVE THE GREATEST IMPACT ON OUR COMMUNITY'S HEALTH. "

THE ORGANIZATION HAS MANY LONG STANDING AND ACTIVE PARTNERSHIPS WITH VARIOUS GOVERNMENT, SOCIAL AND CIVIC ORGANIZATIONS. THEREFORE, THE CHNA IS THE RESULT OF A COLLABORATIVE EFFORT WITH VARIOUS COMMUNITY PARTNERS WHO WORKED TOGETHER TO IDENTIFY THE UNMET NEEDS OF COMMUNITY SERVED.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, QUESTION 7D

THE ORGANIZATION'S CHNA WAS REVIEWED AND APPROVED BY ITS BOARD OF DIRECTORS. ONCE APPROVED, THE CHNA WAS POSTED ON THE ORGANIZATION'S WEBSITE, NOTING THAT HARDCOPIES WERE AVAILABLE ON REQUEST.

HARD COPIES WERE DISTRIBUTED TO NEIGHBORHOOD LEADERS, COMMUNITY LEADERS AROUND HARTFORD, CITY OFFICIALS, HARTFORD'S LEGISLATIVE REPRESENTATIVES, BUSINESS LEADERS IN THE COMMUNITY, AND LOCAL FUNDERS.

SCHEDULE H, PART V, SECTION B, QUESTION 11

IN CONDUCTING THE CHNA, THE CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") DEVELOPED A ROBUST STRATEGY FOR ADDRESSING THE IDENTIFIED NEEDS TO ENHANCE HEALTH CARE FOR HARTFORD'S WOMEN AND CHILDREN AND TO PROMOTE THE OPTIMAL HEALTHY DEVELOPMENT OF THE CITY'S YOUNGEST RESIDENTS.

THROUGHOUT THE CHNA THE ORGANIZATION IDENTIFIED THE FOLLOWING UNMET COMMUNITY HEALTH NEEDS:

1) DEVELOPMENTAL SURVEILLANCE AND SCREENING

-----

IDENTIFIED NEED: THERE IS A NEED TO BRING TO SCALE AN EXISTING ASSESSMENT

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SERVICE, MID-LEVEL DEVELOPMENTAL ASSESSMENT, AND HELP ME GROW

OPPORTUNITIES FOR AT-RISK CHILDREN WHO ARE NOT ELIGIBLE FOR PUBLICLY FUNDED INTERVENTION PROGRAMS.

AREA OF FOCUS: MANY CHILDREN WITH MILD-TO-MODERATE DEVELOPMENTAL OR BEHAVIORAL CONCERNS ARE ELUDING EARLY DETECTION AND ARE ARRIVING AT KINDERGARTEN WITHOUT THE DEVELOPMENTAL, SOCIO-EMOTIONAL, BEHAVIORAL AND/OR COGNITIVE SKILLS TO BEGIN SCHOOL. THESE CHILDREN WERE OFTEN INELIGIBLE FOR EARLY INTERVENTION OR PRESCHOOL SPECIAL EDUCATION SERVICES PRIOR TO SCHOOL ENTRY, AS BOTH OF THESE SERVICES HAVE STRICT ELIGIBILITY REQUIREMENTS.

2) CROSS-SECTOR CARE COORDINATION

-----

IDENTIFIED NEED: THERE IS A NEED TO BRING EXISTING CARE COORDINATION PROGRAMS TO SCALE THROUGHOUT THE CITY AND TO EXPAND THE HARTFORD CARE COORDINATION COLLABORATIVE ("HCCC") TO INCLUDE CARE COORDINATION SERVICES FROM HEALTH, CHILD CARE, HOME VISITING AND OTHER CHILD AND FAMILY SERVICES.

AREA OF FOCUS: CARE COORDINATION FROM A VARIETY OF SERVICE SECTORS IS AVAILABLE TO CHILDREN AND FAMILIES IN HARTFORD. THERE IS ALSO A PROGRAM, THE HCCC, WHICH BRINGS HARTFORD AREA CARE COORDINATORS FROM A VARIETY OF CHILD AND FAMILY SERVING SECTORS TOGETHER TO INCREASE THE EFFICIENCY OF

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SERVICES AND DECREASE THE DUPLICATION THAT CAN OCCUR WHEN FAMILIES WORK WITH MULTIPLE CARE COORDINATORS FROM DIFFERENT SECTORS.

## 3) CHRONIC HEALTH PROBLEMS

IDENTIFIED NEED: THERE IS A NEED TO BRING EXISTING PROGRAMS THAT ADDRESS ASTHMA AND LEAD CONCERNS, SUCH AS EASY BREATHING AND THE CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM, TO SCALE THROUGHOUT THE CITY FOR MAXIMUM IMPACT.

AREA OF FOCUS: CHRONIC HEALTH CONDITIONS SUCH AS ASTHMA AND LEAD TOXICITY DISPROPORTIONATELY IMPACT URBAN CHILDREN, ESPECIALLY THOSE WHO LIVE IN POVERTY.

## 4) CHILDHOOD OBESITY

IDENTIFIED NEED: THERE IS A NEED TO BRING TO SCALE EXISTING NUTRITION AND PHYSICAL ACTIVITY PROGRAMS IN PRESCHOOLS, CHILDCARE CENTERS, AND IN THE PRIMARY CARE SETTING.

AREA OF FOCUS: OBESITY DISPROPORTIONATELY AFFECTS CHILDREN OF COLOR AND THOSE IN LOW-INCOME FAMILIES. MORE THAN ONE-THIRD OF HARTFORD PRESCHOOLERS ARE OVERWEIGHT OR OBESE, WITH RATES FAR ABOVE THE NATIONAL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AVERAGE ACCORDING TO A UNIVERSITY OF CONNECTICUT STUDY.

5) HOME VISITING SERVICES ADDRESSING WOMEN'S AND CHILDREN'S HEALTH

-----

IDENTIFIED NEED: THE CHALLENGE IS TO REDUCE WAITING LISTS AND BRING THIS TYPE OF FAMILY SUPPORT TO SCALE FOR THE ENTIRE POPULATION.

AREA OF FOCUS: A VARIETY OF HOME VISITING PROGRAMS, SUCH AS THE MATERNAL AND INFANT OUTREACH PROGRAM, EXIST FOR FAMILIES IN HARTFORD AND HAVE SHOWN SUCCESS IN IMPROVING BIRTH OUTCOMES, ENSURING THAT PREGNANT WOMEN ENTER PRENATAL CARE EARLY, AND ADDRESSING DEVELOPMENTAL AND BEHAVIORAL HEALTH NEEDS OF CHILDREN.

INITIAL GOALS

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IN ORDER TO FULFILL THE NEEDS OUTLINED ABOVE THE ORGANIZATION ESTABLISHED INITIAL GOALS. THESE GOALS INCLUDE THE FOLLOWING AREAS OF FOCUS TO BE OVERSEEN AND IMPLEMENTED BY THE OFFICE:

1) ENGAGE KEY COMMUNITY STAKEHOLDERS IN SETTING IMPLEMENTATION PRIORITIES:

THE ORGANIZATION FELT THAT ENGAGEMENT OF AN ARRAY OF STAKEHOLDERS,

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INCLUDING PARENTS AND PROVIDERS FROM DIVERSE SECTORS, IS CRITICAL TO THE SUCCESSFUL IMPLEMENTATION OF PROGRAMS THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA.

THE OFFICE AIMS TO STRENGTHEN CONNECTIONS AMONG KEY COMMUNITY STAKEHOLDERS TO FACILITATE COLLECTIVE IMPACT BY CONVENING A STAKEHOLDER LEADERSHIP TEAM. THIS WORK WILL INCLUDE THE PRIORITIZATION OF OBJECTIVES AND WILL SET A TIMELINE FOR THEIR IMPLEMENTATION. COMMUNITY CONVERSATIONS WILL SOLICIT INPUT FROM PARENTS AND RESIDENTS TO ENSURE COMMUNITY BUY-IN.

2) COORDINATE IMPLEMENTATION OF KEY RECOMMENDATIONS AND BRING TO SCALE EVIDENCE INFORMED INNOVATIONS:

THE OFFICE HAS HAD REMARKABLE SUCCESS IN DIFFUSING INNOVATION THROUGH THE DESIGN, IMPLEMENTATION, AND DISSEMINATION OF LOCAL AND REGIONAL PROGRAMS OF STATEWIDE AND NATIONAL SIGNIFICANCE. THE HELP ME GROW ("HMG") PROGRAM, WHICH PROMOTES THE EARLY DETECTION OF CHILDREN AT RISK FOR DEVELOPMENTAL AND BEHAVIORAL PROBLEMS AND THEIR CONNECTION TO SERVICES, WAS PILOTED IN HARTFORD BEFORE BEING SCALED UP ACROSS CONNECTICUT. NOW, MORE THAN 25 STATES ARE IMPLEMENTING THE HMG MODEL AS PART OF THE OFFICE'S HMG NATIONAL AFFILIATE NETWORK.

FURTHER, THE OFFICE HAS PILOTED AND IS DISSEMINATING TWO INNOVATIONS, THE CARE COORDINATION COLLABORATIVE MODEL ("CCCM") AND MID-LEVEL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DEVELOPMENTAL ASSESSMENT ("MLDA"). CCCM WORKS TO COORDINATE CARE COORDINATORS FROM VARIOUS CHILD-SERVING SECTORS IN THE GREATER HARTFORD REGION. IT WAS DEVELOPED IN RESPONSE TO THE NOTION THAT A CHILD MAY HAVE MULTIPLE CARE COORDINATORS FROM DIFFERENT AGENCIES MANAGING HIS OR HER CARE AT THE SAME TIME WITHOUT INTEGRATION ACROSS SECTORS.

3) BUILD THE CAPACITY OF HARTFORD FAMILIES AND SERVICE PROVIDERS ACROSS VARIOUS SETTINGS TO PROMOTE CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT:

A POSITIVE FAMILY FOUNDATION IS THE SINGLE MOST IMPORTANT INFLUENCE ON ENHANCING LIFELONG HEALTH AND OUTCOMES. THE CENTER FOR THE STUDY OF SOCIAL POLICY'S PROTECTIVE FACTORS FRAMEWORK IDENTIFIES KEY INFLUENCES THAT BUILD FAMILY CAPACITY TO SUPPORT OPTIMAL CHILD DEVELOPMENT. SUCH FACTORS INCLUDE PARENTAL RESILIENCE, CONCRETE SUPPORT IN TIMES OF NEED, SOCIAL CONNECTIONS, PARENTAL KNOWLEDGE OF CHILD DEVELOPMENT AND PARENTING STRATEGIES, AND CHILDREN'S SOCIAL AND EMOTIONAL COMPETENCE.

THE OFFICE HAS EMBRACED THE UTILITY OF THE PROTECTIVE FACTORS AS A FRAMEWORK FOR STRENGTHENING FAMILIES, AS WELL AS ENHANCING THE CAPACITY OF CHILD HEALTH, MENTAL HEALTH, EARLY CARE, AND FAMILY SUPPORT PROVIDERS TO CONTRIBUTE TO CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. TO ENSURE MAXIMUM CONTRIBUTION FROM HARTFORD'S CHILD HEALTH PROVIDERS, THE OFFICE WILL SUPPORT THE EXPANSION OF ITS EXISTING EDUCATING PRACTICES IN THE COMMUNITY ("EPIC") PROGRAM, WHICH IS OPERATED IN PARTNERSHIP WITH THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

4) ESTABLISHING A DATA-DRIVEN CONTINUOUS QUALITY IMPROVEMENT ("CQI")

SYSTEM FOR MONITORING EARLY CHILDHOOD SERVICES AND OUTCOMES IN HARTFORD:

THE OFFICE WILL BUILD UPON ITS EXISTING WEB-BASED DATA COLLECTION AND REPORTING TOOLS TO DESIGN A ROBUST DATA SYSTEM FOR TRACKING PROJECT IMPLEMENTATION AND IMPACT, TO ENABLE CQI AND FACILITATE COLLECTIVE IMPACT. THE OFFICE WILL DO SO BY:

- UTILIZING CQI METHODOLOGY AND TOOLS TO ENGAGE PROVIDERS AND OTHER STAKEHOLDERS IN THE CONTINUOUS MONITORING OF THE QUALITY OF HEALTH SERVICES AND ENCOURAGE THE TESTING OF CHANGES TO IMPROVE SERVICE EFFICACY AND OUTCOMES.

- DEVELOP A COMPREHENSIVE DATA SYSTEM FOR TRACKING PROJECT IMPLEMENTATION, CQI OUTCOMES, AND THE ACHIEVEMENT OF PROJECT GOALS.

IN FEBRUARY OF 2017, THE ORGANIZATION CREATED ITS COMMUNITY HEALTH IMPROVEMENT PLAN ("CHIP") WHICH OUTLINES HOW THE ORGANIZATION WILL CONTINUE TO WORK TO ADDRESS THE NEED IDENTIFIED WITHIN ITS MOST RECENTLY CONDUCTED CHNA. THE ORGANIZATION'S CHIP STATES THE FOLLOWING:

"OUR MOST RECENT CHNA UTILIZED A NUMBER OF COMPONENTS THAT INCLUDED THE INPUT OF MANY PEOPLE WORKING WITH THE UNDERSERVED, REPRESENTING VOICES FROM BOTH A LOCAL AND STATE-WIDE LEVEL. TWO MAJOR COMPONENTS WERE: THE



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HARTFORD BLUEPRINT FOR WOMEN AND CHILDREN'S HEALTH ("THE BLUEPRINT") AND SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE'S ("SINA") ECONOMIC DEVELOPMENT PLAN. IT IS FROM THOSE SOURCES THAT CONNECTICUT CHILDREN'S WILL PRIORITIZE ITS INITIAL ACTIONS FOR OUR CHIP."

THE HARTFORD BLUEPRINT FOR WOMEN AND CHILDREN'S HEALTH

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THE BLUEPRINT RECOMMENDED SIX STEPS BE TAKEN IN ORDER TO BUILD AN EFFECTIVE HEALTHCARE SYSTEM THAT BENEFITS WOMEN AND CHILDREN OF HARTFORD.

THEY ARE:

1. ESTABLISH A PUBLIC/PRIVATE LEADERSHIP TEAM THAT INCLUDES THE CITY, THE OFFICE, THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT, KEY STAKEHOLDERS, AND RESIDENTS TO GUIDE AND OVERSEE BLUEPRINT IMPLEMENTATION;
2. ESTABLISH WITHIN THE CITY A COMPREHENSIVE WOMEN AND CHILDREN'S HEALTH SYSTEM THAT ENSURES WOMEN OF CHILD-BEARING AGE, CHILDREN AND FAMILIES HAVE TIMELY ACCESS TO A SEAMLESS AND USER-FRIENDLY RANGE OF SERVICES AND SUPPORT;
3. DEVELOP AND DISSEMINATE DATA ON THE HEALTH OF WOMEN, THE HEALTH AND DEVELOPMENTAL STATUS OF CHILDREN, AND THE STATUS OF PROGRAMS AND SERVICES TO PUBLIC OFFICIALS, PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, AND

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RESIDENTS TO INFORM PRIORITIZATION AND DECISION MAKING;

4. ENGAGE ALL CITY PROVIDERS IN THE CONTINUOUS MONITORING OF THE QUALITY OF THE WOMEN'S AND CHILDREN'S HEALTH CARE SERVICES, INCLUDING DEVELOPMENTAL ASSESSMENT SERVICES, CARE COORDINATION, AND HOME VISITING PROGRAMS, AND ENCOURAGE THE TESTING OF CHANGES TO IMPROVE SERVICE EFFICACY AND OUTCOMES;

5. SUPPORT THE ONGOING PROFESSIONAL DEVELOPMENT OF WOMEN'S AND CHILDREN'S HEALTH PROVIDERS, TRAINEES, AND STAFF THROUGH ACCESSIBLE, EFFICACIOUS, AND EFFICIENT TRAINING THAT ENABLES THEM TO PERFORM AT THE TOP OF THEIR PROFESSIONAL LICENSES AND IN COLLABORATION WITH FAMILIES AND ONE ANOTHER;  
AND

6. BUILD ON AND EXPAND CURRENT PREVENTION EFFORTS AND ACTIVITIES TO PROMOTE THE HEALTHY DEVELOPMENT OF HARTFORD'S WOMEN AND CHILDREN.

ACTIONS TAKEN BY CONNECTICUT CHILDREN'S TO ADDRESS THE ABOVE INCLUDE:

- THE OFFICE HAS APPLIED FOR MAJOR GRANT FUNDING TO SUPPORT SOME, IF NOT ALL, OF THE RECOMMENDATIONS OF THE BLUEPRINT; AND

- THE OFFICE HAS ALLOWED COMMUNITY BASED PARTNERS TO UTILIZE THE DATA FROM THE BLUEPRINT TO APPLY FOR GRANT FUNDING FOR IMPLEMENTATION AND WILL OFFER SUPPORT SHOULD THOSE PARTNERS OBTAIN FUNDING.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ADDITIONALLY, ACTIVE CONVERSATIONS WITH HARTFORD'S PROMISE ZONE LEADERSHIP AND THEIR COMMUNITY COLLABORATOR, COMMUNITY SOLUTIONS, HAVE BEEN HELD WITH THE PURPOSE OF IMPLEMENTING MANY OF THE BLUEPRINT RECOMMENDATIONS, USING THE DESIGNATED PROMISE ZONE AREA AS A PILOT FOR THE REST OF THE CITY.

SINA'S ECONOMIC DEVELOPMENT PLAN

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IN KEEPING WITH SINA'S MISSION TO MAXIMIZE THE POSITIVE IMPACT THAT THREE NEIGHBORING ANCHOR INSTITUTIONS (CONNECTICUT CHILDREN'S, HARTFORD HOSPITAL, TRINITY COLLEGE) CAN HAVE ON AN IMPOVERISHED NEIGHBORHOOD, SINA HAS UNDERTAKEN STEPS TO DEVELOP A PLAN TO DEAL WITH A MAJOR SOCIAL DETERMINANT THAT AFFECTS THE HEALTH OF FAMILIES - THE ECONOMY.

THE PLAN LOOKS AT THE ROLE CONNECTICUT CHILDREN'S AND THE TWO OTHER SINA PARTNERS CAN PLAY IN WORKING WITH EXISTING ASSETS, BOTH INTERNALLY AND EXTERNALLY, TO IMPROVE NEIGHBORHOOD CONDITIONS. WITH SOME INITIATIVES, THE PARTNERS WILL TAKE AN ACTIVE ROLE, WHILE IN OTHERS THE PARTNERS WILL ACT AS CONVENERS, COLLABORATORS, OR INFLUENCERS.

THE FOUR AREAS OF FOCUS WILL BE:

- CAREER PREPARATION, JOB TRAINING AND EMPLOYMENT;

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- ENTREPRENEURSHIP AND SMALL BUSINESS DEVELOPMENT;
- PUBLIC REALM INVESTMENTS; AND
- CULTURAL DEVELOPMENT.

THE ORGANIZATION AIMS TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS CHNA, HOWEVER, THEY RECOGNIZE THAT THIS WORK CANNOT BE UNDERTAKEN SOLELY BY ONE HOSPITAL. THEREFORE, THE ORGANIZATION WILL CONTINUE TO REACH OUT TO ITS COMMUNITY PARTNERS WHO HAVE ALREADY SHOWN ENTHUSIASM FOR TAKING UP THE CHALLENGES OF ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA. ADDITIONALLY, THE ORGANIZATION PLANS TO IDENTIFY NEW PARTNERS THAT WILL BE ABLE TO ASSIST IN ADDRESSING THE UNMET NEEDS.

SCHEDULE H, PART V, SECTION B, QUESTION 16I

THE BOTTOM OF ALL BILLING INVOICES INCLUDES A STANDARD NOTE INDICATING THE PATIENT FINANCIAL ASSISTANCE POLICY IS AVAILABLE ALONG WITH A PHONE NUMBER TO OBTAIN THE POLICY.

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
<b>1</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 100 RETREAT AVENUE, 4TH FLOOR HARTFORD CT 06106	SPEECH THERAPY
<b>2</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 11 SOUTH ROAD FARMINGTON CT 06032	SPEECH THERAPY, AUDIOLOGY
<b>3</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 399 FARMINGTON AVENUE, 3RD FLOOR FARMINGTON CT 06032	OCCUPATIONAL & PHYSICAL THERAPY
<b>4</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 399 FARMINGTON AVENUE, 3RD FLOOR FARMINGTON CT 06032	MOTION ANALYSIS
<b>5</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 320 WESTERN BOULEVARD GALSTONBURY CT 06033	OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, AUDIOLOGY
<b>6</b> CONNECTICUT CHILDREN'S MEDICAL CENTER 111 FOUNDERS PLAZA EAST HARTFORD CT 06108	CLINICAL NUTRITION
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I; LINE 3C

NOT APPLICABLE.

SCHEDULE H, PART I; LINE 6A

THE ORGANIZATION PREPARED A 2015 - 2016 COMMUNITY BENEFIT REPORT WHICH REPORTS THE RESULTS OF ITS EFFORTS TO SERVICE THE COMMUNITY AND HAVE A MEASURABLE IMPACT ON CHILDREN AND FAMILIES ACROSS THE STATE OF CONNECTICUT AND BEYOND.

THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS MADE WIDELY AVAILABLE ON THE FOLLOWING WEBSITE:

[HTTPS://WWW.CONNECTICUTCHILDRENS.ORG/WP-CONTENT/UPLOADS/2016/09/COMMUNITYBENEFITREPORT\\_2015-2016.PDF](https://www.connecticutchildrens.org/wp-content/uploads/2016/09/COMMUNITYBENEFITREPORT_2015-2016.PDF)

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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SCHEDULE H, PART I; LINE 7

LINES 7A AND 7B WERE DETERMINED USING A RATIO OF COST TO CHARGES. LINES 7E THROUGH 7I WERE ALL REPORTED AT TRUE COST, NOT USING A COST TO CHARGE RATIO.

SCHEDULE H, PART I; QUESTION 7G

THE SUBSIDIZED HEALTH SERVICE REPORTED ON LINE 7G ARE FOR SHARED PSYCHIATRIC SERVICES WITH THE INSTITUTE OF LIVING.

SCHEDULE H, PART II

CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("CONNECTICUT CHILDREN'S") CORE MISSION IS TO IMPROVE THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN ACROSS THE STATE OF CONNECTICUT. THE ORGANIZATION RECOGNIZES THAT CHILDREN DO NOT LIVE IN ISOLATION, AND THAT THEY ARE A PART OF FAMILIES AND COMMUNITIES. IN ORDER TO FULFILL ITS MISSION, THE ORGANIZATION

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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PROVIDES LEADERSHIP AND PARTICIPATES IN COMMUNITY BASED PROGRAMS THAT  
HELP BUILD HEALTHIER COMMUNITIES.

AS ONE OF ITS FIVE KEY ORGANIZATIONAL STRATEGIES, THE ORGANIZATION HAS  
CREATED THE CONNECTICUT CHILDREN'S OFFICE OF COMMUNITY CHILD HEALTH ("THE  
OFFICE"). THE OFFICE SERVES AS ITS COORDINATING ENTITY FOR OUR  
COMMUNITY-ORIENTED PROGRAMS. IN 2016, THERE WERE FIFTEEN COMMUNITY  
PROGRAMS THAT WERE OVERSEEN BY THE OFFICE:

- HELP ME GROW NATIONAL CENTER;
- EASY BREATHING;
- CARE COORDINATION COLLABORATIVE MODEL ("CCCM");
- MID-LEVEL DEVELOPMENTAL ASSESSMENT ("MLDA");
- CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION;
- CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM;
- ADVANCING KIDS INNOVATION PROGRAM ("AKIP");
- CHILDREN'S CENTER ON FAMILY VIOLENCE;
- HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM ("HYHIL");



**Part VI Supplemental Information**

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-CO-MANAGEMENT ;

-CONNECTICUT CHILDREN'S INJURY PREVENTION CENTER ;

-EDUCATING PRACTICES IN THE COMMUNITY ("EPIC") ;

-PERSON-CENTERED MEDICAL HOME ("PCMH") ;

-PRACTICE QUALITY IMPROVEMENT ("PQI") ; AND

-RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH ("REACH") .

ALL FIFTEEN PROGRAMS HAVE ELEMENTS OF COMMUNITY BUILDING IN THEIR PURPOSE. SOME INVOLVE WORKING WITH LOCAL COMMUNITIES, SOME WITH STATE-WIDE COMMUNITIES AND SOME WORKING WITH COMMUNITIES ON A NATIONAL LEVEL. THE OFFICE HAS HELPED THESE EXISTING PROGRAMS PROGRESS AND EVOLVE, WHILE ALSO ACTING AN AS INCUBATOR FOR NEW, INNOVATIVE COMMUNITY-ORIENTED PROGRAMS. THE GOAL OF THE OFFICE IS TO MAXIMIZE THE ORGANIZATION'S IMPACT IN THE COMMUNITY.

ADDITIONAL COMMUNITY BUILDING ACTIVITIES INCLUDE CONNECTICUT CHILDREN'S WORK WITH A NEIGHBORHOOD PARTNERSHIP CALLED SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE AND THE UNITED WAY OF CENTRAL AND NORTHEASTERN

**Part VI Supplemental Information**

Provide the following information.

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CONNECTICUT.

SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE ("SINA") IS A PARTNERSHIP BETWEEN CONNECTICUT CHILDREN'S, HARTFORD HOSPITAL AND TRINITY COLLEGE. WE ARE ALL LOCATED IN ONE OF HARTFORD'S POOREST NEIGHBORHOODS. EACH INSTITUTION PAYS DUES THAT ACT AS THE FOUNDATION FOR SINA'S ANNUAL OPERATING BUDGET. THREE EMPLOYEES OF CONNECTICUT CHILDREN'S ARE ON SINA'S BOARD OF DIRECTORS, AND IN 2016, EMPLOYEES PARTICIPATED IN COMMITTEES AND ACTIVITIES THAT PROMOTED EDUCATION, IMPROVED HOUSING, AND PUBLIC SAFETY IN THE SURROUNDING NEIGHBORHOODS.

CONNECTICUT CHILDREN'S SUPPORTED EDUCATION THROUGH SINA THROUGH THE SPONSORSHIP OF THE SANCHEZ SCHOOL SCIENCE FAIR. THE GOAL WAS TO SUPPORT THE SCHOOL IN THEIR ENCOURAGEMENT OF PROMOTING STUDENTS INTEREST IN THE SCIENCES. ALONG WITH A FINANCIAL SPONSORSHIP, EMPLOYEES ACTED AS JUDGES FOR THE EVENT AND SERVED AS VOLUNTEERS TO HELP WITH THE EVENT COORDINATION. SINA HAS ALSO SET UP TWO SCHOLARSHIP PROGRAMS. IN 2016, THREE GRADUATES FROM THE LOCAL HIGH SCHOOL RECEIVED SCHOLARSHIPS FOR

**Part VI Supplemental Information**

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THEIR COMMUNITY SERVICE CONTRIBUTIONS. ALL THREE WILL BE ATTENDING 4-YEAR COLLEGE PROGRAMS. THE SCHOLARSHIP IS RENEWABLE FOR EACH OF THE FOUR YEARS, AND HAS ALLOWED STUDENTS AWARDED SCHOLARSHIPS FROM THE PREVIOUS YEARS TO CONTINUE WITH THEIR EDUCATION. IN TOTAL, TWELVE SCHOLARSHIPS WERE GIVEN OUT FOR THE YEAR. FOUR ADULTS FROM THE NEIGHBORHOOD WHO ATTEND CAPITAL COMMUNITY COLLEGE RECEIVED A "SINA STUDENT SUPPORT SCHOLARSHIPS" TO SUPPORT THEIR EFFORTS IN GETTING INTO A CAREER IN EITHER HEALTHCARE OR EDUCATION.

SINA'S HOUSING PROGRAM HAS FOCUSED ON TAKING BLIGHTED BUILDINGS, RAZING THEM, AND THEN BUILDING NEW SINGLE AND TWO-FAMILY HOMES. SINA HAS BEEN ABLE TO BRING TOGETHER FEDERAL, STATE, AND CITY FINANCIAL SUPPORT TO CONSTRUCT 65 HOMES DURING THE PAST 10 YEARS, HAVING RECENTLY SOLD 5 COMPLETED HOMES TO FIRST-TIME HOME BUYERS. THE ORGANIZATION ESTIMATES THAT THE 65 NEW HOMES HAVE PUT MORE THAN \$250,000 ONTO THE YEARLY TAX ROLL FOR THE CITY. SINA CONTINUES TO OWN RENTAL PROPERTIES THAT WERE OBTAINED SOME YEARS AGO TO ADDRESS THE NEED OF INADEQUATE QUALITY LOW-COST HOUSING FOR THE NEIGHBORHOOD, AND THROUGH SINA, DIALOGUE

**Part VI Supplemental Information**

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CONTINUES WITH THE COMMUNITY ON STRATEGIES TO BALANCE HOUSING EFFORTS TO MEET THE GREATEST COMMUNITY NEED.

IN 2016, SINA RECEIVED A \$2.5 MILLION DOLLAR GRANT FROM THE STATE OF CONNECTICUT TO CONTINUE THE HOUSING WORK, TARGETING A NEIGHBORHOOD THAT HAS MANY BLIGHTED PROPERTIES. THESE PROPERTIES HAVE SOME HISTORICAL SIGNIFICANCE, BUT THE BUILDING REHABILITATION IS BEYOND WHAT THE CITY AND OR INDIVIDUALS CAN AFFORD.

PUBLIC SAFETY IS PROMOTED IN A NUMBER OF WAYS. SINA STAFF AND STAFF FROM CONNECTICUT CHILDREN'S PARTICIPATE IN ONE OF HARTFORD'S NEIGHBORHOOD REVITALIZATION ZONE ("NRZ") MEETINGS. THE ORGANIZATION PARTICIPATES ON THE NRZ'S PUBLIC SAFETY COMMITTEE SUPPORTING BLOCK WATCH PROGRAMS AND ORGANIZING A NEIGHBORHOOD SAFETY TEAM. SINA ORGANIZES REGULAR MEETINGS WITH THE HARTFORD POLICE DEPARTMENT AND THE CAMPUS SAFETY MANAGERS OF THE THREE INSTITUTIONS TO DISCUSS COLLABORATIVE EFFORTS FOR PATROLLING THE NEIGHBORHOOD.

**Part VI Supplemental Information**

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THE ORGANIZATIONS COLLABORATION WITH THE UNITED WAY INCLUDES A YEARLY EMPLOYEE CAMPAIGN IN WHICH EMPLOYEE COMMITTEES ARE ESTABLISHED TO RAISE MONEY THAT IS INVESTED IN THE COMMUNITY. ASIDE FROM THE CAMPAIGN ACTIVITIES, CONNECTICUT CHILDREN'S EMPLOYEES PARTICIPATED IN THE UNITED WAY'S COMMUNITY INVESTMENT PROCESS, HELPING TO EVALUATE COMMUNITY PROGRAMS RECEIVING UNITED WAY FUNDS. EMPLOYEES' VOLUNTEERED TIME TO BE READERS IN LOCAL SCHOOLS AND ONE MEMBER OF CONNECTICUT CHILDREN'S ALSO REPRESENTS THE ORGANIZATION ON THE OPERATIONS COMMITTEE OF THE UNITED WAY.

SCHEDULE H, PART III, SECTION A; QUESTIONS 2, 3 & 4

BAD DEBT IS BASED UPON HISTORICAL COLLECTION PERCENTAGE ANALYSIS OF ACCOUNTS WRITTEN OFF. BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES.

CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") AND ITS

**Part VI Supplemental Information**

Provide the following information.

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

CONNECTICUT CHILDREN'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE)

METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL

HOSPITAL FACILITIES. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO

THE AUDITED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S AND

SUBSIDIARIES:

PATIENT ACCOUNTS RECEIVABLE

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PATIENT ACCOUNTS RECEIVABLE AND REVENUES ARE RECORDED WHEN PATIENT

SERVICES ARE PERFORMED. AMOUNTS RECEIVED FROM CERTAIN PAYORS ARE

DIFFERENT FROM ESTABLISHED BILLING RATES OF THE MEDICAL CENTER, AND THE

DIFFERENCE IS ACCOUNTED FOR AS ALLOWANCES. THE MEDICAL CENTER RECORDS ITS

PROVISION FOR BAD DEBTS BASED UPON A REVIEW OF ALL OF ITS OUTSTANDING

RECEIVABLES. WRITE-OFFS OF RECEIVABLE BALANCES ARE RELATED TO ITS

POPULATION OF UNDERINSURED PATIENTS. AN UNDERINSURED PATIENT IS ONE WHO

HAS COMMERCIAL INSURANCE WHICH LEAVES A SIGNIFICANT PORTION OF THE

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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MEDICAL CENTER'S REIMBURSEMENT TO BE PAID BY THE PATIENT, EITHER THROUGH LARGE DEDUCTIBLES OR CO-PAY REQUIREMENTS. SELF-PAY PATIENTS ARE RARE IN THE PEDIATRIC ENVIRONMENT, AS MEDICAID IS READILY AVAILABLE TO CHILDREN. SELF-PAY NET REVENUE APPROXIMATED \$4,500,000 AND \$3,600,000 FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY.

CHARITY CARE

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THE MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE MEDICAL CENTER. ESSENTIALLY, THOSE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES.

**Part VI Supplemental Information**

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THE COSTS OF CHARITY CARE INCURRED WERE \$1,107,000 AND \$929,000 FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY. THE COSTS OF CHARITY CARE ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE MEDICAL CENTER'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2015 MEDICARE COST REPORT.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN



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PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN §501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM

**Part VI Supplemental Information**

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"CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY

**Part VI Supplemental Information**

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TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED  
COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS  
BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE  
WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE  
SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM  
REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS  
WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN  
REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT  
STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A  
BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD  
PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC  
PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT

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WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER

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CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR

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THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

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THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT,

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NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE



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EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE  
GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE  
DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND  
CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS  
SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX,  
NATIONAL ORIGIN OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS  
SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS  
THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART III, SECTION B; QUESTION 9B

CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") HAS A  
BILLING AND COLLECTION POLICY. THE PURPOSE OF THIS POLICY IS TO ENSURE  
THAT THE ORGANIZATION'S BILLING, CREDIT AND COLLECTION PRACTICES COMPLY  
WITH ALL FEDERAL AND STATE LAWS, REGULATIONS GUIDELINES AND POLICIES.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CONNECTICUT CHILDREN'S IS COMMITTED TO PROVIDING THE AVAILABLE HEALTHCARE, ALONG WITH CONVENIENT BILLING SERVICES, PAYMENT OPTIONS AND FINANCIAL ASSISTANCE. CONNECTICUT CHILDREN'S WILL MAKE EVERY EFFORT TO COMMUNICATE THE PATIENT FINANCIAL ASSISTANCE, BILLING, CREDIT AND COLLECTION PROCESSES TO THE PATIENT AND/OR THEIR FAMILY.

PATIENTS AND THEIR FAMILIES ARE RESPONSIBLE TO PROVIDE TIMELY AND ACCURATE INFORMATION SUCH AS, BUT NOT LIMITED TO, DEMOGRAPHIC, INSURANCE, AND INCOME TO CONNECTICUT CHILDREN'S TO FACILITATE THE PATIENT FINANCIAL ASSISTANCE, BILLING, CREDIT AND COLLECTION PROCESSES. IT IS THE RESPONSIBILITY OF THE PATIENTS AND THEIR FAMILIES TO KNOW, UNDERSTAND, AND COMPLY WITH THEIR INSURANCE COVERAGE, COINSURANCE, COPAYS, DEDUCTIBLES, AND BENEFIT/COVERAGE LIMITATIONS. WE ASK OUR PATIENTS' FAMILIES TO REMEMBER THAT AN INSURANCE POLICY IS A CONTRACT BETWEEN THEM AND THE INSURANCE COMPANY, AND THAT THEY HAVE THE FINAL RESPONSIBILITY FOR PAYMENT OF THEIR HOSPITAL BILL.

CONNECTICUT CHILDREN'S PROVIDES PATIENT FINANCIAL SERVICES TO HELP

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FAMILIES NAVIGATE THE PROCESS OF BILLING AND MEDICAL INSURANCE. IN ADDITION, CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO PROVIDE COPIES OF ITEMIZED PATIENT BILLS, EXPLAIN PARTICULAR BILLS, SET UP PAYMENT ARRANGEMENTS OR REVIEW WHAT COSTS INSURANCE HAS PAID AND WHAT PAYMENTS ARE DUE.

AS A COURTESY TO ITS PATIENTS, CONNECTICUT CHILDREN'S SUBMITS BILLS TO THEIR INSURANCE COMPANIES AND MAKES EVERY EFFORT TO ADVANCE THEIR CLAIM. HOWEVER, IT MAY BECOME NECESSARY FOR A POLICY HOLDER TO CONTACT THEIR INSURANCE PROVIDER OR SUPPLY ADDITIONAL INFORMATION REQUIRED FOR CLAIMS PROCESSING PURPOSES OR TO EXPEDITE PAYMENT.

THE ORGANIZATION REQUESTS BILLS BE PAID IN FULL WITHIN THIRTY (30) DAYS. THE GUARANTOR IS RESPONSIBLE TO OBTAIN THE NECESSARY FUNDS FROM ANY SOURCE, SUCH AS OBTAINING A LOAN THROUGH THEIR BANK AND/OR CREDIT UNION. IF THE GUARANTOR IS UNABLE TO PAY BY OBTAINING A LOAN OR USE OF A CREDIT CARD, PAYMENT ARRANGEMENTS MAY BE MADE WITH COUNSELORS. MONTHLY PAYMENTS ARE REQUIRED.

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REQUESTS FOR ESTABLISHING PAYMENT PLANS THAT EXTEND PAST THE ABOVE  
RECOMMENDED TERMS GREATER THAN 12 MONTHS MUST BE REVIEWED AND APPROVED BY  
MANAGEMENT. IN ADDITION, ANY REQUESTS FOR ESTABLISHING PAYMENT PLANS THAT  
EXTEND PAST A 60 MONTH TERM MUST BE REVIEWED AND APPROVED BY MANAGEMENT.

CONNECTICUT CHILDREN'S WILL ONLY REFER THOSE ACCOUNTS TO COLLECTION  
AGENCIES WHEN IT HAS BEEN DETERMINED THAT THE PATIENT/GUARANTOR HAS THE  
MEANS TO PAY THE BALANCE AND HAS CHOSEN NOT TO APPLY FOR PATIENT  
FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI; QUESTION 2

IN SEPTEMBER OF 2016, CONNECTICUT CHILDREN'S RELEASED ITS COMMUNITY  
HEALTH NEEDS ASSESSMENT ("CHNA") WITH THE FULL SUPPORT OF THE  
ORGANIZATION'S BOARD OF DIRECTORS.

THE ASSESSMENT HAD COMPONENTS THAT FOCUSED ON ITS NEIGHBORHOOD, HARTFORD,

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AND THE GREATER HARTFORD AREA. THOSE COMPONENTS INCLUDED THE BLUEPRINT FOR WOMEN AND CHILDREN'S HEALTH IN HARTFORD. THERE WERE NUMEROUS PARTNERS, CONTRIBUTORS AND LOCAL VOICES THAT SPELLED OUT SPECIFIC RECOMMENDATIONS TO MAKE IMPROVEMENTS IN HARTFORD'S YOUNG CHILDREN ACHIEVING THEIR OPTIMAL HEALTHY DEVELOPMENT. ADDITIONAL COMPONENTS FOR THE CHNA INCLUDED SINA'S ECONOMIC DEVELOPMENT PLAN FOR OUR NEIGHBORHOOD (ADDRESSING A NUMBER OF SOCIAL DETERMINANTS OF HEALTH), A SURVEY ADMINISTERED TO SCHOOL NURSES FROM AROUND THE STATE, AND INFORMATION FROM DATA HAVEN'S S STATEWIDE WELL-BEING SURVEY.

IN ADDITION TO THE INTERNAL REVENUE CODE §501(R) COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION OUTLINED IN FORM 990, SCHEDULE H, PART V, SECTION B, CONNECTICUT CHILDREN'S ALSO CONDUCTED THE FOLLOWING ACTIVITIES WITH RESPECT TO ITS CHNA:

THE ORGANIZATION CONTINUOUSLY GATHERS INFORMATION THAT INFORMS ITS WORK IN PROMOTING CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT IN COMMUNITIES AROUND THE STATE. SOME OF THOSE VEHICLES INCLUDE:

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- SITTING ON THE CITY'S PUBLIC HEALTH ADVISORY COMMITTEE;

- COLLECTING INFORMATION ABOUT HEALTH TRENDS FROM OUR CLINICS AND EMERGENCY DEPARTMENT;

- RESEARCHING LOCAL AND NATIONAL HEALTH RELATED ISSUES;

- PARTICIPATING ON NEIGHBORHOOD, LOCAL, STATEWIDE AND NATIONAL COMMITTEES, COALITIONS, NETWORKS AND BOARDS OF DIRECTORS USING THOSE OPPORTUNITIES TO GUIDE OUR DECISION MAKING; AND

- RESPONDING TO GRANT OPPORTUNITIES WHICH REQUIRE US TO ASSESS SPECIFIC NEEDS AS THEY RELATE TO A SPECIFIC GRANT.

THE CONNECTICUT STATE HOSPITAL ASSOCIATION HAS DEVELOPED A NETWORK OF COMMUNITY BENEFIT REPORTERS WHO SHARE THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS AND ALSO A COMMUNITY HEALTH NETWORK. THE ORGANIZATION'S PARTICIPATION ALLOWS THEM TO SEE WHAT THE ASSOCIATION HAS IDENTIFIED AS NEEDS IN PEDIATRICS AT ITS LOCAL LEVELS.

THE ORGANIZATION VIEWS THE PROCESS FOR ASSESSING THE HEALTHCARE NEEDS OF

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THE COMMUNITY AS A ROLLING, EVOLVING PROCESS. THE CHNA MAY REPRESENT A SNAPSHOT IN TIME, BUT THE COMMUNITY IS NOT STAGNANT. WHILE "HEALTH" WITHIN COMMUNITY RESIDENTS MAY GET BETTER OR WORSE, THERE ARE MANY CONTRIBUTING FACTORS THAT ARE BEYOND THE CONTROL OF HEALTH PROVIDERS. IT IS IMPERATIVE THAT AS A PROVIDER, THE ORGANIZATION IS AWARE OF ANY OPPORTUNITY THAT MIGHT INFORM HOW THEY PRACTICE, PARTNER, AND CONTRIBUTE TOWARD A HEALTHIER ENVIRONMENT.

WHILE THE FORMAL CHNA DID PROVIDE AN OPPORTUNITY TO LEARN FROM MANY INDIVIDUALS AND ORGANIZATIONS IN THE CITY, THE CITY AND STATE THAT ARE FACING BUDGET CHALLENGES THAT AFFECT NON-PROFIT ORGANIZATIONS, PROGRAM PARTNERS, AND GOVERNMENT ENTITIES THAT SUPPORT THE EFFORTS TO CREATE AND SUSTAIN A THRIVING ENVIRONMENT FOR CHILDREN AND FAMILIES. THE NARRATIVE WITHIN SCHEDULE H, PART V, SECTION B MAKES REFERENCE TO A NUMBER OF INFORMATION SOURCES THAT INFORMS THE ORGANIZATIONS WORK. AT VARIOUS TIMES THEY MAY HAPPEN UPON A NEW SOURCE OF INFORMATION, IDENTIFY ASSETS IN THE COMMUNITY, OR DEVELOP NEW RELATIONSHIPS WITH POTENTIAL COLLABORATORS.

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IN THE EVENT THAT THE ORGANIZATION IDENTIFIES A NEED AND OPPORTUNITY TO ADDRESS IT QUICKLY, WHICH MAY BE OUTSIDE OF OUR FORMAL CHNA AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), THEY ARE OBLIGED TO ACT.

SCHEDULE H, PART VI; QUESTION 3

IN ADDITION TO BEING POSTED ON THE ORGANIZATION'S WEBSITE AND AVAILABLE WITHIN THE FACILITY UPON REQUEST, INFORMATION ADDRESSING THE PATIENT FINANCIAL ASSISTANCE POLICY AND THE CREDITS AND COLLECTIONS POLICY ARE ALSO POSTED (IN ENGLISH AND SPANISH) IN GENERAL PUBLIC AREAS IN AN EFFORT TO NOTIFY PATIENTS AND THEIR GUARANTORS OF THE AVAILABILITY OF HOSPITAL-BASED ASSISTANCE AND OTHER PROGRAMS OF PUBLIC ASSISTANCE.

IF THE HOSPITAL DETERMINES THAT A PATIENT OR GUARANTOR IS POTENTIALLY ELIGIBLE FOR MEDICAID OR OTHER GOVERNMENT PROGRAM, IT WILL ENCOURAGE THE PATIENT OR GUARANTOR TO APPLY FOR SUCH PROGRAM AND THE FINANCIAL COUNSELORS WILL ASSIST PATIENT GUARANTORS IN APPLYING FOR MEDICAID, HOSPITAL-BASED ASSISTANCE, OR OTHER ASSISTANCE AND PAYMENT PLAN PROGRAMS



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WHEN APPROPRIATE.

CONNECTICUT CHILDREN'S MEDICAL CENTER OFFERS HOSPITAL-BASED ASSISTANCE FOR MEDICALLY NECESSARY INPATIENT AND OUTPATIENT SERVICES FOR THOSE PATIENTS UNABLE TO PAY WHO CAN DEMONSTRATE FINANCIAL NEED ACCORDING TO CONNECTICUT CHILDREN'S MEDICAL CENTER'S PATIENT FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION METHODOLOGY. IT IS AVAILABLE AS A LAST RESORT AFTER ALL OTHER THIRD PARTY RESOURCES HAVE BEEN EXHAUSTED. ONCE APPROVED, THE DURATION FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE IS SIX MONTHS.

SCHEDULE H, PART VI; QUESTION 4

CONNECTICUT CHILDREN'S MEDICAL CENTER IS LOCATED IN HARTFORD CONNECTICUT. WE SERVE CHILDREN AND FAMILIES FROM THE ENTIRE STATE, THOUGH THE HEAVIEST CONCENTRATION OF THOSE SERVED COME FROM THE HARTFORD/GREATER HARTFORD AREA.

CONNECTICUT RANKS AS ONE OF THE WEALTHIER STATES IN THE U.S. BASED ON PER

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CAPITA INCOME. WHILE HARTFORD HAS A RICH HISTORY, IT IS NOW CONSISTENTLY RANKED AMONG THE POOREST CITIES OF ITS SIZE IN THE COUNTRY, WITH ONE RECENT STUDY PLACING IT AT SEVENTH POOREST.

SOME STATISTICS THAT DESCRIBE OUR COMMUNITY SERVED INCLUDE:

- THE U.S. CENSUS LISTS CT'S POPULATION AT 3.5 MILLION PEOPLE. 70% OF THE RESIDENTS ARE WHITE, 15% ARE HISPANIC OF LATINO, AND 11% ARE BLACK OR AFRICAN AMERICAN. ACCORDING TO NUMEROUS SOURCES, CONNECTICUT RANKS ANYWHERE FROM #1 - #3 OF THE RICHEST STATES IN PER CAPITA INCOME.

- HARTFORD'S POPULATION IS CLOSE TO 125,000. 43% OF THE RESIDENTS ARE HISPANIC OR LATINO, 38% ARE BLACK OR AFRICAN AMERICAN, AND 15% ARE IDENTIFIED AS WHITE. AN ESTIMATED 38% OF THE CITY'S RESIDENTS LIVE IN POVERTY, COMPARED TO 10.7% OF THE STATE'S OVERALL POPULATION. AN ESTIMATED 44% OF HARTFORD FAMILIES WITH CHILDREN BELOW AGE 18 LIVE IN POVERTY. MORE THAN 50,000 RESIDENTS (42%) PARTICIPATE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM. AN ESTIMATED 77% OF HARTFORD STUDENTS WERE

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ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS DURING THE YEAR. MORE THAN 52% OF THE 70,501 REQUESTS FROM HARTFORD RESIDENTS TO THE UNITED WAY'S INFORMATION AND REFERRAL SERVICE, 2-1-1, WERE FOR ASSISTANCE FOR BASIC NEEDS SUCH AS HOUSING, FOOD AND UTILITIES (INFORMATION FROM THE BLUEPRINT ON WOMEN AND CHILDREN'S HEALTH).

- ACCORDING TO SINA'S NEIGHBORHOOD ECONOMIC DEVELOPMENT STUDY, THE NEIGHBORHOODS AROUND CONNECTICUT CHILDREN'S MEDICAL CENTER CONSIST OF MORE THAN 60% LATINO RESIDENTS AND MORE THAN 20% OTHER MINORITIES, MAINLY AFRICAN AMERICAN. ALMOST 60% OF THE HOUSEHOLDS HAVE ANNUAL INCOMES OF LESS THAN \$25,000, AND ABOUT 25% HAVE ANNUAL INCOMES OF LESS THAN \$10,000. FEWER THAN 20% HAVE INCOMES GREATER THAN \$50,000. THESE FIGURES ARE ALL LOWER THAN THE CITY AVERAGE. ADDITIONALLY, MORE THAN 50% OF THE HOUSEHOLDS RECEIVE CASH ASSISTANCE AND/OR FOOD STAMPS, FIGURES THAT ARE HIGHER THAN THE CITY AVERAGE. ABOUT 40% OF THE ADULTS AGE 25 AND OLDER DO NOT HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT. LESS THAN 20% HAVE EARNED AN ASSOCIATE'S DEGREE OR HIGHER.

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IT IS SAFE TO SAY THAT CONNECTICUT HAD GREAT ECONOMIC DISPARITY AMONG ITS RESIDENTS.

SCHEDULE H, PART VI; QUESTION 5

CONNECTICUT CHILDREN'S MEDICAL CENTER HAS A VISION TO MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE NATION. WHILE THE ORGANIZATION PROVIDES LEADING MEDICAL CARE, TREATMENT, AND FOLLOW-UP SUPPORT WITHIN ITS FACILITIES, SOME OF THEIR BEST WORK IS PROMOTING CHILDREN'S HEALTH HAPPENS WITHIN CONNECTICUT'S COMMUNITIES.

CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") IS DEDICATED TO DEVELOPING AND SUPPORTING COMMUNITY-BASED PROGRAMS THAT PROMOTE CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. THE OFFICE HAS ENABLED THE ORGANIZATION TO PLACE COMMUNITY FOCUSED PROGRAMS UNDER ONE UMBRELLA. THIS HAS PROVIDED THE OPPORTUNITY TO MORE EFFICIENTLY USE RESOURCES, DEVELOP NEW PARTNERSHIPS, AND PROMOTE COMMUNITY HEALTH, KEEPING FOCUSED ON ITS MISSION TO MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE

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COUNTRY.

THE OFFICE PROMOTES COMMUNITY HEALTH ON A LOCAL, STATEWIDE, AND NATIONAL LEVEL, WITH MUCH OF THE MESSAGING FOCUSED ON THE IMPORTANCE OF HAVING A SYSTEM THAT SUPPORTS THE HEALTHY DEVELOPMENT OF ALL CHILDREN.

HEALTH PROVIDERS ARE KEY RESOURCES AS COMMUNITY PROVIDERS, BUT WITHOUT OTHER PARTNERSHIPS ON THE LOCAL, STATE, AND FEDERAL LEVELS, MAXIMIZING THE PROMOTION OF CHILDREN'S HEALTH IN ALL OF OUR COMMUNITIES WILL NOT BE ACHIEVED.

PROGRAMS UNDER THE OFFICE, NOTABLY EASY BREATHING, EPIC, PRACTICE QUALITY IMPROVEMENT, AND CO-MANAGEMENT, WORK WITH OTHER PROVIDERS ACROSS THE STATE TO HELP IDENTIFY BETTER APPROACHES TO MANAGING CHILDREN'S HEALTH ISSUES AS A MEANS OF PROMOTING BETTER HEALTH AND WORKING TOWARD BETTER HEALTH OUTCOMES. ADDITIONALLY, THE ORGANIZATION PROVIDES WEEKLY GRAND ROUNDS, INVITING PARTICIPATION FROM COMMUNITY PROVIDERS. SUBJECT MATTER FOR GRAND ROUNDS INCLUDES INNOVATIVE APPROACHES TO BETTER HEALTH IN THE

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COMMUNITY.

THE ORGANIZATION HAS A REFERRING PROVIDER BOARD OF PEDIATRICIANS THAT REPRESENTS DIFFERENT GEOGRAPHIC COMMUNITIES AROUND THE STATE. THEIR INPUT IS SOLICITED AS TO BEST PROMOTE CHILDREN'S HEALTH THROUGHOUT THE STATE.

SOME OF ITS PROGRAMS HAVE HEALTH PROMOTION AS A COMPONENT. THE INJURY PREVENTION CENTER PROMOTES COMMUNITY HEALTH WITH ALL OF ITS PREVENTION ACTIVITIES; CAR SEAT CLINICS, NEW TEEN DRIVER ACTIVITIES, PROGRAMS ON PEDESTRIAN SAFETY, TOY SAFETY AND SMOKE DETECTOR USE. INTENTIONAL AND UNINTENTIONAL INJURIES THAT RESULT IN CHILDREN AND YOUTH ENDING UP IN EMERGENCY ROOMS ARE STUDIED TO SEE IF THERE MIGHT BE OPPORTUNITIES TO ADVOCATE, EDUCATE, AND COLLABORATE WITH COMMUNITY PARTNERS TO PREVENT INJURIES.

HEALTHY HOMES PROMOTES COMMUNITY HEALTH IN THE AREAS OF LEAD PAINT HAZARDS, MOLD AND OTHER ASTHMA TRIGGERS, AND HOME SAFETY ISSUES, WORKING WITH INDIVIDUAL HOMEOWNERS, INDIVIDUALS BEING TRAINED AS HOUSING

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INSPECTORS, AND MUNICIPAL WORKERS.

HYHIL FOCUSES ON BUILDING A COLLABORATIVE THAT PROMOTES SAFE SEXUAL BEHAVIORS AMONG ADOLESCENTS AND YOUNG ADULTS.

REACH PROVIDES PEDIATRIC RESIDENTS THE OPPORTUNITY TO LEARN ABOUT THE COMMUNITY AND THE MANY WAYS THEY CAN BROADEN THEIR IMPACT ON THE LIVES OF YOUNG PEOPLE.

THE GOVERNMENT RELATIONS DEPARTMENT IS A VEHICLE WHEREBY CHILDREN'S COMMUNITY HEALTH INFORMATION CAN BE BROUGHT BEFORE ELECTED OFFICIALS. AN EXAMPLE OF THIS IS WHEN THE ORGANIZATION BEGAN TO STUDY ACCIDENT RATES OF NEW TEEN DRIVERS. THE SHARING OF THOSE STUDIES WITH LEGISLATIVE LEADERS AND COMMUNITY PARTNERS WAS THE START OF WHAT LATER BECAME LEGISLATION THAT ADDED SOME RESTRICTIONS TO NEW YOUNG DRIVERS. IN CONTINUING TO STUDY ACCIDENT REPORTS, A DECLINE IN ACCIDENT RATES OVER THE PAST TWO YEARS IS APPARENT.

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE MARKETING AND COMMUNICATIONS DEPARTMENT PRODUCES NUMEROUS PUBLICATIONS THROUGHOUT THE YEAR. WHILE MANY OF THE WORKS ARE INTENDED TO MARKET OUR SERVICES, MANY ALSO CONTAIN MESSAGING ABOUT COMMUNITY HEALTH.

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE CCMC CORPORATION AND SUBSIDIARIES:

NOT FOR-PROFIT ENTITIES:

CCMC CORPORATION

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CCMC CORPORATION IS THE TAX-EXEMPT PARENT OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CCMC CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

AS THE PARENT ORGANIZATION, CCMC CORPORATION STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE CHILDREN OF CONNECTICUT AND SURROUNDING COMMUNITIES. CCMC CORPORATION ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. NO CHILDREN ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES.

CCMC CORPORATION IS THE SOLE MEMBER OF CONNECTICUT CHILDREN'S MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE  
AND MEDICAID PATIENTS;

2. IT OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL CHILDREN; WHICH IS  
OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

3. IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL  
QUALIFIED PHYSICIANS;

4. CONTROL OF THE HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE  
BOARD OF DIRECTORS OF CCMC CORPORATION. BOTH BOARDS ARE COMPRISED OF A  
MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE  
COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND  
AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND  
ACTIVITIES.

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.

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CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION  
 RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO  
 INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT  
 TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION SUPPORTS  
 CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE  
 SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN  
 PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY IN A  
 NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL  
 ORIGIN OR ABILITY TO PAY.

CCMC AFFILIATES, INC.

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CCMC AFFILIATES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL  
 REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
 CODE §509(A)(2). THE ORGANIZATION PROVIDES SPECIALIZED EDUCATION AND  
 CHILD DEVELOPMENT PROGRAMS TO CHILDREN OF CONNECTICUT AND THE SURROUNDING  
 AREAS.

CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC.  
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CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC. IS AN ORGANIZATION  
 RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO  
 INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT  
 TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES MEDICALLY  
 NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR,  
 CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CHILDREN'S FUND OF CONNECTICUT, INC.  
 -----

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHILDREN'S FUND OF CONNECTICUT, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC.

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CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CAPITAL AREA HEALTH CONSORTIUM, INC.

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CAPITAL AREA HEALTH CONSORTIUM, INC. IS AN ORGANIZATION RECOGNIZED BY THE  
INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE  
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE  
CODE §509(A)(3). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL  
CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT  
ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY  
HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR, CREED,  
SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

FOR-PROFIT ENTITIES:

CCMC VENTURES, INC.

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**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

A FOR-PROFIT ENTITY, WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION. THE ORGANIZATION IS LOCATED IN HARTFORD, CONNECTICUT. THIS ENTITY IS CURRENTLY INACTIVE.

NEW ENGLAND PEDIATRICS INDEMNITY, LTD.

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A FOR-PROFIT ENTITY, WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION. THE ORGANIZATION IS A MEDICAL MALPRACTICE INSURANCE FOREIGN CAPTIVE ORGANIZATION LOCATED IN BERMUDA.

SCHEDULE H, PART VI; QUESTION 7

THE STATE OF CONNECTICUT HAS AN OFFICE OF THE HEALTHCARE ADVOCATE. THEY SURVEY EACH HOSPITAL'S SCHEDULE H OF THE 990 FILING TO ENSURE THAT COMMUNITY BENEFITS HAVE BEEN REPORTED IN LIEU OF SEPARATE REPORTS FROM HOSPITALS.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) URBAN LEAGUE OF GREATER HARTFORD, INC. 140 WOODLAND STREET HARTFORD, CT 06105	06-6066491	501(C)(3)	10,000.				PROGRAM SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, QUESTION 2

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

06-0646755

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES E. SHMERLING, DHA DIRECTOR-PRES/CEO (EFF 11/1/15)	(i)	93,936.	82,713.	311.	0.	2,934.	179,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARTIN J. GAVIN DIRECTOR-PRES/CEO (10/1-10/31)	(i)	277,975.	314,625.	40,041.	26,500.	3,588.	662,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PATRICK J. GARVEY, CPA, TREASURER - SVP/CFO	(i)	209,158.	116,250.	18,847.	14,575.	29,771.	388,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 FERNANDO FERRER, M.D. EVP, CLINICAL AFF (TERM 7/11/16)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	772,428.	95,628.	31,871.	17,225.	30,212.	947,364.	0.
5 CHRISTINE FINCK, M.D., EVP, SURG-IN-CHIEF (EFF 7/27/16)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	652,725.	13,287.	33,814.	15,900.	25,039.	740,765.	0.
6 PAUL H. DWORKIN, M.D. EVP, COMMUNITY CHILD HEALTH	(i)	299,223.	153,728.	25,998.	19,875.	3,588.	502,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JUAN SALAZAR, M.D., MPH EVP, ACADEMIC AFFAIRS	(i)	273,195.	149,500.	23,998.	18,550.	28,717.	493,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ANN G. TAYLOR, JD EVP, CHIEF ADMIN. OFFICER	(i)	230,554.	131,125.	29,411.	18,550.	17,782.	427,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ANDREA L. BENIN, M.D. SVP, PATIENT SAFETY & QUALITY	(i)	247,745.	143,375.	9,640.	15,900.	31,015.	447,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 KELLY STYLES, MBA SVP, OPERATIONS & CIO	(i)	186,520.	166,500.	21,109.	17,225.	2,735.	394,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CHERYL HOEY, RN, BSN, M SVP, CLINICAL SERVICES & CNO	(i)	168,439.	92,600.	2,223.	17,225.	25,561.	306,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 LAWRENCE E. MILAN, MA SVP, HUMAN RESOURCES	(i)	165,364.	89,375.	5,907.	16,414.	10,076.	287,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 THOMAS RICHARDSON VP, MKTG & COMM (TERM 4/22/16)	(i)	132,870.	57,400.	2,608.	12,956.	27,537.	233,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 RICHELLE DEMAYO, M.D. CHIEF MED INFORMATION OFFICER	(i)	212,570.	88,566.	1,106.	15,900.	10,444.	328,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 TRISHA FARMER, MSN, RN CHIEF OF STAFF (EFF 4/24/16)	(i)	106,837.	31,645.	616.	11,038.	26,286.	176,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 BOBBY M. VARGAS GENERAL COUNSEL	(i)	217,151.	62,065.	584.	14,575.	26,309.	320,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JUNG PARK SR DIR, INFORMATION SERVICES	(i)	151,254.	39,156.	380.	10,472.	1,774.	203,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LINDA A. GROOM CLINICAL NURSE IV	(i)	175,922.	500.	7,663.	11,979.	2,054.	198,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARLENE E. FERRIS SR DIR, ORGANIZATIONAL EFFECT.	(i)	143,094.	34,698.	2,190.	11,674.	16,810.	208,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT J. FRALEIGH DIRECTOR CORP. COMMUNICATIONS	(i)	155,099.	22,303.	748.	4,446.	3,531.	186,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 PHILIP B. HOPKINS DIRECTOR TECHNICAL SERVICES	(i)	151,598.	23,712.	787.	10,549.	2,145.	188,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DEAN A. RAPOZA FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	271,904.	25,400.	2,585.	18,550.	28,232.	346,671.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CORE FORM, PART VII AND SCHEDULE J

IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2015 FORMS W-2.

SCHEDULE J, PART I; QUESTION 3

EACH YEAR, TOWERS WATSON CONDUCTS A MARKET ANALYSIS OF CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("CONNECTICUT CHILDREN'S") PRESIDENT/CHIEF EXECUTIVE OFFICER, OFFICERS AND OTHER KEY EMPLOYEES. TO AUGMENT THEIR PROPRIETARY AND OTHER DATA TO WHICH THEY HAVE ACCESS, CONNECTICUT CHILDREN'S PROVIDES THE DATA RESULTS FROM SALARY SURVEYS IN WHICH CONNECTICUT CHILDREN'S PARTICIPATES. THE ANALYSIS AND PRESENTATION OF THE DATA IS PRESENTED BY THE TOWERS WATSON REPRESENTATIVE TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ANNUALLY THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE BOARD OF DIRECTORS THEN REVIEW AND DISCUSS SALARY RECOMMENDATIONS FOR THE OFFICERS AND OTHER KEY EMPLOYEES AND SIGN

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OFF ON THE FINAL RECOMMENDATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS INDEPENDENTLY WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER TO DISCUSS HIS INDIVIDUAL PERFORMANCE. FOLLOWING THE PERFORMANCE EVALUATION, A SALARY RECOMMENDATION IS MADE AND COMMUNICATED TO THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES TO AUTHORIZE PROCESSING.

SCHEDULE J, PART I; QUESTION 7 AND CORE FORM, PART VII

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number  
06-0646755

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		06/30/2011	41,580,000.	REFI SER B&C BOND/LEASE FINANCINGS		X		X		X
<b>B</b> CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10/12/2007	8,500,000.	LEASE FINANCE VARIOUS EQUIPMENT	X			X		X
<b>C</b> CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		09/28/2012	8,800,000.	ELECTRONIC MEDICAL RECORDS		X		X		X
<b>D</b> CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10/18/2011	11,200,000.	ELECTRONIC MEDICAL RECORDS		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	6,310,375.				4,837,977.		7,630,431.	
<b>2</b> Amount of bonds legally defeased			8,500,000.					
<b>3</b> Total proceeds of issue	41,580,000.		8,500,000.		8,800,000.		11,200,000.	
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows	10,255,050.							
<b>7</b> Issuance costs from proceeds	733,635.		34,581.		31,338.		56,108.	
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds			8,645,419.		8,768,662.		11,143,892.	
<b>11</b> Other spent proceeds	30,591,315.							
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2011		2010		2015		2014	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue?	X			X		X		X
<b>15</b> Were the bonds issued as part of an advance refunding issue?	X			X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?	X			X		X		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number  
06-0646755

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		04/04/2013	13,500,000.	CONSTRUCT & EQUIP ASC		X		X		X
B CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		09/11/2014	3,250,865.	FINANCING OF CAPITAL MEDICAL EQUIP		X		X		X
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired	6,717,733.		1,281,304.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	13,500,000.		3,250,865.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	49,245.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	13,450,755.		3,250,865.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2015		2014					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.



Part III Private Business Use (Continued)	TAX-EXEMPT BOND LIABILITIES							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X			X	X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .	X				X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	1.5400 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6 Total of lines 4 and 5 . . . . .	1.5400 %							
7 Does the bond issue meet the private security or payment test? . . . . .	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
2 If "No" to line 1, did the following apply? . . . . .								
a Rebate not due yet? . . . . .								
b Exception to rebate? . . . . .	X		X		X		X	
c No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X			X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X			X		X		X
b Name of provider . . . . .	BANK OF AMERICA							
c Term of hedge . . . . .	20.800							
d Was the hedge superintegrated? . . . . .		X						
e Was the hedge terminated? . . . . .		X						

**Part III Private Business Use (Continued)**

TAX-EXEMPT BOND LIABILITIES II

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .	X		X					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X					
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .	X		X					
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								





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**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization: **CONNECTICUT CHILDREN'S MEDICAL CENTER**  
Employer identification number: **06-0646755**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EVERSOURCE	DIRECTOR (10/1-12/31)	943,797.	UTILITIES		X
(2) EPIC SYSTEMS CORPORATION	SUBSTANTIAL CONTRIBUTOR	899,156.	INFORMATION TECHNOLOGY		X
(3) INTEGRATED ANESTHESIA ASSOCIATES	SUBSTANTIAL CONTRIBUTOR	176,766.	MEDICAL SERVICES		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

CHARLES W. SHIVERY WAS A DIRECTOR OF THIS ORGANIZATION THROUGH DECEMBER 31, 2015. MR. SHIVERY HAS AN OWNERSHIP INTEREST IN EVERSOURCE, A DIVISION OF CONNECTICUT LIGHT AND POWER COMPANY. THIS ORGANIZATION UTILIZED THE SERVICES OF EVERSOURCE DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016. TOTAL FEES PAID TO EVERSOURCE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AMOUNTED TO \$943,797. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS. PLEASE NOTE THAT EVERSOURCE IS THE SOLE PROVIDER OF POWER IN THE AREA SURROUNDING THE MEDICAL CENTER.

EPIC SYSTEMS CORPORATION WAS A SUBSTANTIAL CONTRIBUTOR TO THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. CONNECTICUT CHILDREN'S MEDICAL CENTER UTILIZED THE SERVICES OF EPIC SYSTEMS CORPORATION. TOTAL FEES PAID TO EPIC SYSTEMS CORPORATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AMOUNTED TO \$899,156. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

INTEGRATED ANESTHESIA ASSOCIATES, LLC, WAS A SUBSTANTIAL CONTRIBUTOR TO THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. CONNECTICUT CHILDREN'S MEDICAL CENTER UTILIZED THE SERVICES OF INTEGRATED ANESTHESIA ASSOCIATES, LLC. TOTAL FEES PAID TO INTEGRATED ANESTHESIA ASSOCIATES, LLC, DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AMOUNTED TO \$176,766. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

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CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") IS  
RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE  
CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS  
CHARITABLE PURPOSES CONNECTICUT CHILDREN'S PROVIDES MEDICALLY NECESSARY  
HEALTHCARE SERVICES TO ALL CHILDREN IN A NON-DISCRIMINATORY MANNER  
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.  
MOREOVER, CONNECTICUT CHILDREN'S OPERATES CONSISTENTLY WITH THE FOLLOWING  
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. CONNECTICUT CHILDREN'S PROVIDES MEDICALLY NECESSARY HEALTHCARE  
SERVICES TO ALL CHILDREN REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY  
CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. CONNECTICUT CHILDREN'S OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL  
CHILDREN WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. CONNECTICUT CHILDREN'S MAINTAINS AN OPEN MEDICAL STAFF, WITH  
PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

Name of the organization CONNECTICUT CHILDREN'S MEDICAL CENTER	Employer identification number 06-0646755
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4. CONTROL OF CONNECTICUT CHILDREN'S RESTS WITH ITS BOARD OF DIRECTORS. ITS BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES.

THE OPERATIONS OF CONNECTICUT CHILDREN'S, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF CONNECTICUT CHILDREN'S IS FOR THE BENEFIT OF THE PUBLIC, AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

HISTORY

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CONNECTICUT CHILDREN'S IS A NATIONALLY RECOGNIZED NOT-FOR-PROFIT WITH A MEDICAL STAFF OF MORE THAN 1,000 PHYSICIANS WHO PROVIDE COMPREHENSIVE, WORLD-CLASS HEALTHCARE IN MORE THAN 30 PEDIATRIC SPECIALTIES AND SUBSPECIALTIES. CONNECTICUT CHILDREN'S IS THE PRIMARY PEDIATRIC TEACHING HOSPITAL FOR THE UCONN SCHOOL OF MEDICINE, HAS A TEACHING PARTNERSHIP WITH THE FRANK H. NETTER, M.D. SCHOOL OF MEDICINE AT QUINNIPIAC

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UNIVERSITY AND IS A RESEARCH PARTNER OF THE JACKSON LABORATORY.

THE HISTORY OF CONNECTICUT CHILDREN'S SPANS MORE THAN 100 YEARS. FOUNDED AS A 10-BED HOSPITAL FOR CHILDREN WHO SUFFERED THEN INCURABLE CONDITIONS SUCH AS CEREBRAL PALSY, SPINA BIFIDA AND POLIO, CONNECTICUT CHILDREN'S IS NOW ONE OF ONLY TWO FREESTANDING CHILDREN'S HOSPITALS IN NEW ENGLAND AND IS THE ONLY FREESTANDING CHILDREN'S HOSPITAL IN CONNECTICUT.

CONNECTICUT CHILDREN'S PROVIDES AN ARRAY OF PEDIATRIC SERVICES IN LOCATIONS ACROSS CONNECTICUT AND IN MASSACHUSETTS, INCLUDING AT HOSPITALS IN HARTFORD AND WATERBURY, NEONATAL INTENSIVE CARE UNITS IN HARTFORD AND FARMINGTON, AN AMBULATORY SURGERY CENTER IN FARMINGTON PRIMARY CARE CENTERS AND EAST HARTFORD AND WEST HARTFORD, FIVE SPECIALTY CARE CENTERS, AND 11 OTHER LOCATIONS. ITS LEVEL 1 PEDIATRIC TRAUMA CENTER IS THE BUSIEST BETWEEN BOSTON AND NEW YORK.

MISSION

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CONNECTICUT CHILDREN'S IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED CARE, RESEARCH, EDUCATION AND ADVOCACY. CONNECTICUT CHILDREN'S EMBRACES DISCOVERY, TEAMWORK, INTEGRITY AND EXCELLENCE IN ALL THAT IT DOES.

PROGRAMS OF EXCELLENCE

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CONNECTICUT CHILDREN'S OFFERS THE HIGHEST LEVEL OF CARE TO CHILDREN AND OUR PHYSICIANS AND PROGRAMS ARE CONSISTENTLY HONORED FOR THEIR EXCELLENCE. RECENT AWARDS INCLUDE THE 2017 WOMEN'S CHOICE AWARD FOR BEST CHILDREN'S HOSPITALS AND THE 2016 PRESS GANEY SUCCESS STORY AWARD.

IN ADDITION, THERE ARE SEVERAL PROGRAMS OF EXCELLENCE AT THE MEDICAL CENTER THAT HAVE TIME AND AGAIN EARNED NATIONAL AND INTERNATIONAL HONORS AND ACCOLADES INCLUDING, BUT NOT LIMITED TO:

- DIABETES & ENDOCRINOLOGY;
- GASTROENTEROLOGY;
- NEONATOLOGY;
- ORTHOPAEDICS;
- RECONSTRUCTIVE AND SOLID TUMOR SURGERY;
- SURGERY; AND
- UROLOGY.

EACH OF OUR PROGRAMS OF EXCELLENCE OFFERS SUPERIOR PEDIATRIC CLINICAL CARE AND HAS DEMONSTRATED THE ABILITY TO:

- 1) EXPAND ACCESS TO SERVICES TO MEET THE GROWING NEEDS OF CHILDREN AND FAMILIES;
- 2) INTEGRATE VARIOUS DISCIPLINES OF CLINICAL PRACTICE TO PROVIDE EXPANDED

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ADVANCED CARE ;

- 3) DEVELOP OPPORTUNITIES TO EXPAND BASIC AND CLINICAL RESEARCH; AND
- 4) CREATE OPPORTUNITIES TO BE AN INNOVATIVE LEADER IN EDUCATION AND TRAINING.

OUTCOMES

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NOTHING MATTERS MORE THAN THE OUTCOME. CONNECTICUT CHILDREN'S KEEPS KIDS HEALTHY, PROTECTS THEM FROM SURGICAL COMPLICATIONS AND IMPROVES THE QUALITY OF LIFE OF THOSE WITH CHRONIC CONDITIONS.

PROCESS OF CARE

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SEVERAL ELEMENTS ARE CONSIDERED, INCLUDING HOSPITAL COMPLIANCE WITH BEST PRACTICES AND A COMMITMENT TO INFECTION CONTROL.

RESEARCH

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CONNECTICUT CHILDREN'S IS COMMITTED TO MAKING CHILDREN AND FAMILIES HEALTHIER. OUR TALENTED MEDICAL PROFESSIONALS ARE AT THE FOREFRONT OF RESEARCH AND CLINICAL TRIALS. SUCH SCIENTIFIC INQUIRIES CHANGE THE FUTURE OF CHILDREN'S HEALTHCARE. FROM FUNDAMENTAL MOLECULAR SCIENCE THAT HELPS

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US UNDERSTAND DISEASES AT THE MOST BASIC LEVEL, TO MOTION STUDIES DESIGNED TO DISCOVER NEW WAYS FOR YOUNG ATHLETES TO AVOID INJURIES AND CLINICAL TRIALS THAT ESTABLISH THE MOST EFFECTIVE AND EFFICIENT PROTOCOLS FOR TREATING CHILDREN, CONNECTICUT CHILDREN'S IS A RESEARCH LEADER.

FOR EXAMPLE, CONNECTICUT CHILDREN'S DIVISION OF HEMATOLOGY & ONCOLOGY IS ENGAGED IN CONDUCTING MORE THAN 100 ACTIVE CLINICAL TRIALS AND RESEARCH STUDIES THROUGH THE CHILDREN'S ONCOLOGY GROUP, THE NEUROBLASTOMA AND MEDULLOBLASTOMA TREATMENT RESEARCH CONSORTIUM, THE PEDIATRIC CANCER FOUNDATION'S SUNSHINE PROJECT, THE SUNCOAST COMMUNITY CLINICAL ONCOLOGY PROGRAM AND PHARMACEUTIC COMPANY SPONSORS. THIS NUMBER OF OPEN PROTOCOLS DISTINGUISHES CONNECTICUT CHILDREN'S HEMATOLOGY & ONCOLOGY DIVISION AMONG THE TOP 20 PERCENT AMONG ITS PEERS. ADDITIONALLY, THE DIVISION IS IN THE TOP THIRD PERCENTILE FOR TOTAL PEDIATRIC CANCER PATIENTS ENROLLED IN TRIALS. THIS IS ESPECIALLY IMPRESSIVE GIVEN THAT CONNECTICUT CHILDREN'S IS CONSIDERED ONE OF THE SMALLER FREE-STANDING CHILDREN'S HOSPITALS IN THE COUNTRY.

#### AWARDS AND RECOGNITION

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CONNECTICUT CHILDREN'S HAS RECENTLY RECEIVED THE FOLLOWING AWARDS:

- 2017 WOMEN'S CHOICE AWARD FOR BEST CHILDREN'S HOSPITALS;
- 2016 CHILDKIND HOSPITAL DESIGNATION;

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- 2016 PRESS GANEY SUCCESS STORY AWARD;
- 2016 HARTFORD BUSINESS JOURNAL HEALTHCARE HERO (CHRISTINE FINCK, M.D.);
- 2016 HARTFORD BUSINESS JOURNAL BEST IN BUSINESS, ONCOLOGY (CENTER FOR CANCER AND BLOOD DISORDERS);
- 2016 TOP MASTER'S IN HEALTHCARE ADMINISTRATION;
- 2016 GET WITH THE GUIDELINES - RESUSCITATION SILVER AWARD; AND
- 2015 TOP WORKPLACE IN CONNECTICUT, RANKED 10TH IN LARGE ORGANIZATION CATEGORY.

OFFICE OF COMMUNITY CHILD HEALTH ("OCCH")

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CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ELEVATES THE EFFECTIVENESS AND STATUS OF THE MEDICAL CENTER AS A CRITICAL COMMUNITY RESOURCE BY DEVELOPING, PROMOTING, SUPPORTING, EVALUATING AND DISSEMINATING INNOVATIVE, EFFECTIVE COMMUNITY-ORIENTED PROGRAMS AND SERVICES TO ADDRESS CHILDREN'S CRITICAL HEALTH NEEDS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WHAT WE DO

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OCCH ADDRESSES CRITICAL CONTEMPORARY ISSUES IN CHILDREN'S LIVES THAT HAVE THE POTENTIAL TO ADVERSELY AFFECT THEIR HEALTH AND DEVELOPMENT. THE

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OFFICE NOT ONLY SERVES AS A CRITICAL COMMUNITY RESOURCE, BUT ALSO CULTIVATES INNOVATIVE AND COST-EFFECTIVE SOLUTIONS TO ADDRESS EXISTING GAPS IN OUR HEALTH CARE AND CHILD SERVICE SYSTEMS. THROUGH THE OFFICE, CONNECTICUT CHILDREN'S MEDICAL CENTER ENSURES THAT FAMILIES HAVE ACCESS TO A COMPREHENSIVE SYSTEM OF COMMUNITY PROGRAMS AND SERVICES THAT SUPPORTS THEM IN PROMOTING THEIR CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT.

OUR MODEL

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THE OFFICE OVERSEES A VARIETY OF COMMUNITY-ORIENTED PROGRAMS THAT ADDRESS A WIDE RANGE OF FACTORS THAT INFLUENCE CHILDREN'S HEALTHY DEVELOPMENT. THOSE PROGRAMS, AND THEIR COMMUNITY-BASED PARTNERS, NOT ONLY FOCUS ON THE TRADITIONAL AREAS OF CHILD HEALTH SERVICES, FAMILY SUPPORT, AND EARLY CARE AND EDUCATION, BUT ALSO TOUCH OTHER SECTORS INCLUDING FOOD AND NUTRITION, HOUSING, ECONOMIC DEVELOPMENT, CHILD WELFARE, AND TRANSPORTATION.

THE OFFICE TAKES A THREE-PRONGED APPROACH TO PROMOTING CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT:

1. STRENGTHENING EXISTING COMMUNITY-ORIENTED PROGRAMS;
2. FACILITATING SYNERGIES AMONG THOSE PROGRAMS; AND
3. SERVING AS AN INNOVATION INCUBATOR FOR PROMISING APPROACHES THAT IMPROVE SHORT AND LONG-TERM HEALTH OUTCOMES FOR CHILDREN.



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THE OFFICE SERVES AS A NEW MODEL FOR OTHER CHILDREN'S HOSPITALS TO FOLLOW IN TERMS OF DEMONSTRATING THEIR COMMUNITY BENEFIT TO MAINTAIN TAX EXEMPT STATUS. IN THE PAST, HOSPITALS HAVE TRADITIONALLY RELIED ON DOCUMENTING THE DISCOUNTED AND UNREIMBURSED CARE THAT THEY PROVIDE TO PATIENTS. NOW, UNDER THE AFFORDABLE CARE ACT, THERE HAS BEEN A SHARP REDUCTION IN THE NUMBER OF AMERICANS WHO ARE UNINSURED AND, THEREFORE, A REDUCTION IN THE NEED FOR DISCOUNTED OR UNREIMBURSED CARE. BECAUSE OF THAT, HOSPITALS ARE BEING ENCOURAGED TO FIND NEW WAYS TO DEMONSTRATE THE BENEFIT THEY OFFER TO THEIR COMMUNITIES. THE OFFICE'S MODEL OFFERS A STRATEGIC APPROACH THAT SHOWS HOW ITS PROGRAMS ARE LINKED TO CRITICAL COMMUNITY NEEDS AND HOW THEY ARE ADDRESSING THOSE NEEDS.

ALSO, THE OFFICE'S FOCUS ON PREVENTIVE AND COST-EFFECTIVE MODELS OF CARE FOR CHILDREN IS TIMELY GIVEN THE SHIFT IN HEALTHCARE TOWARDS ACCOUNTABLE CARE THAT EMPHASIZES VALUE IN TERMS OF KEEPING POPULATIONS HEALTHY. THE OFFICE TAKES AN ACTIVE LEADERSHIP ROLE IN INFORMING POPULATION HEALTH EFFORTS AT THE LOCAL, STATE AND NATIONAL LEVELS.

OUR IMPACT, AT A GLANCE

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THE OCCH HAS ESTABLISHED ITSELF AS A CRITICAL RESOURCE IN THE LOCAL COMMUNITY AND ACROSS THE NATION AND IS:

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- LEADING EFFORTS TO DEVELOP A BLUEPRINT FOR WOMEN'S AND CHILDREN'S HEALTH FOR THE CITY OF HARTFORD;

- PARTNERING WITH THE CONNECTICUT OFFICE FOR EARLY CHILDHOOD TO LEAD THE DEVELOPMENT OF A COMPREHENSIVE, STATEWIDE EARLY CHILDHOOD SYSTEM; AND

- ENGAGED IN ONGOING DIALOGUE ON KEY PUBLIC POLICY CONCEPTS NECESSARY FOR SYSTEM-BUILDING WITH A WIDE ARRAY OF FEDERAL AGENCIES, INCLUDING THE MATERNAL AND CHILD HEALTH BUREAU, THE ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

OCCH PROGRAMS

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CONNECTICUT CHILDREN'S OCCH OPERATES A TOTAL OF 15 PROGRAMS:

INNOVATION:

- THE HELP ME GROW NATIONAL CENTER;
- CONNECTICUT CHILDREN'S ADVANCING KIDS INNOVATION PROGRAM;
- EASY BREATHING;
- MID-LEVEL DEVELOPMENTAL ASSESSMENT; AND
- CARE COORDINATION COLLABORATIVE MODEL.

DIRECT SERVICES:

- CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION;
- CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM;

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- HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM; AND
- PERSON-CENTERED MEDICAL HOME.

EDUCATION AND RESEARCH:

- INJURY PREVENTION CENTER;
- CO-MANAGEMENT;
- CHILDREN'S CENTER ON FAMILY VIOLENCE;
- EDUCATING PRACTICES IN THE COMMUNITY;
- PRACTICE QUALITY IMPROVEMENT PROGRAM; AND
- RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTIONS OF THE ABOVE PROGRAMS ARE LISTED BELOW:

INNOVATION:

- THE HELP ME GROW NATIONAL CENTER, INNOVATED IN HARTFORD AND BASED AT CONNECTICUT CHILDREN'S MEDICAL CENTER, SERVES AS A NATIONAL RESOURCE FOR SUPPORTING THE REPLICATION OF HELP ME GROW SYSTEMS THROUGHOUT THE COUNTRY. TESTED AS A PILOT PROJECT IN HARTFORD IN 1997, THE PROGRAM EXPANDED STATEWIDE IN 2002 AND IS ALSO BEING REPLICATED AROUND THE COUNTRY. HELP ME GROW LINKS CHILDREN WHO ARE AT RISK FOR DEVELOPMENTAL OR BEHAVIORAL PROBLEMS TO HELPFUL COMMUNITY-BASED PROGRAMS AND SERVICES.
- CONNECTICUT CHILDREN'S ADVANCING KIDS INNOVATION PROGRAM CONNECTICUT CHILDREN'S ADVANCING KIDS INNOVATION PROGRAM ("AKIP") OFFERS INDIVIDUALS

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AND ORGANIZATIONS AN EXCITING OPPORTUNITY TO GET CRUCIAL GUIDANCE, ACCESS TO KEY STAKEHOLDERS, AND TECHNICAL ASSISTANCE NEEDED TO MAKE INNOVATIONS PROMOTING THE OPTIMAL HEALTHY DEVELOPMENT OF CHILDREN SUCCESSFUL ON A LOCAL, STATEWIDE, AND EVEN NATIONAL LEVEL. AKIP, WHICH IS PART OF CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH (THE OFFICE), SEEKS TO ESTABLISH A PIPELINE OF INNOVATIONS THAT FOCUS ON THE HEALTH OF CHILDREN, STRENGTHEN FAMILIES, AND SHOW HIGH POTENTIAL FOR BEING BOTH SUSTAINABLE AND REPLICABLE. AKIP SEEKS TO ENGAGE A BROAD RANGE OF POTENTIAL COMMUNITY HEALTH INNOVATORS ADDRESSING CRITICAL COMMUNITY HEALTH NEEDS, INCLUDING INDIVIDUAL ENTREPRENEURS, BUSINESSES, COMMUNITY-BASED ORGANIZATIONS; RESEARCHERS; BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, HEALTHCARE PAYERS AND OTHERS COMMITTED TO IMPROVING CHILDREN'S HEALTHY DEVELOPMENT. THE PROGRAM PLANS TO SUPPORT INNOVATIONS AS THEY MOVE TOWARDS MORE EVIDENCE-INFORMED, HIGHER IMPACT SOLUTIONS DESIGNED TO CLOSE EXISTING GAPS IN PROGRAMS AND SERVICES CURRENTLY OFFERED TO CHILDREN ACROSS A VARIETY OF SECTORS.

- EASY BREATHING IS A COMMUNITY-BASED ASTHMA MANAGEMENT PROGRAM INNOVATED AT CONNECTICUT CHILDREN'S AND HOUSED IN OUR ASTHMA CENTER. IT ENSURES CHILDREN, FAMILIES AND PHYSICIANS WORK TOGETHER TO MANAGE ASTHMA SYMPTOMS USING NATIONAL ASTHMA GUIDELINES. THE PROGRAM IS AVAILABLE TO CHILDREN ACROSS CONNECTICUT AND IS ALSO BEING REPLICATED IN OTHER STATES.

- THE MID-LEVEL DEVELOPMENTAL ASSESSMENT INNOVATION PROVIDES A NEW MODEL FOR ASSESSING CHILDREN WITH MILD OR MODERATE DEVELOPMENTAL DELAYS TO

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DETERMINE WHICH SERVICES WOULD BE MOST BENEFICIAL TO THEM. CHILDREN WITH MILD TO MODERATE DELAYS, OR THOSE WHO ARE AT RISK FOR DELAYS, ARE TYPICALLY INELIGIBLE FOR PUBLICLY FUNDED PROGRAMS SUCH AS EARLY INTERVENTION OR PRESCHOOL SPECIAL EDUCATION PROGRAMS. THIS ASSESSMENT CAN EFFICIENTLY DETERMINE THEIR NEEDS AND ENSURE THEIR CONNECTION TO COMMUNITY-BASED PROGRAMS THROUGH THE HELP ME GROW SYSTEM IN CONNECTICUT. MID-LEVEL DEVELOPMENTAL ASSESSMENT HAS EXPANDED STATEWIDE AND IS CURRENTLY BEING REPLICATED IN OTHER STATES.

- THE CARE COORDINATION COLLABORATIVE MODEL IS THE SIGNATURE INNOVATION OF CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION. THE MODEL IMPROVES COLLABORATION AMONG CARE COORDINATORS FROM DIVERSE SECTORS INCLUDING CHILD HEALTH, EARLY CARE AND EDUCATION, AND FAMILY SUPPORT. IT ALSO PROVIDES CHILDREN AND FAMILIES WITH LINKS TO EFFECTIVE SERVICES. IT WORKS BY BRINGING TOGETHER CARE COORDINATORS FROM SEVERAL CHILD-SERVING SECTORS FOR PERIODIC MEETINGS TO LEARN ABOUT AVAILABLE SERVICES AND HOW TO HELP FAMILIES ACCESS THEM, TO REVIEW CHALLENGING CASES AND DEVELOP SOLUTIONS FOR FAMILIES, AND TO ADVOCATE FOR POLICY LEVEL SOLUTIONS TO HELP FAMILIES ADDRESS CHALLENGES THEY FACE CONNECTING TO SERVICES. INITIALLY LAUNCHED IN THE GREATER HARTFORD AREA, THE PROGRAM HAS EXPANDED ACROSS THE STATE OF CONNECTICUT AND INTO ADDITIONAL STATES.

**DIRECT SERVICES:**

- THE CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION (THE CENTER) EMPOWERS FAMILIES OF ALL CHILDREN, INCLUDING THOSE WITH SPECIAL NEEDS, BY

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HELPING THEM ADVOCATE FOR ACCESS TO APPROPRIATE MEDICAL, BEHAVIORAL, EDUCATIONAL, LEGAL, AND SOCIAL SERVICES. THE CENTER ALSO PROVIDES TRAINING AND TECHNICAL SUPPORT FOR COMMUNITY-BASED PRIMARY CARE PROVIDERS, SUPPORTING THEM TO BECOME MEDICAL HOMES FOR THE CHILDREN THEY SERVE.

- THE CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM IMPROVES THE LIVES OF CHILDREN BY MAKING THEIR HOMES HEALTHIER, SAFER AND MORE ENERGY EFFICIENT. THE PROGRAM PROVIDES QUALIFIED HOMEOWNERS AND TENANTS WITH INSPECTIONS AND PLANS FOR THE REMOVAL OF LEAD, ASTHMA TRIGGERS, AND SAFETY HAZARDS. IT ALSO PROVIDES FINANCIAL ASSISTANCE FOR REMEDIATION, RELOCATION ASSISTANCE DURING CONSTRUCTION, REFERRALS TO LOW-COST OR NO-COST WEATHERIZATION PROGRAMS TO INCREASE ENERGY EFFICIENCY, AND EDUCATION PERTAINING TO HEALTHY AND SAFE HOMES.

- THE HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM WORKS TO PREVENT THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES AMONG YOUTH. THE PROGRAM PROVIDES INTERACTIVE PREVENTION EDUCATION, COMMUNITY ENGAGEMENT AND OUTREACH, AND YOUTH FRIENDLY HIV/STD SCREENINGS. THE CONSORTIUM ALSO LINKS YOUTH TO MEDICAL CARE SERVICES, EMPLOYMENT SERVICES AND OTHER COMMUNITY RESOURCES.

- THE CONNECTICUT CHILDREN'S PRIMARY CARE CENTER RECENTLY RECEIVED DESIGNATION AS A PERSON CENTERED MEDICAL HOME. IN ACHIEVING THAT RECOGNITION, THE CENTER MET RIGOROUS STANDARDS SET BY THE NATIONAL

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COMMITTEE FOR QUALITY ASSURANCE AND WAS RECOGNIZED FOR COORDINATING PATIENT CARE, MAINTAINING A HIGH LEVEL OF QUALITY IN SERVICE DELIVERY, AND ENSURING THAT PATIENTS AND FAMILIES REMAIN AT THE CENTER OF ALL CARE. SEVERAL PROGRAMS OVERSEEN BY THE OFFICE FOR COMMUNITY CHILD HEALTH SUPPORT THE PRIMARY CARE CENTER IN ITS MEDICAL HOME STATUS.

EDUCATION AND RESEARCH:

- THE INJURY PREVENTION CENTER ENGAGES IN RESEARCH, COMMUNITY OUTREACH, EDUCATION, TRAINING, AND PUBLIC POLICY WORK TO REDUCE PREVENTABLE INJURIES AND VIOLENCE TO CHILDREN. ITS THREE PRIMARY FOCUS AREAS ARE TEEN DRIVING SAFETY, TEEN SUICIDE PREVENTION AND DOMESTIC VIOLENCE PREVENTION. ITS COMMUNITY PROGRAMS, INCLUDING SAFE KIDS CONNECTICUT AND THE INJURY FREE COALITION FOR KIDS OF HARTFORD, ADDRESS A WIDE RANGE OF CHILD SAFETY CONCERNS RANGING FROM CHILD PASSENGER SAFETY TO POISONING PREVENTION AND OTHER HOME SAFETY ISSUES.

- CO-MANAGEMENT EMPOWERS PRIMARY CARE PROVIDERS TO IMPROVE THE BREADTH AND QUALITY OF CARE THEY PROVIDE TO CHILDREN. PRIMARY CARE PROVIDERS PARTNER WITH SUBSPECIALISTS TO DESIGN PROTOCOLS FOR THE CARE OF CERTAIN HIGH PREVALENCE CONDITIONS THAT ARE TYPICALLY REFERRED TO SUBSPECIALISTS. BY DOING SO, THIS CARE MODEL ALLOWS CHILDREN TO RECEIVE SOME SUBSPECIALTY CARE WITHIN THEIR MEDICAL HOME AND ENSURES THAT THEY RECEIVE TIMELY ACCESS TO SUBSPECIALTY CARE WHEN NEEDED. THE MODEL FREES UP SUBSPECIALTY APPOINTMENTS FOR CHILDREN WHOSE CONDITIONS CANNOT BE MANAGED IN THE PRIMARY CARE SETTING.

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- THE CHILDREN'S CENTER ON FAMILY VIOLENCE AIMS TO INCREASE UNDERSTANDING ABOUT THE IMPACT FAMILY VIOLENCE HAS ON CHILDREN AND TO INCREASE SUPPORT SERVICES FOR AFFECTED CHILDREN. THE CENTER IS A PARTNERSHIP BETWEEN THE CONNECTICUT CHILDREN'S SUSPECTED CHILD ABUSE AND NEGLECT PROGRAM, THE CONNECTICUT CHILDREN'S INJURY PREVENTION CENTER, AND THE CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE. THE CENTER'S GOALS INCLUDE IMPROVING SERVICE SYSTEMS FOR AFFECTED FAMILIES, WHICH CURRENTLY OFTEN DO NOT UTILIZE BEST PRACTICES, AND ENHANCING RESEARCH EFFORTS FOR CHILD-FOCUSED INTERVENTIONS, WHERE THE EVIDENCE BASE IS CURRENTLY INADEQUATE. THE CENTER ALSO PLANS TO ESTABLISH A STATEWIDE FAMILY VIOLENCE INFORMATION SYSTEM TO GATHER DATA, IDENTIFY TRENDS, AND TRACK PROGRESS OVER TIME.

- THE EDUCATING PRACTICES IN THE COMMUNITY PROGRAM IS A SIGNATURE INNOVATION OF THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT AND IS SUPPORTED BY THE CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH. IT'S DESIGNED TO BRING THE NEWEST DEVELOPMENTS IN PEDIATRIC PRIMARY CARE TO CONNECTICUT'S CHILD HEALTH PROVIDERS THROUGH THE PROCESS OF ACADEMIC DETAILING AND WORKS TO ADVANCE SUSTAINABLE IMPROVEMENTS IN PRIMARY AND PREVENTIVE HEALTH AND MENTAL HEALTH CARE PRACTICES FOR ALL CONNECTICUT CHILDREN.

- THE PRACTICE QUALITY IMPROVEMENT PROGRAM HELPS PRIMARY CARE PHYSICIANS USE A DATA-DRIVEN, QUALITY IMPROVEMENT APPROACH TO ENHANCE THE SERVICES THEY PROVIDE TO CHILDREN. PROGRAM ACTIVITIES HELP PRACTICES IMPROVE THEIR



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SURVEILLANCE AND SCREENING FOR DEVELOPMENTAL RISKS, IMPROVE THEIR IDENTIFICATION OF BEHAVIORAL CONCERNS, AND CONNECT CHILDREN AND FAMILIES TO HELPFUL SERVICES.

- THE RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH PROGRAM HELPS TO FOSTER THE GROWTH OF FUTURE GENERATIONS OF PEDIATRICIANS WHO ARE COMMUNITY CHILD HEALTH ADVOCATES. THE PROGRAM NURTURES PEDIATRIC RESIDENTS TO BECOME FUTURE LEADERS BY PROVIDING THEM WITH UNIQUE OPPORTUNITIES TO DEVELOP KNOWLEDGE AND SKILLS IN THE AREAS OF ADVOCACY, COMMUNITY HEALTH AND PUBLIC POLICY. DURING THEIR TIME IN THE PROGRAM, PEDIATRIC RESIDENTS WORK CLOSELY WITH EXPERTS IN THE FIELDS OF POPULATION HEALTH, COMMUNITY RESEARCH, POLICY REFORM, AND SOCIAL INNOVATION ALL WITH THE GOAL OF PROMOTING CHILDREN'S HEALTHY DEVELOPMENT.

CORE FORM, PART VI, SECTION A, QUESTION 2

WILLIAM C. POPIK, M.D. & DAVID M. ROTH, ESQ. - BUSINESS RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

CCMC CORPORATION IS THE SOLE MEMBER OF THIS ORGANIZATION. CCMC CORPORATION HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

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THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ORGANIZATION'S FINANCE AND AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL INCLUDING THE SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, CORPORATE CONTROLLER, ACCOUNTING MANAGER AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR REVIEW. THE SYSTEM'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE SYSTEM'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. THE FORM 990 WAS THEN PROVIDED AND PRESENTED TO THE ORGANIZATION'S FINANCE

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AND AUDIT COMMITTEE AND SUBSEQUENTLY TO EACH VOTING MEMBER OF ITS GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE ORGANIZATION'S CORPORATE COMPLIANCE/CONFLICT OF INTEREST COMMITTEE ("COMMITTEE") HAS OVERSIGHT OVER THE MANAGEMENT OF IDENTIFIED OR REPORTED CASES OF CONFLICTS OF INTEREST. THE COMMITTEE IS ALSO RESPONSIBLE FOR DEVELOPING, APPROVING, AND IMPLEMENTING, AS APPROPRIATE, POLICIES AND EDUCATION RELATING TO VARIOUS TYPES OF CONFLICTS OF INTEREST.

THE COMMITTEE HAS DELEGATED THE DAY TO DAY INVESTIGATION OF DISCLOSURES TO THE SYSTEM'S GENERAL COUNSEL AND DIRECTOR OF COMPLIANCE. COMPLETED QUESTIONNAIRES ARE RETURNED TO THE SYSTEM'S GENERAL COUNSEL, WHO PERFORMS AN INITIAL SCREENING OF THE CONFLICT OF INTEREST DISCLOSURES. IF POTENTIAL CONFLICTS OF INTERESTS ARE REPORTED, GENERAL COUNSEL COMPLETES FURTHER INVESTIGATION AND RECOMMENDS A MANAGEMENT PLAN OR OTHER CORRECTIVE ACTIONS TO THE COMMITTEE.

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CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF CONNECTICUT CHILDREN'S SENIOR MANAGEMENT, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THESE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED

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ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE, INCLUDING COMPLEXITY OF SERVICES. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE

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ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S SENIOR VICE PRESIDENT OF HUMAN RESOURCES AND THE HUMAN RESOURCES DEPARTMENT, IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

PLEASE ALSO REFER TO OUR RESPONSE INCLUDED IN SCHEDULE J, PART III, QUESTION 3 FOR FURTHER INFORMATION ON HOW CONNECTICUT CHILDREN'S MEDICAL CENTER SATISFIES THE CRITERIA TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO EXECUTIVE COMPENSATION REVIEW AND APPROVAL.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S GOVERNING POLICIES AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.CONNECTICUTCHILDRENS.ORG, OR BY REQUEST. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE

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UPON REQUEST.

CORE FORM, PART VII AND SCHEDULE J

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION OR THE RELATED ORGANIZATION; NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THE ORGANIZATION'S BOARD OF DIRECTORS.

CORE FORM, PART VII AND SCHEDULE J

PLEASE NOTE THAT AUDREY WISE, MBA, BECAME THE VICE PRESIDENT AND CHIEF MARKETING OFFICER EFFECTIVE SEPTEMBER 26, 2016. IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2015 FORMS W-2. ACCORDINGLY, THIS INDIVIDUAL HAS NO COMPENSATION REPORTED ON THE CURRENT YEAR FEDERAL FORM 990.

ADDITIONALLY, CHRISTINE FINCK, M.D., FACS, AND TRISHA FARMER, MSN, RN, THE EXECUTIVE VICE PRESIDENT, SURGEON IN CHIEF AND CHIEF OF STAFF; RESPECTIVELY, BECAME OFFICERS OF THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. HOWEVER, THESE INDIVIDUALS WERE PREVIOUSLY EMPLOYED WITHIN THE ORGANIZATION IN A NON-OFFICER CAPACITY. THE

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COMPENSATION BEING REPORTED ON THIS FORM 990 REFLECTS THEIR COMPENSATION FROM THEIR PREVIOUS ROLES.

CORE FORM, PART VII AND SCHEDULE J

DEAN A. RAPOZA, FORMER OFFICER OF THIS ORGANIZATION, IS STILL EMPLOYED WITHIN THE SYSTEM AS THE PRESIDENT OF CONNECTICUT CHILDREN'S SPECIALTY GROUP.

CORE FORM, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). CERTAIN BOARD OF DIRECTOR MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS WITHIN THE SYSTEM, THEIR RESPECTIVE HOURS ARE APPROXIMATELY THE SAME AS REFLECTED ON CORM FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.



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CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- CHANGE IN FAIR MARKET VALUE OF SWAP AGREEMENTS - \$825,126;
- CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$6,917,740;
- TRANSFER TO CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$20,061,044);
- TRANSFER TO NEW ENGLAND PEDIATRICS INDEMNITY, LTD.; A RELATED ORGANIZATION - (\$880,000);
- CHANGE IN FUNDED STATUS OF PENSION AND POST-RETIREMENT PLANS - (\$4,937,060);
- TEMPORARILY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$317,579;
- PERMANENTLY RESTRICTED CHANGE IN FUNDS HELD IN TRUST BY OTHERS - \$5,455,109; AND
- PERMANENTLY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$883,341.

CORE FORM, PART XII; QUESTION 2

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THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S MEDICAL CENTER AND SUBSIDIARIES, FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

IN ADDITION, CCMC CORPORATION AND SUBSIDIARIES ALSO RECEIVED AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

THE ORGANIZATION'S FINANCE AND AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART XII; QUESTION 3

THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE

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AND ISSUE A CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB  
CIRCULAR A-133. THIS ORGANIZATION WAS INCLUDED IN THE CONSOLIDATED AUDIT.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MISSION

=====

CONNECTICUT CHILDREN'S MEDICAL CENTER IS DEDICATED TO IMPROVING THE  
PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED  
CARE, RESEARCH, EDUCATION AND ADVOCACY. WE EMBRACE DISCOVERY,  
TEAMWORK, INTEGRITY AND EXCELLENCE IN ALL THAT WE DO.

VISION

=====

WE ARE MAKING CHILDREN IN CONNECTICUT THE HEALTHIEST IN THE COUNTRY.

VALUES

=====

FAMILY-CENTERED CARE

-----

- WE PLACE OUR PATIENTS AND THEIR FAMILIES AT THE CENTER OF ALL WE

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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

DO.

- WE PARTNER WITH FAMILIES AND EMBRACE THEIR INVOLVEMENT IN ALL ASPECTS OF SERVICE AND CARE.

DISCOVERY

-----

- WE LOOK FOR NEW WAYS OF DOING THINGS.
- WE ASK QUESTIONS, INVEST IN RESEARCH, FIND ANSWERS AND SHARE NEW KNOWLEDGE WITH THE WORLD.

INTEGRITY

-----

- WE ARE OPEN, HONEST AND ETHICAL.
- WE TAKE RESPONSIBILITY FOR OUR ACTIONS AND FULFILL OUR COMMITMENTS.
- WE ADMIT OUR MISTAKES AND LEARN FROM THEM.

TEAMWORK

-----

- WE LIVE BY THE STATEMENT "I CARE IF YOU SUCCEED."
- WE WORK TOGETHER TO ACHIEVE OUR GOALS. WE VALUE ONE ANOTHER AND CELEBRATE OUR SUCCESS.

QUALITY

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

-----

- WE COME TO WORK EVERY DAY WITH THE GOAL OF MAKING THINGS BETTER THAN THE DAY BEFORE.

- WE PURSUE THE HIGHEST STANDARDS, THE SAFEST CARE IN THE SAFEST WORKPLACE AND THE BEST OUTCOMES IN EVERYTHING WE DO.

RESPECT

-----

- WE HONOR THE DIGNITY AND VALUE OF EVERY PERSON AND TAKE PRIDE IN OUR ORGANIZATION.

- WE TRUST EACH OTHER.

- WE TREAT EACH OTHER AS WE WISH TO BE TREATED AND VALUE OUR WORKPLACE AS OUR HOME.

- WE EMBRACE DIVERSITY AND THE UNIQUE CONTRIBUTIONS THAT EACH PERSON BRINGS TO CONNECTICUT CHILDREN'S.

PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE	MEDICAL	34,203,755.

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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FARMINGTON, CT 06032		
HARTFORD HOSPITAL 80 SEYMOUR STREET, P.O. BOX 5037 HARTFORD, CT 06102-5037	MEDICAL	6,653,354.
ARAMARK CORPORATION P.O. BOX 651009 CHARLOTTE, NC 28265-1009	CAFETERIA/DIETARY	2,820,060.
AMN HEALTHCARE SERVICES, INC. 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	STAFFING	1,318,375.
EPIC SYSTEMS CORPORATION P.O. BOX 88314 MILWAUKEE, WI 53288	IT	899,156.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	93,295.			93,295.
TOTALS	<u>93,295.</u>			<u>93,295.</u>

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GALA	512,562.
TOTAL	<u>512,562.</u>

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ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
GALA	263,945.	263,945.
TOTALS	<u>263,945.</u>	<u>263,945.</u>

ATTACHMENT 6

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	
RAFFLE	5,720.	1,947.	3,773.
TOTALS	<u>5,720.</u>	<u>1,947.</u>	<u>3,773.</u>

ATTACHMENT 7

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
PURCHASED SERVICES	22,815,576.	21,596,160.	1,206,236.	13,180.
CONTRACTED SERVICES	15,899,562.	15,587,820.	314,260.	-2,518.
PROFESSIONAL FEES	12,588,471.	11,040,639.	1,547,832.	
CONSULTING FEES	4,441,163.	1,761,745.	2,660,901.	18,517.
COLLECTION FEES	353,371.		353,371.	
AGENCY FEES	418,683.	35,045.	383,638.	
ACTUARIAL FEES	100,420.		100,420.	
ADMINISTRATIVE FEES	57,158.	24,459.	32,699.	
OTHER FEES	392,235.	95,995.	294,387.	1,853.

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ATTACHMENT 7 (CONT'D)

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
TOTALS	<u>57,066,639.</u>	<u>50,141,863.</u>	<u>6,893,744.</u>	<u>31,032.</u>

ATTACHMENT 8

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: SIEMENS  
 ORIGINAL AMOUNT: 1,103,512.  
 INTEREST RATE: 4.1500 %  
 DATE OF NOTE: 01/18/2011  
 MATURITY DATE: 12/31/2015  
 REPAYMENT TERMS: MONTHLY INSTALLMENT OF \$18,392  
 SECURITY PROVIDED: EQUIPMENT  
 PURPOSE OF LOAN: MRI EQUIPMENT

BEGINNING BALANCE DUE .....	51,544.
ENDING BALANCE DUE .....	
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>51,544.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CCMC CORPORATION 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619876	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	N/A		X
(2) CONNECTICUT CHILDREN'S MEDICAL CTR FDN 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619869	FUNDRAISING	CT	501(C)(3)	509(A)(1)	CCMC CORP		X
(3) CCMC AFFILIATES, INC. 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619870	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CCMC CORP		X
(4) CONNECTICUT CHILDREN'S SPECIALTY GROUP 282 WASHINGTON STREET HARTFORD, CT 06106 06-1446900	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CT CHILDRENS	X	
(5) CHILDREN'S FUND OF CONNECTICUT, INC. 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1364513	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	X	
(6) CHILDREN'S HEALTH & DEVEL. INSTITUTE INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1504725	HLTHCARE SVCS	CT	501(C)(3)	509(A)(1)	CFCT		X
(7) CAPITAL AREA HEALTH CONSORTIUM, INC. 270 FARMINGTON AVENUE FARMINGTON, CT 06032 51-0173264	SUPPORT SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CCMC VENTURES, INC. 22-2619873 282 WASHINGTON STREET HARTFORD, CT 06106	INACTIVE	CT	N/A	C CORP.					X
(2) NEW ENGLAND PEDIATRICS INDEMNITY, LTD. 50 CEDAR AVENUE HAMILTON, BERMUDA BD HM 11	FINANCIAL VEHICLE	BD	N/A	FOREIGN CORP.					X
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	X	
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .	X	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> CONNECTICUT CHILDREN'S SPECIALTY GROUP	O	21,254,033.	COST
<b>(2)</b> CONNECTICUT CHILDREN'S SPECIALTY GROUP	P	28,889,986.	COST
<b>(3)</b> CONNECTICUT CHILDREN'S SPECIALTY GROUP	Q	26,343,942.	COST
<b>(4)</b> CONNECTICUT CHILDREN'S SPECIALTY GROUP	R	21,402,101.	COST
<b>(5)</b> CCMC CORPORATION	O	84,993.	COST
<b>(6)</b> CCMC CORPORATION	R	7,870,348.	COST

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CCMC CORPORATION	S	9,212,678.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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SCHEDULE R, PART V

THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND  
SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM  
("SYSTEM"). IN THE ORDINARY COURSE OF BUSINESS, THIS ORGANIZATION MAY PAY  
EXPENSES OR TRANSFER FUNDS AMONGST AND FOR VARIOUS AFFILIATES. THESE  
RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND  
BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES. THESE  
ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS  
SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED.



SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

## OTHER INCOME

RENTAL INCOME

219,502.  
219,502.

## OTHER DEDUCTIONS

RENTAL EXPENSES

147,202.  
147,202.



RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL INCOME	219,502.		147,202.	72,300.
TOTALS	<u>219,502.</u>		<u>147,202.</u>	<u>72,300.</u>

**Connecticut Children's Medical Center  
and Subsidiaries**

Consolidated Financial Statements and  
Supplementary Information

September 30, 2016 and 2015



Candor. Insight. Results.

# Connecticut Children's Medical Center and Subsidiaries

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September 30, 2016 and 2015

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Baker Tilly Virchow Krause, LLP  
One Penn Plaza, Ste 3000  
New York, NY 10119  
tel 212 697 6900  
fax 212 490 1412  
bakertilly.com

## **Independent Auditors' Report**

Board of Directors  
Connecticut Children's Medical Center and Subsidiaries

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of Connecticut Children's Medical Center and Subsidiaries, which comprise the consolidated balance sheet as of September 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### **Management's Responsibility for the Consolidated Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in conformity with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of The Children's Fund of Connecticut, Inc., a wholly-owned subsidiary, which statements reflect total assets constituting 8 percent of consolidating total assets at September 30, 2016 and 2015, and 1 percent of consolidated total revenues for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for The Children's Fund of Connecticut, Inc., is based solely on the report of the other auditors. We conducted our audits in conformity with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, based on our audit and the report of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Connecticut Children's Medical Center and Subsidiaries as of September 30, 2016 and 2015, and the changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

### **Report on Supplementary Information**

Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in conformity with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Baker Tilly Viechow Krause, LLP*

New York, New York  
January 23, 2017

## Connecticut Children's Medical Center and Subsidiaries

Consolidated Balance Sheet  
September 30, 2016 and 2015

	2016	2015	2016	2015
<b>Assets</b>				
<b>Current Assets</b>				
Cash and cash equivalents	\$ 5,665,941	\$ 10,245,260	\$ 1,500,000	\$ 1,415,000
Funds held by trustee under revenue bond agreement	-	435,186	6,048,195	5,918,464
Patient accounts receivable, less allowance for doubtful accounts of approximately \$3,225,000 in 2016 and \$4,727,000 in 2015	35,095,688	35,293,659	41,577,973	40,501,685
Due from affiliated entities	380,743	1,040,023	17,502,917	21,616,615
Inventories	2,407,715	1,443,429	4,501,119	3,784,662
Other current assets	13,222,668	11,485,755	15,090,804	17,465,304
Total current assets	56,772,755	59,943,312	125,432	58,357
<b>Assets Whose Use is Limited</b>				
Funds held in trust by others	80,740,462	75,285,353	86,346,440	90,760,087
Investments	32,094,138	31,951,929	33,769,625	35,269,625
Interest in net assets of Connecticut Children's Medical Center Foundation, Inc.	108,498,436	100,379,776	10,955,057	16,920,593
Total assets whose use is limited	221,333,036	207,617,058	24,478,050	19,397,464
<b>Property, Plant and Equipment</b>				
Buildings	152,171,288	144,535,354	13,193,518	16,584,377
Furniture and equipment	128,979,348	113,305,291	28,493,925	36,277,323
Construction in progress	2,160,582	13,845,701	197,236,615	215,209,469
Less accumulated depreciation	283,311,218	271,686,346	110,365,058	96,011,925
	(155,521,667)	(138,009,171)	27,079,719	29,432,838
Total property, plant and equipment	127,789,551	133,677,175	99,460,373	93,121,923
<b>Other Assets</b>				
Bond issuance costs	615,889	627,071	236,905,150	218,566,686
Ground lease	2,299,514	2,328,806		
Other	25,331,020	29,582,733		
Total other assets	28,246,423	32,538,610		
Total assets	\$ 434,141,765	\$ 433,776,155	\$ 434,141,765	\$ 433,776,155
<b>Liabilities and Net Assets</b>				
<b>Current Liabilities</b>				
Current portion of bonds payable			110,365,058	96,011,925
Current portion of notes payable			27,079,719	29,432,838
Accounts payable and accrued expenses			99,460,373	93,121,923
Accrued wages				
Due to third parties				
Due to affiliated entities				
Accrued interest payable and other current liabilities				
Total current liabilities			236,905,150	218,566,686
<b>Bonds Payable, Less Current Portion</b>				
<b>Notes Payable, Less Current Portion</b>				
<b>Accrued Pension Liability</b>				
<b>Due to Third Parties</b>				
<b>Other Long Term Liabilities</b>				
Total liabilities			197,236,615	215,209,469
<b>Net Assets</b>				
Unrestricted			110,365,058	96,011,925
Temporarily restricted			27,079,719	29,432,838
Permanently restricted			99,460,373	93,121,923
Total net assets			236,905,150	218,566,686
Total liabilities and net assets			\$ 434,141,765	\$ 433,776,155

See notes to consolidated financial statements

**Connecticut Children's Medical Center and Subsidiaries**

## Consolidated Statement of Operations and Changes in Net Assets

Years Ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<b>Revenues</b>		
Patient service revenue	\$ 361,410,913	\$ 343,770,471
Provision for bad debts	<u>(3,189,687)</u>	<u>(2,520,081)</u>
Patient service revenue, less provision for bad debts	358,221,226	341,250,390
Other revenues	13,366,066	12,738,591
Net assets released from restrictions for operations	<u>16,534,883</u>	<u>15,612,408</u>
Total revenues	<u>388,122,175</u>	<u>369,601,389</u>
<b>Expenses</b>		
Salaries	182,708,421	170,680,248
Benefits	39,253,841	41,717,189
Supplies and other	139,250,186	133,500,477
Depreciation and amortization	21,489,481	18,831,846
Interest	<u>1,141,051</u>	<u>1,234,420</u>
Total expenses	<u>383,842,980</u>	<u>365,964,180</u>
Income from operations	<u>4,279,195</u>	<u>3,637,209</u>
<b>Other Income</b>		
Investment return, net	622,954	2,077,941
Income from trusts held by others	3,025,303	3,326,528
Change in interest in net assets of Connecticut Children's Medical Center Foundation, Inc.	<u>4,708,191</u>	<u>2,197,421</u>
Total other income	<u>8,356,448</u>	<u>7,601,890</u>
Excess of revenues over expenses	<u>12,635,643</u>	<u>11,239,099</u>

See notes to consolidated financial statements

**Connecticut Children's Medical Center and Subsidiaries**

## Consolidated Statement of Operations and Changes in Net Assets

Years Ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<b>Unrestricted Net Assets (continued)</b>		
Excess of revenues over expenses (from previous page)	\$ 12,635,643	\$ 11,239,099
Transfer to affiliated organizations, net	(880,000)	(909,390)
Unrealized gains (losses) on investments	1,419,888	(3,852,126)
Net assets released from restrictions for capital	3,905,113	719,323
Change in funded status of pension and post-retirement plans	(4,937,060)	(6,921,768)
Change in interest in net assets of Connecticut Children's Medical Center Foundation, Inc.	<u>2,209,549</u>	<u>(6,601,171)</u>
Change in unrestricted net assets	<u>14,353,133</u>	<u>(6,326,033)</u>
<b>Temporarily Restricted Net Assets</b>		
Transfer from affiliated organization	7,661,054	7,849,025
Net assets released from restrictions for operations	(16,534,883)	(15,612,408)
Net assets released from restrictions for capital	(3,905,113)	(719,323)
Bequests, gifts and grants	10,108,244	11,849,856
Change in interest in net assets of Connecticut Children's Medical Center Foundation, Inc.	<u>317,579</u>	<u>(125,653)</u>
Change in temporarily restricted net assets	<u>(2,353,119)</u>	<u>3,241,497</u>
<b>Permanently Restricted Net Assets</b>		
Change in funds held in trust by others	5,455,109	(7,600,518)
Change in interest in net assets of Connecticut Children's Medical Center Foundation, Inc.	<u>883,341</u>	<u>498,716</u>
Change in permanently restricted net assets	<u>6,338,450</u>	<u>(7,101,802)</u>
Change in net assets	18,338,464	(10,186,338)
<b>Net Assets at Beginning of Year</b>	<u>218,566,686</u>	<u>228,753,024</u>
<b>Net Assets at End of Year</b>	<u>\$ 236,905,150</u>	<u>\$ 218,566,686</u>

See notes to consolidated financial statements



## Connecticut Children's Medical Center and Subsidiaries

### Consolidated Statement of Cash Flows

Years Ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<b>Cash Flows from Operating Activities</b>		
Change in net assets	\$ 18,338,464	\$ (10,186,338)
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Noncash items:		
Provision for bad debts	3,189,687	2,520,081
Depreciation and amortization	21,489,481	18,831,846
Realized and unrealized (gains) losses on investments	(1,637,820)	2,029,246
Change in value of funds held in trust by others	(5,455,109)	7,600,518
Change in funded status of pension and post-retirement plans	4,937,060	6,921,768
Change in interest in net assets of Connecticut Children's Medical Center Foundation, Inc.	(8,118,660)	4,030,687
Other changes in net assets:		
Bequests, gifts and grants	(10,108,244)	(11,849,856)
Transfer from affiliated organizations	(7,661,054)	(7,849,025)
Changes in operating assets and liabilities:		
Patient accounts receivable	(2,991,716)	(2,590,468)
Due to/from affiliated entities, net	(1,715,220)	9,386,788
Inventories	(964,286)	(54,076)
Other current assets	(1,736,913)	2,055,431
Other long-term assets	4,292,187	(5,142,243)
Accounts payable and accrued expenses	1,076,288	(6,278,820)
Accrued wages	(4,113,698)	2,568,918
Accrued interest payable and other current liabilities	67,075	(5,656)
Due to third parties	(2,674,402)	(13,195,731)
Pension liability	143,526	705,600
Other long-term liabilities	(7,783,398)	1,056,790
Net cash (used in) provided by operating activities	<u>(1,426,752)</u>	<u>555,460</u>
<b>Cash Flows from Investing Activities</b>		
Purchase of property, plant and equipment, net	(15,766,649)	(13,692,247)
Proceeds from sale of property and equipment	250,000	-
Change in funds held by trustee under revenue bond agreement	435,186	4,586,434
Change in investments, net	1,495,611	892,623
Net cash used in investing activities	<u>(13,585,852)</u>	<u>(8,213,190)</u>
<b>Cash Flows from Financing Activities</b>		
Bequests, gifts and grants	10,108,244	11,849,856
Transfer from affiliates	7,661,054	7,849,025
Principal payments on bonds and notes payable	(7,336,013)	(7,866,634)
Proceeds from debt issued	-	310,500
Net cash provided by financing activities	<u>10,433,285</u>	<u>12,142,747</u>
(Decrease) increase in cash and cash equivalents	(4,579,319)	4,485,017
<b>Cash and Cash Equivalents, Beginning</b>	<u>10,245,260</u>	<u>5,760,243</u>
<b>Cash and Cash Equivalents, Ending</b>	<u>\$ 5,665,941</u>	<u>\$ 10,245,260</u>
<b>Supplemental Schedule of Noncash Investing and Financing Activities</b>		
Equipment acquired through capital lease agreement	<u>\$ 85,208</u>	<u>\$ -</u>

See notes to consolidated financial statements

## **Connecticut Children's Medical Center and Subsidiaries**

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Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### **1. Organization and Accounting Policies**

The Connecticut Children's Medical Center (the "Medical Center") is a wholly-owned, tax-exempt subsidiary of CCMC Corporation. The Board of the Medical Center, appointed by CCMC Corporation, controls the operations of the Medical Center.

The Medical Center is the sole member of Connecticut Children's Specialty Group, Inc. ("CCSG") and The Children's Fund of Connecticut, Inc. (the "Children's Fund"). CCSG was formed to provide and promote children's health care and to support the Medical Center. The Children's Fund was formed to further the charitable mission of the Medical Center and to improve pediatric care in the Hartford Region.

#### **Regulatory Matters**

The Medical Center is required to file annual operating information with the State of Connecticut Office of Health Care Access.

#### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, such as estimated uncollectibles for patient accounts receivable, and liabilities, such as third party settlements, medical malpractice insurance liabilities and pension and postretirement liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

#### **Principles of Consolidation**

The consolidated financial statements include the accounts of the Medical Center and its subsidiaries. All significant intercompany accounts and transactions are eliminated in consolidation.

#### **Cash and Cash Equivalents**

Cash and cash equivalents include cash, money market funds and certificates of deposit. Restricted cash has been restricted by the donor to a specific time frame or purpose.

## **Connecticut Children's Medical Center and Subsidiaries**

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Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### **Investments**

Investments consist of fixed income securities, equity securities (including readily tradeable stocks, exchange traded funds and mutual funds), interests in common collective/commingled trusts and investments in funds of funds. All investments, including funds held by trustee under revenue bond agreements, are measured at fair value at the balance sheet dates (see Note 16). Investment income (including realized gains and losses on investments, interest and dividends) is included in other income unless the income or loss is restricted by donor or law. The cost of securities sold is based on the specific identification method. Unrealized gains and losses on investments are excluded from excess of revenues over expenses unless the loss is considered to be other-than-temporary. Other-than-temporary losses are included in other income which is a component of excess of revenues over expenses. Based on current market conditions, as well as the Medical Center's ability and intent to hold impaired assets to recovery, no other than temporary losses were recorded.

Short-term investments represent those securities that are available for the Medical Center's operations, and can be converted to cash within one year.

### **Inventories**

Inventories are stated at the lower of cost (first-in, first-out) or market value.

### **Funds Held in Trust by Others**

The Medical Center has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the Medical Center are unrestricted and included in income from trusts held by others in the consolidated statement of operations and changes in net assets. The Medical Center's interest in the fair value of the trust assets is included in assets whose use is limited. Changes in the market value of the trust assets are reported as increases or decreases to permanently restricted net assets.

### **Interest in Net Assets of Connecticut Children's Medical Center Foundation, Inc.**

The interest in net assets of the Connecticut Children's Medical Center Foundation, Inc. (the "Foundation"), represents the Medical Center's interest in the net assets of the Foundation. This investment is accounted for in accordance with the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958-20, *Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others*. In 2016 and 2015, the Medical Center did not require and did not receive any unrestricted financial support from the Foundation. The Foundation will provide support in future fiscal years as necessary.

### **Bond Issuance Costs**

Bond issuance costs incurred to obtain financing for construction and renovation programs are being amortized using the straight-line method. The difference between the straight-line method and the effective-interest method is immaterial.

## **Connecticut Children's Medical Center and Subsidiaries**

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Notes to Consolidated Financial Statements

September 30, 2016 and 2015

### **Property, Plant, and Equipment**

Property, plant and equipment are recorded on the basis of cost. The Medical Center provides for depreciation of property, plant, and equipment using the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives.

In 2016, the Medical Center incurred a loss on disposal of property, plant and equipment of approximately \$1,800,000 related to a sale of one of its practices. The loss is reported as depreciation and amortization in the consolidated statement of operations and changes in net assets.

### **Pension Plan**

The Medical Center has a noncontributory defined benefit pension plan in effect covering all eligible employees. The Medical Center's funding policy is to contribute amounts to the plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974.

### **Donor Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations and changes in net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

### **Interest Rate Swap Agreements**

The Medical Center utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. The Medical Center is exposed to credit loss in the event of non-performance by the counterparties to its interest rate swap agreements. The Medical Center is also exposed to the risk that the swap receipts may not offset its variable rate debt exposure.

### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those where use by the Medical Center has been limited by donors to a specific time frame or purpose. Temporarily restricted net assets consist primarily of contributions restricted for certain health care and children's services. Permanently restricted net assets, which are primarily assets held in trusts by others and endowment gifts, have been restricted by donors and are to be maintained in perpetuity.

## **Connecticut Children's Medical Center and Subsidiaries**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

### **Medical Malpractice Insurance**

The Medical Center purchases malpractice coverage in which the primary level of coverage is \$4,000,000 per claim and \$12,000,000 in the aggregate. There is an additional \$6,000,000 of professional liability purchased through an external insurance company. In addition, there are four layers of excess indemnity coverage with four different insurance companies at \$10,000,000 per claim on the first three layers and \$15,000,000 per claim on the fourth layer, totaling \$45,000,000 in the aggregate. There are no deductibles. Additionally, the Medical Center purchased a loss capping policy to limit the exposure on existing claims as of September 30, 2012. Under this policy, any existing claim that settles for greater than the amount reserved for this claim is covered and paid by the insurance company, limiting the Medical Center's liability for increases in claims up to \$10,000,000 per claim and \$20,000,000 in the aggregate. Should claims settle for greater than the amount already reserved and the \$20,000,000 loss capping policy, the Medical Center is fully liable for the excess.

In 2016, CCMC Corporation created New England Pediatrics Indemnity, Ltd. ("NEPI"), a freestanding corporation through which the Medical Center and its affiliates will insure its professional liability and potentially its general liability risk. The Medical Center plans to novate outstanding and unreported claims to NEPI in fiscal 2017.

### **Insurance Recovery Receivable and Insurance Claims Liability**

The Medical Center presents anticipated insurance recoveries separately from estimated insurance liabilities for medical malpractice claims and similar contingent liabilities on the consolidated balance sheet. The current portion of the insurance recovery receivable and related insurance claims liability totaled \$7,359,806 and \$6,460,657 at September 30, 2016 and 2015, respectively, and is included within other current assets and accounts payable and accrued expenses in the accompanying consolidated balance sheet. The non-current portion of the insurance recovery receivable and related insurance claims liability totaled \$16,147,306 and \$22,092,207 at September 30, 2016 and 2015, respectively, and is included within other assets and other long-term liabilities in the accompanying consolidated balance sheet.

### **Excess of Revenues over Expenses**

The consolidated statement of operations and changes in net assets include excess of revenues over expenses as the performance indicator. Changes in unrestricted net assets which are excluded from excess of revenues over expenses include transfers to affiliated organizations, unrealized gains and losses on investments, net assets released from restrictions for capital, change in the equity interest in the net assets of the Foundation and changes in the funded status of the pension and post-retirement plans.

### **Other Income**

Activities, other than in connection with providing health care services, are considered to be nonoperating and are included in other income. Other income consists primarily of income on invested funds, unrestricted gifts and bequests, realized gains and losses on sales of securities, income from funds held in trust by others, and loss on disposal of property, plant and equipment.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### Advertising

The Medical Center's policy is to expense advertising costs as incurred. Total advertising expense was \$1,271,598 and \$911,134 for the years ended September 30, 2016 and 2015, respectively.

### Income Taxes

The Medical Center and its subsidiaries are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

The Medical Center accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management has determined that there were no material tax uncertainties that met the recognition threshold in 2016 and 2015.

The Medical Center has net operating loss carryforwards from unrelated business activities of approximately \$586,000 which begin expiring on September 30, 2029. These net operating loss carryforwards result in a potential deferred tax asset of approximately \$234,400 which is offset by a valuation allowance of the same amount.

### Recent Accounting Pronouncement – Fair Value Measurement

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU No. 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value practical expedient in Accounting Standards Codification 820. ASU No. 2015-07 requires retrospective application and is effective for fiscal years beginning after December 15, 2016 with early adoption permitted. Management has elected to early adopt the provisions of this new standard as it relates to the pension plan assets. Accordingly, the standard was retrospectively applied.

### New Accounting Pronouncement – Revenue Recognition

In May 2014, the FASB issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. ASU No. 2014-09 supersedes the revenue recognition requirements in *Topic 605, Revenue Recognition*, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Medical Center will be required to retrospectively adopt the guidance in ASU No. 2014-09 for years beginning after December 15, 2017; early application is not permitted. The Medical Center has not yet determined the impact of adoption of ASU No. 2014-09 on its consolidated financial statements.

## Connecticut Children's Medical Center and Subsidiaries

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Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### **New Accounting Pronouncement - Leases**

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 was issued to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. Under the provisions of ASU No. 2016-02, a lessee is required to recognize a right-to-use asset and lease liability, initially measured at the present value of the lease payments, in the balance sheet. In addition, lessees are required to provide qualitative and quantitative disclosures that enable users to understand more about the nature of the leasing activities. The Medical Center will be required to retrospectively adopt the guidance in ASU No. 2016-02 for years beginning after December 15, 2019. The Medical Center has not yet determined the impact of adoption of ASU No. 2016-02 on its consolidated financial statements.

### **New Accounting Pronouncement – Not-for-Profit Entities**

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The new guidance is intended to improve and simplify the current net asset classification requirements and information presented in financial statements and notes that is useful in assessing a not-for-profit's liquidity, financial performance and cash flows. ASU No. 2016-14 is effective for fiscal years beginning after December 15, 2017, with early adoption permitted. ASU No. 2016-14 is to be applied retroactively with transition provisions. The Medical Center has not yet determined the impact of this standard on its consolidated financial statements.

### **Subsequent Events**

The Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date. For the year ended September 30, 2016, the Medical Center evaluated subsequent events through January 23, 2017, which is the date the consolidated financial statements were issued. No events occurred that require disclosure in or adjustment to the financial statements.

### **Reclassifications**

Certain reclassifications have been made to the 2015 balances previously reported to conform to the current year presentation.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### 2. Net Revenue from Services to Patients and Charity Care

The Medical Center provides health care services primarily to residents of the region. Revenues from the Medicaid program accounted for approximately 34% and 36% of the Medical Center's net patient service revenue for the years ended September 30, 2016 and 2015, respectively. Laws and regulations governing the Medicaid programs are complex and subject to interpretation. The Medical Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicaid program. Changes in the Medicaid program and the reduction of funding levels could have an adverse impact on the Medical Center.

The following table summarizes net revenues from services to patients:

	<u>2016</u>	<u>2015</u>
Total gross revenues from patients	\$ 838,419,941	\$ 779,425,997
Less total contractual allowances	469,724,739	439,248,437
Less charity care	2,645,359	2,258,042
Less administrative and other allowances	4,638,930	4,149,047
Total allowances	<u>477,009,028</u>	<u>445,655,526</u>
DSH settlement with State of Connecticut	-	10,000,000
Patient service revenues	361,410,913	343,770,471
Less provision for bad debts	<u>3,189,687</u>	<u>2,520,081</u>
Patient service revenues, less provision for bad debts	<u>\$ 358,221,226</u>	<u>\$ 341,250,390</u>

Patient accounts receivable and revenues are recorded when patient services are performed. Amounts received from certain payors are different from established billing rates of the Medical Center, and the difference is accounted for as allowances. The Medical Center records its provision for bad debts based upon a review of all of its outstanding receivables. Write-offs of receivable balances are related primarily to its population of underinsured patients. An underinsured patient is one who has commercial insurance which leaves a significant portion of the Medical Center's reimbursement to be paid by the patient, either through large deductibles or co-pay requirements. Self-pay patients are rare in the pediatric environment, as Medicaid is readily available to children. Self-pay net revenue approximated \$4,500,000 and \$3,600,000 for the years ended September 30, 2016 and 2015, respectively.



## **Connecticut Children's Medical Center and Subsidiaries**

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Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors and others for services rendered. Revenue under third-party payor agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payor settlements and adjustments are estimated in the period the related services are rendered and adjusted in future periods as final settlements are determined. In 2015, the Medical Center received a \$10,000,000 settlement related to prior years that increased net patient service revenue. In 2016, net patient service revenue increased by approximately \$3,900,000 for changes in estimates related to prior year settlements.

The Medical Center has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the Medical Center receives per diem and fee-for-service payments for certain covered services based upon discounted fee schedules.

The Medical Center accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to the established policies of the Medical Center. Essentially, those policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Medical Center utilizes the generally recognized Federal poverty guidelines.

The costs of charity care incurred were approximately \$1,107,000 and \$929,000 for the years ended September 30, 2016 and 2015, respectively. The costs of charity care are derived from both estimated and actual data. The estimated cost of charity care includes the direct and indirect cost of providing such services and is estimated utilizing the Medical Center's ratio of cost to gross charges, which is then multiplied by the gross uncompensated charges associated with providing care to charity patients.

### **3. Related-Party Transactions**

Certain Medical Center employees render management and other services to affiliated entities for which the Medical Center is reimbursed. The amount of such reimbursement was \$881,366 and \$807,034 for the years ended September 30, 2016 and 2015, respectively.

The Foundation transferred \$7,661,054 and \$7,849,025 to the Medical Center for the years ended September 30, 2016 and 2015, respectively. These transfers related to donor-restricted contributions received by the Foundation for the benefit of the Medical Center. The Medical Center also transferred \$880,000 to CCMC Corporation for the year ended September 30, 2016.

Due to affiliated organizations, net, includes \$14,710,061 and \$16,425,281 at September 30, 2016 and 2015, respectively, which is primarily related to cash advanced from the Foundation for operating purposes. Interest is not charged and there are no fixed repayment terms on these advances.

### **4. Concentrations of Credit Risk**

The Medical Center's financial instruments that are exposed to concentrations of credit risk primarily consist of cash and cash equivalents, short-term investments and patient accounts receivable.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

The Medical Center's cash and cash equivalents are placed with high credit quality financial institutions. The Medical Center's investment policy limits its exposure to concentrations of credit risk. In the normal course of business, the Medical Center maintains cash balances in excess of the Federal Deposit Insurance Corporation's ("FDIC") insurance limit. Cash balances exceeded FDIC limits by approximately \$6,780,000 and \$10,070,000 at September 30, 2016 and 2015, respectively.

The Medical Center provides health care services and grants credit without collateral to its patients, most of whom are Connecticut residents and are insured under third-party payor agreements. An estimated allowance for doubtful accounts as well as contractual allowances is maintained at levels considered adequate to reduce the account balances to net realizable value. The mix of receivables from patients and third-party payors at September 30 was as follows:

	<u>2016</u>	<u>2015</u>
Medicaid	34 %	35 %
Medicaid managed care	4	2
Commercial/managed care - contracted	50	51
Commercial/managed - non-contracted	4	4
Patients and other	<u>8</u>	<u>8</u>
	<u>100 %</u>	<u>100 %</u>

### 5. Investments

The composition of investments as of September 30, stated at fair value, is set forth in the following table:

	<u>2016</u>		<u>2015</u>	
	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>
Short-term investments	\$ 46,760	46,760	\$ 35,653	\$ 35,653
Marketable equity securities	361,145	372,450	543,174	536,981
Fixed income securities	26,363	26,646	26,363	27,377
Institutional managed equity funds	22,720,700	23,988,217	23,772,244	23,624,360
Institutional managed bond fund	7,571,723	7,591,333	7,365,317	7,397,486
Other	67,748	68,732	356,020	330,072
	<u>\$ 30,794,439</u>	<u>\$ 32,094,138</u>	<u>\$ 32,098,771</u>	<u>\$ 31,951,929</u>

Investments consisted of mutual funds and individual securities that comprised approximately 75% equity securities and 25% fixed income investments at September 30, 2016, and 76% equity securities and 24% fixed income investments at September 30, 2015.

## Connecticut Children's Medical Center and Subsidiaries

### Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The following table summarizes the unrealized losses on investments held at September 30, 2016:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Marketable equity securities	\$ 1,742,070	\$ 95,428	\$ 5,203,542	\$ 1,483,839	\$ 6,945,612	\$ 1,579,267
Fixed income securities	1,030,469	8,268	3,863,127	529,163	4,893,596	537,431
Institutional managed equity funds	106,116	6,531	-	-	106,116	6,531
Other	30,497	1,181	-	-	30,497	1,181
Total investments	<u>\$ 2,909,152</u>	<u>\$ 111,408</u>	<u>\$ 9,066,669</u>	<u>\$ 2,013,002</u>	<u>\$ 11,975,821</u>	<u>\$ 2,124,410</u>

The following table summarizes the unrealized losses on investments held at September 30, 2015:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Marketable equity securities	\$ 7,995,517	\$ 1,312,313	\$ 4,099,045	\$ 1,608,196	\$ 12,094,562	\$ 2,920,509
Fixed income securities	3,290,101	63,907	-	-	3,290,101	63,907
Institutional managed equity funds	522,612	23,753	-	-	522,612	23,753
Other	150,836	5,848	44,461	6,253	195,297	12,101
Total investments	<u>\$ 11,959,066</u>	<u>\$ 1,405,821</u>	<u>\$ 4,143,506</u>	<u>\$ 1,614,449</u>	<u>\$ 16,102,572</u>	<u>\$ 3,020,270</u>

Management continually reviews its investment portfolio and evaluates whether declines in the fair value of securities should be considered other-than-temporary. Factored into this evaluation are the general market conditions, the issuer's financial condition and near-term prospects, conditions in the issuer's industry, the recommendation of advisors, the length of time and extent to which the market value has been less than cost along with the Medical Center's intent and ability to hold the investments. During the years ended September 30, 2016 and 2015, the Medical Center has not recorded any other-than-temporary declines in the fair value of investments, as the Medical Center has the ability and intent to hold the securities to recovery.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

Investment returns for the years ended September 30 are as follows:

	<u>2016</u>	<u>2015</u>
Interest and dividend income	\$ 685,003	\$ 782,951
Realized gain	217,932	1,822,880
Net swap activity	(104,094)	(367,708)
Investment fees and other	<u>(175,887)</u>	<u>(160,182)</u>
	622,954	2,077,941
Unrealized gain (loss) on investments	<u>1,419,888</u>	<u>(3,852,126)</u>
Total	<u>\$ 2,042,842</u>	<u>\$ (1,774,185)</u>

### 6. Restricted Net Assets

#### Endowments

The endowment consists of individual donor-restricted funds established for a variety of purposes which are held and controlled by the Foundation. As required by GAAP, net assets associated with endowment funds are classified and reported based on donor-imposed restrictions. At September 30, 2016 and 2015, the Medical Center had \$22,429,597 and \$22,081,136, respectively, in endowments held at the Foundation which are recorded by the Medical Center through its interest in the Foundation.

#### Interpretation of Relevant Law

The Medical Center's Board and senior management have interpreted the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard for expenditure prescribed by UPMIFA. In accordance with UPMIFA, the Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the organization and the donor-restricted endowment fund

## **Connecticut Children's Medical Center and Subsidiaries**

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Notes to Consolidated Financial Statements

September 30, 2016 and 2015

- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the organization
- (7) The investment policies of the organization

### **Funds with Deficiencies**

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Medical Center to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. There were no deficiencies at September 30, 2016 and 2015.

### **Return Objectives and Risk Parameters**

The Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, the endowment assets are invested in a manner that is intended to produce results that equal or exceed relevant benchmarks. The Medical Center expects its endowment funds, over time, to provide an average rate of return of at least 5% annually. Actual returns in any given year may vary from this amount.

### **Strategies Employed for Achieving Objectives**

To satisfy its long-term rate-of-return objectives, the Medical Center relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Medical Center targets a diversified asset allocation strategy that places a greater emphasis on equity-based investments to achieve its long-term return objectives within the guidelines of its investment policy and prudent risk constraints.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### Endowment Net Asset Composition by Type of Fund

All endowment net assets are donor-restricted endowment funds.

Changes in endowment net assets for the years ended September 30 consisted of the following:

	2016		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning balance	\$ 4,244,566	\$ 17,836,570	\$ 22,081,136
Contributions	-	883,341	883,341
Investment return	263,705	-	263,705
Net appreciation (realized and unrealized)	398,616	-	398,616
Appropriation of endowment assets for expenditure	(1,197,201)	-	(1,197,201)
Endowment net assets, ending balance	<u>\$ 3,709,686</u>	<u>\$ 18,719,911</u>	<u>\$ 22,429,597</u>
	2015		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning balance	\$ 4,605,125	\$ 17,337,854	\$ 21,942,979
Contributions	-	498,716	498,716
Investment return	417,438	-	417,438
Net appreciation (realized and unrealized)	794,207	-	794,207
Appropriation of endowment assets for expenditure	(1,572,204)	-	(1,572,204)
Endowment net assets, ending balance	<u>\$ 4,244,566</u>	<u>\$ 17,836,570</u>	<u>\$ 22,081,136</u>

Income from endowment funds is considered temporarily restricted until it meets the original donor's time or purpose restriction of the donation. These funds are commingled with other temporarily restricted contributions for the same purposes (see tables below for discussion of the purpose of restrictions) and invested until such time that the funds are utilized. The Medical Center's spending policy is that any expenditure associated with the endowment is appropriated based on the donor's intention.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### Temporarily Restricted

Temporarily restricted net assets are available for the following purposes as of September 30:

	<u>2016</u>	<u>2015</u>
Equipment purchases	3 %	2 %
Education	5	7
Other health care services	<u>92</u>	<u>91</u>
	<u>100 %</u>	<u>100 %</u>

### Permanently Restricted

Permanently restricted net assets at September 30 are restricted to:

	<u>2016</u>	<u>2015</u>
Health care and children's services	82 %	81 %
Other health care services	14	14
Education	<u>4</u>	<u>5</u>
	<u>100 %</u>	<u>100 %</u>

## 7. Pension Plan and Defined Contribution Plan

Effective January 1, 1993, the State of Connecticut mandated that individuals hired by the Medical Center were no longer eligible to participate in the State of Connecticut pension plan ("State Plan"). Employees who were participants in the State Plan as of December 31, 1992 can remain participants in the State Plan so long as they continue to remain employed by the Medical Center.

Effective January 1, 1994, the Medical Center adopted a defined benefit pension plan covering substantially all of its employees. Benefits for employees who are participants in the State Plan are reduced to reflect vested benefits provided under the State Plan.

Effective January 1, 1999, the Medical Center converted its pension plan to a Cash Balance Retirement Plan (the "Plan"). Plan benefits are based on years of service and the employee's compensation. Contributions to the Plan are intended to provide for benefits attributed to services rendered to date and benefits expected to be earned in the future. Future benefits are earned and credited by participants based on a percentage of compensation (ranging from 2.5% to 12.5%) associated with years of service. Plan participants earn a return based on an interest rate established annually at the beginning of the pay year. Plan participants vest in their benefits after three years of service.

On February 26, 2009, the Board of Directors of the Medical Center adopted a resolution to freeze the Plan effective May 1, 2009.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

Included in unrestricted net assets at September 30, 2016 and 2015 are unrecognized actuarial losses of \$32,059,945 and \$27,031,839, respectively. The actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2017 is \$1,984,109.

The following table presents a reconciliation of the beginning and ending balances of the Plan's projected benefit obligation and the fair value of plan assets, as well as the funded status of the plan and accrued pension liability included in the consolidated balance sheet at year ended September 30:

	<u>2016</u>	<u>2015</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 90,743,362	\$ 88,747,942
Interest cost	3,536,986	3,431,884
Actuarial loss, including the effects of any assumption changes	7,880,183	2,780,248
Benefits paid	<u>(4,468,416)</u>	<u>(4,216,712)</u>
Benefit obligation at end of year	<u>\$ 97,692,115</u>	<u>\$ 90,743,362</u>
Change in Plan assets:		
Fair value of Plan assets at beginning of year	\$ 71,345,898	\$ 76,977,846
Contributions	-	-
Actual return on Plan assets	6,336,583	(1,415,236)
Benefits paid	<u>(4,468,416)</u>	<u>(4,216,712)</u>
Fair value of Plan assets at end of year	<u>\$ 73,214,065</u>	<u>\$ 71,345,898</u>
Funded status of the Plan	<u>\$ (24,478,050)</u>	<u>\$ (19,397,464)</u>

The weighted-average assumptions used to develop the projected benefit obligation as of September 30 are as follows:

	<u>2016</u>	<u>2015</u>
Discount rate	3.27 %	4.00 %
Rate of compensation	N/A	N/A
Cash balance interest credit	5.50	5.50

Net periodic pension costs for the years ended September 30 consist of the following:

	<u>2016</u>	<u>2015</u>
Interest cost	\$ 3,536,986	\$ 3,431,884
Expected return on plan assets	(4,872,147)	(4,717,144)
Net amortization, net actuarial loss	<u>1,387,641</u>	<u>1,387,915</u>
Net periodic benefit costs	<u>\$ 52,480</u>	<u>\$ 102,655</u>



## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

The weighted-average assumptions used to determine net periodic benefit costs as of September 30 are as follows:

	<u>2016</u>	<u>2015</u>
Discount rate	4.00 %	4.00 %
Cash balance interest credit	5.50	5.50
Expected long-term rate of return on plan assets	6.75	6.75
Rate of compensation	N/A	N/A

The expected long-term rate of return on plan assets was developed through analysis of historical market returns, current market conditions and the fund's past experience. Estimates of future market returns by asset category are lower than actual long-term historical returns in order to reflect current market conditions.

The accumulated benefit obligation at September 30, 2016 and 2015 was \$97,692,115 and \$90,743,362, respectively.

### Plan Assets

The Plan assets are managed by outside investment managers. The investment strategy with respect to pension assets is to maximize return while protecting principal. The investment manager has the flexibility to adjust the asset allocation and move funds to the asset class that offers the most opportunity. The investment objective for Plan assets over a full market cycle time period is to generate a return in excess of the passive portfolio benchmark for each asset class.

The asset allocations for the Plan at September 30, by asset category, are as follows:

	<u>Percentage of Plan Assets at Year-End</u>	
	<u>2016</u>	<u>2015</u>
Asset Category:		
Domestic equities	36 %	35 %
International equities	19	19
Debt securities	40	40
Other	5	6
	<u>100 %</u>	<u>100 %</u>

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

The fair values of the Plan assets at September 30, 2016, by asset category, are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Money market mutual funds	\$ 620,839	\$ -	\$ -	\$ 620,839
Fixed income securities:				
U.S. government bonds	3,426,870	-	-	3,426,870
Municipal bonds	820,944	-	-	820,944
Corporate bonds	5,093,726	-	-	5,093,726
Foreign bonds	874,101	-	-	874,101
Fixed income mutual funds	3,520,735	-	-	3,520,735
Equity mutual funds	<u>29,713,513</u>	<u>-</u>	<u>-</u>	<u>29,713,513</u>
 Total assets in the fair value hierarchy	 <u>\$ 44,070,728</u>	 <u>\$ -</u>	 <u>\$ -</u>	 44,070,728
 Investments measured at net asset value(a)				 <u>29,143,337</u>
				 <u>\$ 73,214,065</u>

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

The fair values of the Plan assets at September 30, 2015, by asset category, are as follows:

	Level 1	Level 2	Level 3	Total
Assets:				
Money market mutual funds	\$ 229,131	\$ -	\$ -	\$ 229,131
Fixed income securities:				
U.S. government bonds	2,029,206	-	-	2,029,206
Municipal bonds	739,088	-	-	739,088
Corporate bonds	5,366,920	-	-	5,366,920
Foreign bonds	767,014	-	-	767,014
Fixed income mutual funds	3,715,799	-	-	3,715,799
Equity mutual funds	29,414,668	-	-	29,414,668
Total assets in the fair value hierarchy	<u>\$ 42,261,826</u>	<u>\$ -</u>	<u>\$ -</u>	42,261,826
Investments measured at net asset value(a)				<u>29,084,072</u>
Total				<u>\$ 71,345,898</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value ("NAV") per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the ending Plan assets disclosed.

Investments measured at net asset value are subject to various management, incentive and other fees based on net asset value, classes, capital account balances and/or capital commitments. Investments may also be subject to lock up periods.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2016 and 2015, respectively.

September 30, 2016				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual fund, multi asset Limited liability companies:	\$ 9,069,100	\$ -	Daily	Upon written notice
Intermediate bond	7,278,697	-	Monthly	Upon written notice
Institutional loan	3,692,717	-	Daily	Upon written notice
Limited partnership	9,103,823	-	Quarterly	Upon written notice

September 30, 2015				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual fund, multi asset Limited liability companies:	\$ 8,753,001	\$ -	Daily	Upon written notice
Intermediate bond	7,338,698	-	Monthly	Upon written notice
Institutional loan	4,355,064	-	Daily	Upon written notice
Limited partnership	8,637,309	-	Quarterly	Upon written notice

The Medical Center does not expect to contribute to its pension plan in fiscal 2017.

The Medical Center expects to pay the following benefit payments, which reflect expected future service as appropriate:

Fiscal year:	
2017	\$ 7,357,000
2018	5,598,000
2019	5,922,000
2020	6,612,000
2021	5,358,000
Years 2022 - 2026	28,228,000

## Connecticut Children's Medical Center and Subsidiaries

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Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

The Medical Center also has a defined contribution plan. The Connecticut Children's Retirement Savings Plan, (the "Savings Plan") covers all eligible employees as defined by the plan document. Eligible employees may contribute up to 100 percent of their pretax annual compensation, as defined by the plan document, up to the Internal Revenue Service limits. The Medical Center makes safe harbor matching contributions equal to 100 percent of the first 3 percent of compensation deferred by the participant, plus 50 percent of the next 2 percent of compensation deferred by the participant. In addition, the Medical Center makes an employer core contribution for eligible employees, that ranges from 1 percent to 7 percent, as determined by the Board of Directors, of a participant's annual compensation. The Medical Center expensed contributions to the Savings Plan for the years ended September 30, 2016 and 2015 of \$4,331,251 and \$5,677,473, respectively.

### **8. Post-Retirement Benefit Plan**

The Medical Center sponsors the Connecticut Children's Medical Center Postretirement Welfare Plan (the "PRW Plan"), an unfunded plan which provides post-retirement medical benefits to retired employees who meet the specific criteria identified in the PRW Plan document. The Medical Center's contribution toward cost of medical coverage varies by years of pension credited service at retirement, ranging from 25% for employees with ten years of credited service to 100% for those employees with 25 plus years of credited service. The Medical Center's maximum fixed dollar commitment is \$2,280 per year per retiree.

Included in unrestricted net assets at September 30, 2016 and 2015 are \$2,660,882 and \$2,993,289, respectively, of net unrecognized actuarial gains that have not yet been recognized in net periodic benefit cost. There is \$191,458 of actuarial gain included in unrestricted net assets that is expected to be recognized in net periodic pension cost during the year ending September 30, 2017.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

The following table presents a reconciliation of the beginning and ending balances of the PRW Plan's projected benefit obligation and the fair value of plan assets, as well as the funded status of the plan and accrued post-retirement obligation included in the consolidated balance sheet as of September 30:

	<u>2016</u>	<u>2015</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 6,071,638	\$ 6,340,898
Service cost	194,499	228,789
Interest cost	257,816	263,408
Actuarial losses (gains), including the effects of any assumption changes	117,501	(683,727)
Benefits paid	<u>(423,513)</u>	<u>(77,730)</u>
Benefit obligation at end of year	<u>\$ 6,217,941</u>	<u>\$ 6,071,638</u>
Change in PRW Plan assets:		
Fair value of PRW Plan assets at beginning of year	\$ -	\$ -
Contributions	423,513	77,730
Benefits paid	<u>(423,513)</u>	<u>(77,730)</u>
Fair value of PRW Plan assets at end of year	<u>\$ -</u>	<u>\$ -</u>
Accrued post-retirement obligation included in other long-term liabilities	<u>\$ 6,217,941</u>	<u>\$ 6,071,638</u>

The weighted-average assumptions used to develop the post-retirement benefit obligation as of September 30 are as follows:

	<u>2016</u>	<u>2015</u>
Discount rate	3.52 %	4.30 %
Healthcare cost trend rate:		
Current year	7.50	8.00
Ultimate	4.50	5.00
Year ultimate reached	2022	2021

Net periodic benefits costs for the years September 30 consist of the following:

	<u>2016</u>	<u>2015</u>
Service cost	\$ 194,499	\$ 228,789
Interest cost	257,816	263,408
Net amortization, Net actuarial gain	<u>(214,966)</u>	<u>(158,512)</u>
Net periodic benefit costs	<u>\$ 237,349</u>	<u>\$ 333,685</u>

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

The weighted-average assumptions used to determine net periodic benefit costs are as follows for September 30:

	<u>2016</u>	<u>2015</u>
Discount rate	4.30 %	4.20 %
Health care cost trend rate		
Current year	8.00	8.50
Ultimate	5.00	5.00
Year ultimate reached	2021	2021

A one-percentage point change in assumed health care cost trend rates would have the following effect on the post-retirement benefit plan:

	<u>One-percentage Point</u>	
	<u>Increase</u>	<u>Decrease</u>
Effect on postretirement benefit obligation	\$ 81,665	\$ 72,404
Effect on total of service and interest cost	9,120	8,001

The Medical Center expects to contribute \$155,000 to its post-retirement benefit plan in fiscal 2017.

The Medical Center expects to pay the following benefit payments, which reflect expected future service as appropriate:

Fiscal year:	
2017	\$ 155,000
2018	187,000
2019	222,000
2020	241,000
2021	272,000
Years 2022 - 2026	1,678,000

### 9. Bonds Payable

A summary of long-term debt is as follows:

	<u>2016</u>	<u>2015</u>
Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority ("CHEFA")		
Series D (4.19% effective interest rate)	\$ 35,269,625	\$ 36,684,625
Less current portion	<u>1,500,000</u>	<u>1,415,000</u>
	<u>\$ 33,769,625</u>	<u>\$ 35,269,625</u>

## Connecticut Children's Medical Center and Subsidiaries

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Notes to Consolidated Financial Statements

September 30, 2016 and 2015

In June 2011, the Medical Center along with the Foundation (Collectively, the "Obligated Group") refinanced their existing CHEFA hospital revenue bonds with variable rate revenue bonds (the Series D Bonds) with a principal amount of \$41,580,000. The "Series D Bonds" were issued at par and directly placed with one investor. The investor has committed to holding the bonds for a ten year period, at the end of which, the investor may put the bonds back to the Obligated Group or extend their holding period at their discretion. The bonds mature in varying amounts through 2032, with interest rates based on 65% of LIBOR plus a spread of 1.52%, ranging from 1.71% to 2.95% in the current year. In September 2016, the Obligated Group reissued the Series D Bonds to obtain a lower interest rate; the scheduled principal payments were not changed. The interest rates are now based on 67% of LIBOR plus a spread of 0.85%.

The agreement and related documents provide, among other things, that the Series D Bonds and any additional bonds will be payable from payments to be made by the Obligated Group and that it will be obligated to make such payments so long as the Series D Bonds and any additional bonds are outstanding. The Series D Bonds are collateralized by an interest in revenues of the Medical Center and a mortgage on the facilities, ground lease, easements and other certain leases that comprise the overall hospital premises owned by the Medical Center.

Pursuant to the mortgage agreement and related documents, the Obligated Group is required to meet certain covenants including a day's cash on hand, debt to capitalization and a debt service coverage ratio requirement.

The carrying value of the bonds payable approximates fair value. The Medical Center classifies bonds payable in Level 2 of the valuation hierarchy.

The Medical Center is required to make monthly interest and semi-annual principal repayments for the Series D Bonds. Interest paid for 2016 and 2015 was \$632,058 and \$618,683, respectively.



## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

Principal payments for the next five years under the CHEFA obligations are as follows:

2017	\$ 1,500,000
2018	1,580,000
2019	1,665,000
2020	1,740,000
2021	1,830,000
Aggregate thereafter	<u>26,954,625</u>
	<u>\$ 35,269,625</u>

In November 2005, the Medical Center entered into an interest rate swap agreement (the 2005 swap) effectively converting \$23,700,000 of its then existing variable-rate debt ("Series C debt") to a fixed-rate basis of 3.704% through June 2018. The fair value of the swap (a liability of \$277,123 and \$549,134 at September 30, 2016 and 2015, respectively,) is reported in other long-term liabilities. The change in value of \$277,011 and \$326,043 is reported as a component of income from investments for the years ended September 30, 2016 and 2015, respectively. The swap, while serving as an economic hedge, does not qualify for hedge accounting.

Upon the refunding of the Series C debt in June 2011, the Medical Center applied the 2005 swap against the newly issued Series D debt and entered into a new swap agreement (the 2011 swap), which along with the 2005 swap, effectively converts all of its outstanding Series D debt to a fixed-rate basis. The interest rate on the new swap is 4.6138%. The fair value of the 2011 swap (a liability of \$553,115 as of September 30, 2015) is reported in other long-term liabilities. The change in value of \$553,115 and \$463,780 is reported as a component of income from investments for the years ended September 30, 2016 and 2015, respectively. The swap was terminated by the Medical Center in 2016 through a Termination Agreement, which required a final payment by the Medical Center of approximately \$60,000.

The following table summarizes the Medical Center's interest rate swap agreements:

Swap Type	Expiration Date	Medical Center Receives	Medical Center Pays	Notional Amount at September 30	
				2016	2015
Series C - Fixed to Floating (2005 Swap)	July 1, 2018	70% of LIBOR	3.70%	\$ 6,550,000	\$ 9,675,000
Series D - Fixed to Floating (2011 Swap)	July 1, 2032	65% LIBOR + 1.52%	4.61%	-	26,408,498
				<u>\$ 6,550,000</u>	<u>\$ 36,083,498</u>

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### 10. Notes Payable

Notes payable at September 30 consists of the following:

	<u>2016</u>	<u>2015</u>
Notes payable to a bank in monthly installments of \$128,417 through October 2018 at 1.455% interest. Secured by certain equipment.	\$ 5,620,637	\$ 7,068,428
Notes payable to a bank in monthly installments of \$114,385 through September 2019 at 2.52% interest. Secured by certain equipment.	3,962,022	5,217,573
Notes payable to a bank in monthly installments of \$147,233 through October 2018 at 2.85% interest. Secured by certain equipment.	3,569,569	5,209,211
Notes payable to a bank in monthly installments of \$59,782 through August 2019 at 4.08% interest. Secured by certain equipment.	1,969,561	2,592,756
Notes payable to a bank in monthly installments of \$55,978 through June 2018 at 1.302% interest. Secured by certain equipment.	1,161,630	1,813,638
Notes payable to a bank in monthly installments of \$9,845 through January 2021, interest free. Secured by certain equipment.	511,960	630,104
Note payable to a software company in quarterly installments of \$25,875 through September 2017.	105,250	182,946
Note payable to a software company in monthly installments of \$4,713 through September 2017.	56,786	-
Notes payable to landlord for leasehold improvements payable in monthly installments of \$1,431 through August 2019 at 6%, unsecured.	45,837	59,799
Notes payable to a health care equipment manufacturing company in monthly installments of \$18,392 through December 2015, at 4.15% interest. Secured by certain equipment.	-	51,544
Notes payable to a hospital association payable in monthly installments of \$6,529, interest free.	-	13,058
	<u>17,003,252</u>	<u>22,839,057</u>
Less current portion	<u>6,048,195</u>	<u>5,918,464</u>
Total	<u>\$ 10,955,057</u>	<u>\$ 16,920,593</u>

The carrying value of the notes payable approximates fair value. The Medical Center classifies notes payable in Level 2 of the valuation hierarchy.

Interest paid on the notes was \$508,993 and \$615,737 for the years ended September 30, 2016 and 2015, respectively.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

Principal payments on the notes for the next five years are as follows:

2017	\$ 6,048,195
2018	5,857,646
2019	3,791,106
2020	1,266,924
2021	39,381
	<hr/>
	\$ 17,003,252

### 11. Line of Credit

The Medical Center has a line of credit agreement with Bank of America, N.A. for \$15,000,000. Amounts advanced under this line of credit are due on demand and interest is charged at the LIBOR rate plus 1.25%. There were no borrowings at September 30, 2016, and this line of credit expires on March 31, 2017.

### 12. Contingencies

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future financial effects of this matter on the Medical Center, if any, are not presently determinable.

There have been malpractice claims that fall within the Medical Center's malpractice insurance which have been asserted against the Medical Center. In addition, there are known incidents that have occurred through September 30, 2016, that may result in the assertion of claims. Refer to Note 1.

The Medical Center is a party to various lawsuits incidental to its business. Management does not believe that the lawsuits will have a material adverse effect on the Medical Center's consolidated financial position.

## Connecticut Children's Medical Center and Subsidiaries

### Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The Medical Center and CCSG record as a liability the estimate for claims-made malpractice liabilities and the estimate for incurred but not reported claims. The estimate for incurred but not reported claims, discounted at 4.00%, totaled \$3,276,331 and \$4,312,042 at September 30, 2016 and 2015, respectively, and are reported as other liabilities in the consolidated balance sheet. The Medical Center has recorded related insurance recoveries receivable in consideration for the expected insurance recoveries for the total claims-made insurance as follows:

	<u>2016</u>	<u>2015</u>
Other current assets	\$ 7,359,806	\$ 6,460,657
Other assets	<u>16,147,306</u>	<u>22,092,207</u>
	<u>\$ 23,507,112</u>	<u>\$ 28,552,864</u>

The Medical Center records as a liability an estimate of workers' compensation claims. Such liability, undiscounted, totaled approximately \$2,213,000 and \$2,201,000 at September 30, 2016 and 2015, respectively.

### 13. Commitments

#### Ground Lease

The Medical Center has a ground lease with Hartford Hospital to lease the site on which the Medical Center stands. The lease term is 99 years beginning November 1, 1993 with an optional extension for an additional 99-year term.

The Ground Lease was recorded as a prepaid asset in the original amount of \$2,900,000 and is amortized over the term of the lease. The net asset is recorded at \$2,299,514 and \$2,328,806 as of September 30, 2016 and 2015, respectively, and is included in other assets in the accompanying consolidated balance sheet. The lease includes certain covenants which restrict, among other things, the Medical Center's ability to be a party to mergers.

#### Parking Agreement

The Medical Center has a Parking Agreement with Hartford Hospital ("HH") for the use of 450 parking spaces on the Hartford Hospital campus. The agreement continues in full force and effect until the earlier of a written termination of the agreement by the Medical Center and HH or the termination of the ground lease.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
September 30, 2016 and 2015

### 14. Operating Leases

Rental and lease expense amounted to \$14,227,288 and \$14,066,271 for the years ended September 30, 2016 and 2015, respectively.

The minimum lease commitments under all noncancelable operating leases with initial or remaining terms of more than one year are as follows:

Fiscal years ending September 30:	
2017	\$ 11,525,894
2018	8,133,803
2019	7,700,146
2020	7,101,438
2021	6,702,218
Thereafter	<u>36,658,594</u>
	<u>\$ 77,822,093</u>

### 15. Functional Expenses

The Medical Center provides health care services to residents within its geographic location including pediatric care and outpatient surgery. Expenses related to providing these services are as follows:

	<u>2016</u>	<u>2015</u>
Health care services	\$ 299,419,982	\$ 287,851,536
General and administrative	<u>84,422,998</u>	<u>78,112,644</u>
	<u>\$ 383,842,980</u>	<u>\$ 365,964,180</u>

### 16. Fair Value of Financial Instruments

The Medical Center calculates fair value of its financial assets and liabilities, when applicable, based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on a unit of account from the Medical Center's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated). In order to increase consistency and comparability in fair value measurements, the Medical Center utilizes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described as follows:

Level 1 - Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2 - Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

## Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements  
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Level 3 - Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Medical Center utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible.

The Medical Center's financial assets and liabilities carried at fair value as of September 30, 2016 are classified in the table below in one of the three categories described above:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Assets:</b>				
Cash and cash equivalents	\$ 5,665,941	\$ -	\$ -	\$ 5,665,941
Fixed income securities	73,406	-	-	73,406
Mutual funds:				
Domestic	372,450	-	-	372,450
Equity:				
Domestic growth (a)	4,867,114	-	-	4,867,114
Domestic value (a)	8,858,633	-	-	8,858,633
International (a)	4,214,746	-	-	4,214,746
Domestic equity common trust fund	-	2,898,245	-	2,898,245
Fixed Income:				
International	86,049	-	-	86,049
Domestic	159,577	-	-	159,577
Intermediate term (a)	-	7,505,284	-	7,505,284
Global (a)	2,537,837	-	-	2,537,837
Inflation protected (a)	452,065	-	-	452,065
Foundation held funds and miscellaneous other investments	68,733	-	-	68,733
Funds held in trust by others	-	-	80,740,462	80,740,462
<b>Total</b>	<b>\$ 27,356,551</b>	<b>\$ 10,403,529</b>	<b>\$ 80,740,462</b>	<b>\$ 118,500,542</b>
<b>Liabilities,</b>				
Interest rate swap agreements (b)	\$ -	\$ 277,123	\$ -	\$ 277,123

## Connecticut Children's Medical Center and Subsidiaries

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September 30, 2016 and 2015

The Medical Center's financial assets and liabilities carried at fair value as of September 30, 2015 are classified in the table below in one of the three categories described above:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Assets:</b>				
Cash and cash equivalents	\$ 10,245,260	\$ -	\$ -	\$ 10,245,260
Fixed income securities	63,030	-	-	63,030
<b>Mutual funds:</b>				
Domestic	536,981	-	-	536,981
<b>Equity:</b>				
Domestic growth (a)	4,675,896	-	-	4,675,896
Domestic value (a)	4,620,275	-	-	4,620,275
International (a)	7,478,722	-	-	7,478,722
Domestic equity common trust fund	-	3,221,152	-	3,221,152
<b>Fixed Income:</b>				
International	112,904	-	-	112,904
Domestic	292,327	-	-	292,327
Intermediate term (a)	7,284,582	-	-	7,284,582
Global (a)	2,520,778	-	-	2,520,778
Inflation protected (a)	815,210	-	-	815,210
Foundation held funds and miscellaneous other investments	330,072	-	-	330,072
Funds held in trust by others	-	-	75,285,353	75,285,353
<b>Total</b>	<b>\$ 38,976,037</b>	<b>\$ 3,221,152</b>	<b>\$ 75,285,353</b>	<b>\$ 117,482,542</b>
<b>Liabilities,</b>				
Interest rate swap agreements (b)	\$ -	\$ 1,102,249	\$ -	\$ 1,102,249

(a) Includes investments in domestic and international equity mutual funds and exchange traded funds. Investments are broken out into the underlying funds' asset type and investment goals.

(b) The value of the Medical Center's swaps is determined by examining the present value of the future cash flows among other factors. The Medical Center utilizes an independent third party to calculate the value of the swaps based on all of the relevant factors.

## Connecticut Children's Medical Center and Subsidiaries

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The following is a description of the Medical Center's valuation methodologies for assets measured at fair value. The fair value methodologies are not necessarily indicators of liquidity but are descriptive of the measures used to arrive at fair value pricing. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers. The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Medical Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The changes in funds held in trust by others classified as Level 3 are as follows for the years ended September 30:

	<u>2016</u>	<u>2015</u>
Beginning balance for the year	\$ 75,285,353	\$ 82,885,871
Valuation gain (loss)	<u>5,455,109</u>	<u>(7,600,518)</u>
Ending balance for the year	<u>\$ 80,740,462</u>	<u>\$ 75,285,353</u>

The amounts reported in the tables above exclude assets invested in the Medical Center's defined benefit pension plan (Note 7).



**Connecticut Children's Medical Center and Subsidiaries**

Consolidating Balance Sheet  
September 30, 2016

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
<b>Assets</b>							
<b>Current Assets</b>							
Cash and cash equivalents	\$ 4,161,628	\$ -	\$ 4,161,628	\$ 256,063	\$ 1,248,250	\$ -	\$ 5,665,941
Patient accounts receivable, less allowance for doubtful accounts of approximately \$2,070,000 for the Medical Center and \$1,155,000 for CCSG	32,051,457	-	32,051,457	3,044,231	-	-	35,095,688
Due from affiliated entities	18,853	-	18,853	361,890	-	-	380,743
Inventories	2,407,715	-	2,407,715	-	-	-	2,407,715
Other current assets	8,281,500	-	8,281,500	3,980,297	960,871	-	13,222,668
Total current assets	46,921,153	-	46,921,153	7,642,481	2,209,121	-	56,772,755
<b>Assets Whose Use is Limited</b>							
Funds held in trust by others	80,740,462	-	80,740,462	-	-	-	80,740,462
Investments	-	-	-	721,978	31,372,160	-	32,094,138
Interest in net assets of Connecticut Children's Medical Center Foundation, Inc.	-	108,498,436	108,498,436	-	-	-	108,498,436
Total assets whose use is limited	80,740,462	108,498,436	189,238,898	721,978	31,372,160	-	221,333,036
<b>Property, Plant and Equipment</b>							
Buildings	149,753,616	-	149,753,616	2,417,672	-	-	152,171,288
Furniture and equipment	126,178,592	-	126,178,592	2,549,884	250,872	-	128,979,348
Construction in progress	2,121,842	-	2,121,842	38,740	-	-	2,160,582
Less accumulated depreciation	278,054,050	-	278,054,050	5,006,296	250,872	-	283,311,218
	(151,474,917)	-	(151,474,917)	(3,901,224)	(145,526)	-	(155,521,667)
Total property, plant and equipment	126,579,133	-	126,579,133	1,105,072	105,346	-	127,789,551
<b>Other Assets</b>							
Bond issuance costs	615,889	-	615,889	-	-	-	615,889
Ground lease	2,299,514	-	2,299,514	-	-	-	2,299,514
Other	19,616,829	-	19,616,829	5,708,698	5,493	-	25,331,020
Total other assets	22,532,232	-	22,532,232	5,708,698	5,493	-	28,246,423
Total assets	\$ 276,772,980	\$ 108,498,436	\$ 385,271,416	\$ 15,178,229	\$ 33,692,120	\$ -	\$ 434,141,765

**Connecticut Children's Medical Center and Subsidiaries**

Consolidating Balance Sheet  
September 30, 2016

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
<b>Liabilities and Net Assets (Deficiency)</b>							
<b>Current Liabilities</b>							
Current portion of bonds payable	\$ 1,500,000	\$ -	\$ 1,500,000	\$ -	-	\$ -	\$ 1,500,000
Current portion of notes payable	6,033,372	-	6,033,372	14,823	-	-	6,048,195
Accounts payable and accrued expenses	36,868,927	-	36,868,927	3,886,297	822,749	-	41,577,973
Accrued wages	10,784,228	-	10,784,228	6,718,689	-	-	17,502,917
Due to third parties	3,164,295	-	3,164,295	1,336,824	-	-	4,501,119
Due to affiliated entities	15,089,703	-	15,089,703	1,101	-	-	15,090,804
Accrued interest payable and other current liabilities	53,729	-	53,729	71,703	-	-	125,432
Total current liabilities	73,494,254	-	73,494,254	12,029,437	822,749	-	86,346,440
<b>Bonds Payable, Less Current Portion</b>	33,769,625	-	33,769,625	-	-	-	33,769,625
<b>Notes Payable, Less Current Portion</b>	10,924,043	-	10,924,043	31,014	-	-	10,955,057
<b>Accrued Pension Liability</b>	24,478,050	-	24,478,050	-	-	-	24,478,050
<b>Due to Third Parties</b>	8,912,180	-	8,912,180	4,281,338	-	-	13,193,518
<b>Other Long Term Liabilities</b>	20,788,011	-	20,788,011	7,705,914	-	-	28,493,925
Total liabilities	172,366,163	-	172,366,163	24,047,703	822,749	-	197,236,615
<b>Net Assets (Deficiency)</b>							
Unrestricted	1,148,781	85,216,380	86,365,161	(8,869,474)	32,869,371	-	110,365,058
Temporarily restricted	22,517,574	4,562,145	27,079,719	-	-	-	27,079,719
Permanently restricted	80,740,462	18,719,911	99,460,373	-	-	-	99,460,373
Total net assets (deficiency)	104,406,817	108,498,436	212,905,253	(8,869,474)	32,869,371	-	236,905,150
Total liabilities and net assets (deficiency)	\$ 276,772,980	\$ 108,498,436	\$ 385,271,416	\$ 15,178,229	\$ 33,692,120	\$ -	\$ 434,141,765

**Connecticut Children's Medical Center and Subsidiaries**

Consolidating Statements of Operations and Changes in Net Assets

Year Ended September 30, 2016

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
<b>Revenues</b>							
Patient service revenues	\$ 306,769,581	\$ -	\$ 306,769,581	\$ 54,641,332	\$ -	\$ -	\$ 361,410,913
Provision for bad debts	(1,605,446)	-	(1,605,446)	(1,584,241)	-	-	(3,189,687)
Patient service revenues, less provision for bad debts	305,164,135	-	305,164,135	53,057,091	-	-	358,221,226
Other revenues	3,849,544	-	3,849,544	5,329,171	4,797,102	(609,751)	13,366,066
Net assets released from restrictions for operations	16,467,708	-	16,467,708	64,214	2,961	-	16,534,883
Total revenues	325,481,387	-	325,481,387	58,450,476	4,800,063	(609,751)	388,122,175
<b>Expenses</b>							
Salaries	125,996,279	-	125,996,279	47,402,448	2,186,947	7,122,747	182,708,421
Benefits	26,196,501	-	26,196,501	10,745,889	673,220	1,638,231	39,253,841
Supplies and other	130,340,460	-	130,340,460	14,949,916	3,330,539	(9,370,729)	139,250,186
Depreciation and amortization	19,075,785	-	19,075,785	2,382,662	31,034	-	21,489,481
Interest	1,137,843	-	1,137,843	3,208	-	-	1,141,051
Total expenses	302,746,868	-	302,746,868	75,484,123	6,221,740	(609,751)	383,842,980
Income (loss) from operations	22,734,519	-	22,734,519	(17,033,647)	(1,421,677)	-	4,279,195
<b>Other Income (Loss)</b>							
Investment return, net	(10,799)	-	(10,799)	40,779	592,974	-	622,954
Income from trusts held by others	3,025,303	-	3,025,303	-	-	-	3,025,303
Change in equity interest in net assets of the Foundation	-	4,708,191	4,708,191	-	-	-	4,708,191
Total other income (loss)	3,014,504	4,708,191	7,722,695	40,779	592,974,00	-	8,356,448
Excess (deficiency) of revenues over expenses	25,749,023	4,708,191	30,457,214	(16,992,868)	(828,703)	-	12,635,643

**Connecticut Children's Medical Center and Subsidiaries**

Consolidating Statements of Operations and Changes in Net Assets  
Year Ended September 30, 2016

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
<b>Unrestricted Net Assets (continued)</b>							
Excess (deficiency) of revenues over expenses (from previous page)	\$ 25,749,023	\$ 4,708,191	\$ 30,457,214	\$ (16,992,868)	\$ (828,703)	\$ -	\$ 12,635,643
Transfer from affiliated organizations, net	(20,941,044)	-	(20,941,044)	20,061,044	-	-	(880,000)
Unrealized loss on investments	-	-	-	-	1,419,888	-	1,419,888
Net assets released from restrictions for capital	3,878,457	-	3,878,457	26,656	-	-	3,905,113
Change in funded status of pension and post-retirement plans	(4,937,060)	-	(4,937,060)	-	-	-	(4,937,060)
Change in equity interest in the net assets of the Foundation	-	2,209,549	2,209,549	-	-	-	2,209,549
Change in unrestricted net assets	3,749,376	6,917,740	10,667,116	3,094,832	591,185	-	14,353,133
<b>Temporarily Restricted Net Assets</b>							
Transfer from affiliated organization	7,661,054	-	7,661,054	-	-	-	7,661,054
Net assets released from restrictions for operations	(16,467,708)	-	(16,467,708)	(64,214)	(2,961)	-	(16,534,883)
Net assets released from restrictions for capital	(3,878,457)	-	(3,878,457)	(26,656)	-	-	(3,905,113)
Bequests, gifts and grants	10,017,374	-	10,017,374	90,870	-	-	10,108,244
Change in equity interest in the net assets of the Foundation	-	317,579	317,579	-	-	-	317,579
Change in temporarily restricted net assets	(2,667,737)	317,579	(2,350,158)	-	(2,961)	-	(2,353,119)
<b>Permanently Restricted Net Assets</b>							
Change in funds held in trust by others	5,455,109	-	5,455,109	-	-	-	5,455,109
Change in equity interest in the net assets of the Foundation	-	883,341	883,341	-	-	-	883,341
Change in permanently restricted net assets	5,455,109	883,341	6,338,450	-	-	-	6,338,450
Change in net assets	6,536,748	8,118,660	14,655,408	3,094,832	588,224	-	18,338,464
<b>Net Assets (Deficiency) at Beginning of Year</b>	97,870,069	100,379,776	198,249,845	(11,964,306)	32,281,147	-	218,566,686
<b>Net Assets (Deficiency) at End of Year</b>	\$ 104,406,817	\$ 108,498,436	\$ 212,905,253	\$ (8,869,474)	\$ 32,869,371	\$ -	\$ 236,905,150