# CT CHILDREN'S MEDICAL CENTER

# ANNUAL REPORTING

# FISCAL YEAR 2012

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

| (1)  | (2)                                  | (3)  |
|------|--------------------------------------|--|
|      |                                      |  |
| LINE | DESCRIPTION                          | AFFILIATE INFORMATION  |
|      |                                      |  |
| Α.   | AFFILIATE NAME                       | CCMC CORPORATION   |
|      |                                      | PARENT COMPANY TO CT CHILDREN'S MEDICAL CENTER, CCMC FOUNDATION, |
| 1    | Affiliate Description                | CCMC VENTURES,AND CCMC AFFLIATES                                 |
| 3    | Affiliate type of service Tax Status | Parent Corporation  Not for Profit                               |
| 4    | Street Address                       | 282 WASHINGTON ST., HARTFORD, CT.                                |
| 5    | Town                                 | Hartford   |
| 6    | State                                | Connecticut  |
|      | Zip Code                             | 06106 -  |
|      | CEO Name<br>CEO Title                | Martin J. Gavin President & CEO                                  |
|      | CT Agent Name                        | DAVID HADDEN   |
| 11   | CT Agent Company                     | ROBINSON & COLE  |
|      |                                      | ONE COMMERCIAL PLAZA, HARTFORD, CT                               |
|      | CT Agent Town                        | Hartford   |
|      | CT Agent State CT Agent Zip Code     | Connecticut<br>06103 -   |
| 13   | OT A GOIN ZIP GOOD                   |  |
|      |                                      |  |
| B.   | AFFILIATE NAME                       | CCMC AFFILIATES  |
|      |                                      | CONSIST OF A EMPLOYEE DAY-CARE, A CHILD DEVELOPMENT CTR, AND A   |
|      | Affiliate Description                | SCHOOL.  |
| 3    | Affiliate type of service Tax Status | Other HealthCare Svcs(Specify) Not for Profit                    |
| 4    | Street Address                       | 282 WASHINGTON ST., HARTFORD, CT.                                |
| 5    | Town                                 | Hartford   |
| 6    | State                                | Connecticut  |
|      | Zip Code                             | 06106 -  |
|      | CEO Name<br>CEO Title                | Martin J. Gavin PRESIDENT & CEO                                  |
|      | CT Agent Name                        | DAVID HADDEN   |
|      | CT Agent Company                     | ROBINSON & COLE  |
| 12   | CT Agent Company Street Address      | ONE COMMERCIAL PLAZA, HARTFORD, CT                               |
|      | CT Agent Town                        | Hartford   |
|      | CT Agent State CT Agent Zip Code     | Connecticut<br>06103 -   |
| 15   | CT Agent Zip Code                    | 00103 -  |
|      |                                      |  |
| C.   | AFFILIATE NAME                       | CCMC FOUNDATION  |
| 1    | Affiliate Description                | FUNDRAISING FOR CCMC   |
|      | Affiliate type of service            | Foundation No. 1 for Profit                                      |
| 3    | Tax Status Street Address            | Not for Profit<br>282 WASHINGTON ST., HARTFORD, CT.              |
| 5    | Town                                 | Hartford   |
| 6    | State                                | Connecticut  |
| 7    | Zip Code                             | 06106 -  |
|      | CEO Name                             | MARTHA SCHALL  |
|      | CEO Title CT Agent Name              | PRESIDENT DAVID HADDEN   |
| 11   | CT Agent Name CT Agent Company       | ROBINSON & COLE  |
|      | CT Agent Company Street Address      | ONE COMMERCIAL PLAZA, HARTFORD, CT                               |
| 13   | CT Agent Town                        | Hartford   |
|      | CT Agent State                       | Connecticut  |
| 15   | CT Agent Zip Code                    | 06103 -  |
|      |                                      |  |
| D.   | AFFILIATE NAME                       | CCMC VENTURES  |
| 1    | Affiliate Description                | CURRENTLY INACTIVE   |
| 2    | Affiliate type of service            | Health Education Services  |
| 3    | Tax Status                           | For Profit   |

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# CT CHILDREN'S MEDICAL CENTER

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| (1)    | (2)                             | (3)   |  |  |
|--------|---------------------------------|---|--|--|
| l      |                                 |   |  |  |
|        | DESCRIPTION                     | AFFILIATE INFORMATION                                       |  |  |
|        | Street Address Town             | 282 WASHINGTON ST., HARTFORD, CT. Hartford                  |  |  |
|        | State                           | Connecticut   |  |  |
|        | Zip Code                        | 06106 -   |  |  |
| 8      | CEO Name                        | Martin J. Gavin   |  |  |
|        | CEO Title                       | President & CEO   |  |  |
|        | CT Agent Name                   | DAVID HADDEN  |  |  |
| 11     | CT Agent Company                | ROBINSON & COLE   |  |  |
|        |                                 | ONE COMMERCIAL PLAZA, HARTFORD, CT                          |  |  |
| 13     | CT Agent Town                   | Hartford  |  |  |
|        | CT Agent State                  | Connecticut   |  |  |
| 15     | CT Agent Zip Code               | 06103 -   |  |  |
|        |                                 |   |  |  |
| E.     | AFFILIATE NAME                  | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT       |  |  |
|        |                                 | RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND    |  |  |
|        |                                 | PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS       |  |  |
|        | Affiliate Description           | UNDERPRIVILEDGED CHILDREN.                                  |  |  |
|        | Affiliate type of service       | Other HealthCare Svcs(Specify)                              |  |  |
|        | Tax Status                      | Not for Profit  |  |  |
|        | Street Address                  | 270 Farmington Avenue, Suite 3, Farmington, CT              |  |  |
|        | Town                            | Farmington  |  |  |
|        | State                           | Connecticut   |  |  |
|        | Zip Code                        | 06032 -   |  |  |
|        | CEO Name<br>CEO Title           | Judith Meyers President & CEO                               |  |  |
|        | CT Agent Name                   | DAVID HADDEN  |  |  |
|        | CT Agent Name CT Agent Company  | Robinson & Cole   |  |  |
|        |                                 | One Commercial Plaza, Hartford, CT                          |  |  |
|        | CT Agent Town                   | Hartford  |  |  |
|        | CT Agent State                  | Connecticut   |  |  |
| 15     | CT Agent Zip Code               | 06103 -   |  |  |
|        |                                 |   |  |  |
| _      |                                 | ACMINISTRALIT CHIII PREMIO AREGUALTY CROUD                  |  |  |
|        | AFFILIATE NAME                  | CONNECTICUT CHILDREN'S SPECIALTY GROUP                      |  |  |
|        | Affiliate Description           | PEDIATRIC PHYSICIAN PRACTICE                                |  |  |
|        | Affiliate type of service       | Physicians Services   |  |  |
|        | Tax Status Street Address       | Not for Profit  |  |  |
| 4<br>5 | Town                            | 282 WASHINGTON ST<br>HARTFORD                               |  |  |
|        | State                           | Connecticut   |  |  |
|        | Zip Code                        | 06106 -   |  |  |
|        | CEO Name                        | JEFFREY THOMSON   |  |  |
|        | CEO Title                       | PRESIDENT   |  |  |
|        | CT Agent Name                   | DAVID HADDEN  |  |  |
|        | CT Agent Company                | ROBINSON & COLE   |  |  |
| 12     | CT Agent Company Street Address | ONE COMMERCIAL PLAZA  |  |  |
| 13     | CT Agent Town                   | HARTFORD  |  |  |
| 14     | CT Agent State                  | Connecticut   |  |  |
| 15     | CT Agent Zip Code               | 06103 -   |  |  |
|        |                                 |   |  |  |
| G.     | AFFILIATE NAME                  | THE CHILDREN'S FUND OF CONNECTICUT, INC.                    |  |  |
|        |                                 | TO FUND PROGRAMS THAT WILL ENABLE DISADVANTAGED CHILDREN IN |  |  |
|        |                                 | CONNECTICUT TO HAVE ACCESS TO A COMPREHENSIVE AND EFFECTIVE |  |  |
|        | Affiliate Description           | COMMUNITY-BASED HEALTH AND MENTAL HEALTH CARE SYSTEM.       |  |  |
| 2      | Affiliate type of service       | Foundation  |  |  |
|        | Tax Status                      | Not for Profit  |  |  |
|        | Street Address                  | 270 Farmington Ave, Suite 367, Farmington CT                |  |  |
|        | Town                            | Farmington  |  |  |
|        | State                           | Connecticut<br>06032 -                                      |  |  |
| 7      | Zip Code                        |   |  |  |

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# CT CHILDREN'S MEDICAL CENTER

# ANNUAL REPORTING

# FISCAL YEAR 2012

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

| (1)  | (2)                             | (3)                                |
|------|---------------------------------|------------------------------------|
| LINE | DESCRIPTION                     | AFFILIATE INFORMATION              |
| 8    | CEO Name                        | Judith Meyers                      |
| 9    | CEO Title                       | President and CEO                  |
| 10   | CT Agent Name                   | DAVID HADDEN                       |
|      |                                 | ROBINSON & COLE LLP                |
| 12   | CT Agent Company Street Address | ONE COMMERCIAL PLAZA, HARTFORD, CT |
| 13   | CT Agent Town                   | Hartford                           |
| 14   | CT Agent State                  | Connecticut                        |
| 15   | CT Agent Zip Code               | 06103 -                            |

<sup>\*</sup> P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

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# REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1)           | (2)                                       | (3)   | (4)                         |
|---------------|---|---|-----------------------------|
| ` '           | . ,                                       | FUND DESCRIPTION /  | BALANCE AS OF               |
| LINE          | AFFILIATE NAME                            | FUND PURPOSE  | 9/30/2012                   |
|               |   |   |                             |
| A.            | CT CHILDREN'S MEDICAL CENTER              |   |                             |
| 1             |   | Unrestricted  | \$96,684,590                |
| 2             |   | Temporarily Restricted by Donor                           | \$20,313,398                |
| 3             |   | Temporarily Restricted by Board                           | \$0                         |
| 4             |   | Permanently Restricted by Donor Intercompany Eliminations | \$92,339,937                |
| 5             |   | Total:  | \$0<br><b>\$209,337,925</b> |
|               |   | Totali  | <b>\$200,001,020</b>        |
| В.            | CCMC CORPORATION                          |   |                             |
| 1             |   | Unrestricted  | (\$269,243)                 |
| 2             |   | Temporarily Restricted by Donor                           | \$0                         |
| 3             |   | Temporarily Restricted by Board                           | \$0                         |
| 4             |   | Permanently Restricted by Donor                           | \$0                         |
| 5             |   | Intercompany Eliminations                                 | (\$1,000)                   |
|               |   | Total:  | (\$270,243)                 |
| C.            | CCMC AFFILIATES                           |   |                             |
| 1             | COMO ALTILIATES                           | Unrestricted  | \$2,756,725                 |
| 2             |   | Temporarily Restricted by Donor                           | \$34,903                    |
| 3             |   | Temporarily Restricted by Board                           | \$0                         |
| 4             |   | Permanently Restricted by Donor                           | \$0                         |
| 5             |   | Intercompany Eliminations                                 | \$0                         |
|               |   | Total:  | \$2,791,628                 |
|               |   |   |                             |
| D.            | CCMC FOUNDATION                           |   |                             |
| 1             |   | Unrestricted  | \$0                         |
| 2             |   | Temporarily Restricted by Donor                           | \$71,070,269                |
| 3             |   | Temporarily Restricted by Board                           | \$0                         |
| 4             |   | Permanently Restricted by Donor                           | \$16,634,856                |
| 5             |   | Intercompany Eliminations                                 | (\$87,705,125)              |
|               |   | Total:  | \$0                         |
| E.            | CCMC VENTURES                             |   |                             |
| 1             | COMO VERTORES                             | Unrestricted  | (\$18,353)                  |
| 2             |   | Temporarily Restricted by Donor                           | \$0                         |
| 3             |   | Temporarily Restricted by Board                           | \$0                         |
| 4             |   | Permanently Restricted by Donor                           | \$0                         |
| 5             |   | Intercompany Eliminations                                 | \$0                         |
|               |   | Total:  | (\$18,353)                  |
|               |   |   |                             |
| _             | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF |   |                             |
| F.            | CONNECTICUT                               | Haractelet 1  | <b>AC110</b> ==             |
| 1             |   | Unrestricted  | \$311,366                   |
| 2             |   | Temporarily Restricted by Donor                           | \$1,607,061                 |
| 3             |   | Temporarily Restricted by Board                           | \$0                         |
| <u>4</u><br>5 |   | Permanently Restricted by Donor Intercompany Eliminations | \$0<br>\$0                  |
| 5             |   | Total:  | \$1,918,427                 |
|               |   |   | , 1, 12, 12, 12             |
| G.            | CONNECTICUT CHILDREN'S SPECIALTY GROUP    |   |                             |
| 1             |   | Unrestricted  | (\$5,223,732)               |
| 2             |   | Temporarily Restricted by Donor                           | \$0                         |
|               |   | Temporarily Restricted by Board                           | \$0                         |
| 3             |   | Democratic Destricted by Demon                            | ¢0                          |
| 4             |   | Permanently Restricted by Donor                           | \$0                         |
|               |   | Intercompany Eliminations                                 | \$0                         |

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# REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

| (1)  | (2)  | (3)                                | (4)                        |
|------|--|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME   | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2012 |
|      |  |                                    |                            |
| Н.   | THE CHILDREN'S FUND OF CONNECTICUT, INC.                   |                                    |                            |
| 1    |  | Unrestricted                       | \$30,945,191               |
| 2    |  | Temporarily Restricted by Donor    | \$0                        |
| 3    |  | Temporarily Restricted by Board    | \$0                        |
| 4    |  | Permanently Restricted by Donor    | \$0                        |
| 5    |  | Intercompany Eliminations          | \$68,788                   |
|      |  | Total:                             | \$31,013,979               |
|      | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance:                      | \$327,186,968              |
|      | Intercompany Eliminations                                  |                                    | (\$87,637,337)             |
|      | Total of all Affiliates                                    | Fund Balance:                      | \$239,549,631              |

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# CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING

# FISCAL YEAR 2012 REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

| (1)      | (2)   | (3)  | (4)        | (5)                            |
|----------|---|--|------------|--------------------------------|
| LINE     | AFFILIATE NAME                                    | DESCRIPTION OF TRANSFER                        | DATE       | TRANSFER TO / FROM<br>HOSPITAL |
| Α.       | CCMC CORPORATION                                  |  |            |                                |
|          | COMO CON CINATION                                 | Beginning Unconsolidated Intercompany Balance: | 9/30/2011  | \$113,243                      |
| 1        |   | Management Fees                                | 09/30/2012 | \$59,560                       |
| <u> </u> |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2012  | \$172,803                      |
|          |   |  | 0/00/2012  | <b>,</b>                       |
| В.       | CCMC AFFILIATES                                   |  |            |                                |
| <b>—</b> | OOMO ALTIELATEO                                   | Beginning Unconsolidated Intercompany Balance: | 9/30/2011  | (\$218,392)                    |
| 1        |   | Management Fees                                | 09/30/2012 | \$162,456                      |
| 2        |   | Cash Transfer                                  | 09/30/2012 | (\$1,710,000)                  |
| 3        |   | Fund Balance Transfer                          | 09/30/2012 | \$2,034,287                    |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2012  | \$268,351                      |
|          |   |  | 0/00/2012  |                                |
| C.       | CCMC FOUNDATION                                   |  |            |                                |
|          | OSMO I CONDATION                                  | Beginning Unconsolidated Intercompany Balance: | 9/30/2011  | \$2,137,297                    |
| 1        |   | Management Fees                                | 09/30/2012 | \$54,168                       |
| 2        |   | Fund Balance Transfer                          | 09/30/2012 | \$4,473,236                    |
| 3        |   | Cash Transfer                                  | 09/30/2012 | (\$422,479)                    |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2012  | \$6,242,222                    |
|          |   |  |            |                                |
| D.       | CCMC VENTURES                                     |  |            |                                |
|          |   | Beginning Unconsolidated Intercompany Balance: | 9/30/2011  | \$17,575                       |
| 1        |   | CT Corp Tax                                    | 09/30/2012 | \$278                          |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2012  | \$17,853                       |
| E.       | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECT | CUT  |            |                                |
| <u> </u> | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECT | Beginning Unconsolidated Intercompany Balance: | 9/30/2011  | \$0                            |
|          |   | Nothing to Report                              | 9/30/2011  | <b>\$0</b>                     |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2012  | \$ <b>0</b>                    |
|          |   | Enamy enconsolidated intercompany Balance.     | 9/30/2012  | 40                             |
| F.       | CONNECTICUT CHILDREN'S SPECIALTY GROUP            |  |            |                                |
|          | Comment of Edition (1990)                         | Beginning Unconsolidated Intercompany Balance: | 9/30/2011  | (\$769,150)                    |
| 1        |   | Practice Support                               | 09/30/2012 | (\$8,043,349)                  |
| 2        |   | Rent   | 09/30/2012 | \$566,518                      |
| 3        |   | Cash Transfer                                  | 09/30/2012 | \$22,050,000                   |
| 4        |   | Fund Balance Transfer                          | 09/30/2012 | (\$13,865,468)                 |
|          |   | Ending Unconsolidated Intercompany Balance:    | 9/30/2012  | (\$61,449)                     |
|          |   |  |            |                                |

# CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING

## FISCAL YEAR 2012

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

| (1)  | (2)                                      | (3)  | (4)          | (5)                            |
|------|--|--|--------------|--------------------------------|
| LINE | AFFILIATE NAME                           | DESCRIPTION OF TRANSFER                        | DATE         | TRANSFER TO / FROM<br>HOSPITAL |
|      |  |  |              |                                |
| G.   | THE CHILDREN'S FUND OF CONNECTICUT, INC. |  |              |                                |
|      |  | Beginning Unconsolidated Intercompany Balance: | 9/30/2011    | \$0                            |
|      |  | Nothing to Report                              |              | \$0                            |
|      |  | Ending Unconsolidated Intercompany Balance:    | 9/30/2012    | \$0                            |
|      |  |  |              |                                |
|      |  |  | Grand Total: | \$6,639,780                    |

#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| A.   CCMC CORPORATION   Cash Transfer   09/30/2012   (\$1.018     | (1)      | (2)  | (3)                       | (4)                      | (5)        | (6)           |
|---|----------|--|---------------------------|--------------------------|------------|---------------|
| A.   CCMC CORPORATION   Cash Transfer   09/30/2012   (\$1.018     | LINE     | AFFILIATE TRANSFERRING FUNDS                           | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER  | DATE       | AMOUNT        |
| A.   CCMC CORPORATION   CCMC FOUNDATION   Cash Transfer   09/30/2012   (\$1.018   1.0   |          |  |                           | Beginning Unconsolidated |            |               |
| CCMC FOUNDATION   Cash Transfer   09/30/2012   (\$1,018   108   109   1   |          |  |                           | Intercompany Balance     | 10/01/2011 | \$3,026,194   |
| Total: 9/30/2012 (\$1,018   | Α.       | CCMC CORPORATION                                       |                           |                          |            |               |
| B. CCMC AFFILIATES  | 1        |  | CCMC FOUNDATION           | Cash Transfer            | 09/30/2012 | (\$1,018)     |
| CONNECTICUT CHILDREN'S SPECIALTY GROUP   Cash Transfer   09/30/2012   \$36,871  |          |  |                           | Total:                   | 9/30/2012  | (\$1,018)     |
| CONNECTICUT CHILDREN'S SPECIALTY GROUP   Cash Transfer   09/30/2012   \$36,871  |          |  |                           |                          |            |               |
| GROUP   Cash Transfer   09/30/2012   \$38,871   | В.       | CCMC AFFILIATES  |                           |                          |            |               |
| Total: 9/30/2012 \$36,871   C. CCMC FOUNDATION   CONNECTICUT CHILDREN'S SPECIALTY GROUP   Cash Transfer   09/30/2012   (\$2,161,891)   (\$2,161,891)   (\$2,161,891)   (\$2,161,891)   (\$3,366)   (\$2,161,891)   (\$3,366)   (\$3 |          |  |                           |                          |            |               |
| C. CCMC FOUNDATION  CONNECTICUT CHILDREN'S SPECIALTY GROUP GROUP Cash Transfer 09/30/2012 (\$2,161.891 CCMC AFFILIATES Cash Transfer 09/30/2012 (\$2,162,277  D. CCMC VENTURES  Nothing to Report S0  Total: 9/30/2012 \$0  E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT Nothing to Report S0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP Nothing to Report S0  Total: 9/30/2012 \$0  Total: 9/30/2012 \$0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP Nothing to Report S0  Total: 9/30/2012 \$0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP Nothing to Report S0  Total: 9/30/2012 \$0  Ending Unconsolidated  | 1        |  | GROUP                     |                          |            |               |
| CONNECTICUT CHILDREN'S SPECIALTY GROUP   Cash Transfer   09/30/2012   (\$2,161,891   GROUP   Cash Transfer   09/30/2012   (\$3,386   GROUP   Cash Transfer   09/30/2012   (\$3,386   GROUP   Cash Transfer   09/30/2012   (\$3,386   GROUP   GRO  |          |  |                           | Total:                   | 9/30/2012  | \$36,871      |
| CONNECTICUT CHILDREN'S SPECIALTY GROUP   Cash Transfer   09/30/2012   (\$2,161,891   GROUP   Cash Transfer   09/30/2012   (\$3,386   GROUP   Cash Transfer   09/30/2012   (\$3,386   GROUP   Cash Transfer   09/30/2012   (\$3,386   GROUP   GRO  |          |  |                           |                          |            |               |
| 1   GROUP   Cash Transfer   09/30/2012   (\$2,161,891)  | C.       | CCMC FOUNDATION  |                           |                          |            |               |
| CCMC AFFILIATES   Cash Transfer   09/30/2012   (\$3386   Total: 9/30/2012   (\$2,162,277  |          |  |                           |                          |            |               |
| Total: 9/30/2012 (\$2,162,277   |          |  | GROUP                     | Cash Transfer            |            |               |
| D. CCMC VENTURES  Nothing to Report  Total: 9/30/2012 \$0  E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT  Nothing to Report  Total: 9/30/2012 \$0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report  Nothing to Report  Nothing to Report  SO  Total: 9/30/2012 \$0  Total: 9/30/2012 \$0  SO  Total: 9/30/2012 \$0  Ending Unconsolidated   | 2        |  | CCIVIC AFFILIATES         |                          |            | , ,           |
| Nothing to Report \$0  Total: 9/30/2012 \$0  E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT  Nothing to Report \$0  Total: 9/30/2012 \$0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report \$0  Total: 9/30/2012 \$0  Total: 9/30/2012 \$0  Total: 9/30/2012 \$0  And Total: 9/30/2012 \$0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report \$0  Total: 9/30/2012 \$0  Ending Unconsolidated   |          |  |                           | lotai:                   | 9/30/2012  | (\$2,162,277) |
| Nothing to Report \$0  Total: 9/30/2012 \$0  E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT  Nothing to Report \$0  Total: 9/30/2012 \$0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report \$0  Nothing to Report \$0  Total: 9/30/2012 \$0  Total: 9/30/2012 \$0  And Total: 9/30/2012 \$0  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report \$0  Total: 9/30/2012 \$0  Ending Unconsolidated  |          | COMO VENTUDEO  |                           |                          |            |               |
| E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT  Nothing to Report  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report  Nothing to Report  SO  Nothing to Report  SO  Total: 9/30/2012  SO  Total: 9/30/2012  SO  Nothing to Report  SO  Total: 9/30/2012  SO  Total: 9/30/2012  SO  F. CONNECTICUT CHILDREN'S FUND OF CONNECTICUT, INC.  SO  Total: 9/30/2012  SO  Ending Unconsolidated  | D.       | CCMC VENTURES  |                           | Nothing to Poport        |            | <b>CO</b>     |
| E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT  Nothing to Report  F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report  Nothing to Report  SO  Nothing to Report  SO  Total: 9/30/2012  \$0  G. THE CHILDREN'S FUND OF CONNECTICUT, INC.  Nothing to Report  SO  Total: 9/30/2012  \$0  Ending Unconsolidated  |          |  |                           |                          | 0/20/2042  |               |
| Nothing to Report   \$0   Total: 9/30/2012   \$0   F. CONNECTICUT CHILDREN'S SPECIALTY GROUP   Nothing to Report   \$0   G. THE CHILDREN'S FUND OF CONNECTICUT, INC.   Nothing to Report   \$0   Total: 9/30/2012   \$0   Total: 9/30/2012   \$0   Total: 9/30/2012   \$0   |          |  |                           | Total:                   | 9/30/2012  | \$U           |
| Nothing to Report   \$0   Total: 9/30/2012   \$0   F. CONNECTICUT CHILDREN'S SPECIALTY GROUP   Nothing to Report   \$0   G. THE CHILDREN'S FUND OF CONNECTICUT, INC.   Nothing to Report   \$0   Total: 9/30/2012   \$0   Total: 9/30/2012   \$0   Total: 9/30/2012   \$0   | _        | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT  |                           |                          |            |               |
| Total: 9/30/2012   \$0  |          | CHIED HEALTH AND DEVELOT MENT INSTITUTE OF CONNECTICUT |                           | Nothing to Report        |            | 0.2           |
| F. CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report  Total: 9/30/2012 \$0  G. THE CHILDREN'S FUND OF CONNECTICUT, INC.  Nothing to Report  SO  Total: 9/30/2012 \$0  Ending Unconsolidated   | -        |  |                           |                          | 9/30/2012  |               |
| G. THE CHILDREN'S FUND OF CONNECTICUT, INC.  Nothing to Report \$0  Nothing to Report \$0  Nothing to Report \$0  Finding Unconsolidated  |          |  |                           | Total.                   | 3/30/2012  | ΨΟ            |
| G. THE CHILDREN'S FUND OF CONNECTICUT, INC.  Nothing to Report \$0  Nothing to Report \$0  Nothing to Report \$0  Finding Unconsolidated  | F.       | CONNECTICUT CHILDREN'S SPECIALTY GROUP                 |                           |                          |            |               |
| G. THE CHILDREN'S FUND OF CONNECTICUT, INC.  Nothing to Report  Total: 9/30/2012 \$0  Total: 9/30/2012 \$0  Ending Unconsolidated   | <u> </u> |  |                           | Nothing to Report        |            | \$0           |
| G. THE CHILDREN'S FUND OF CONNECTICUT, INC.  Nothing to Report  Total: 9/30/2012 \$0  Ending Unconsolidated   |          |  |                           |                          | 9/30/2012  | \$0           |
| Nothing to Report   |          |  |                           | 1 Ottain                 | 2,00,2012  | ψ0            |
| Nothing to Report   | G.       | THE CHILDREN'S FUND OF CONNECTICUT, INC.               |                           |                          |            |               |
| Total: 9/30/2012 \$0  Ending Unconsolidated   |          |  |                           | Nothing to Report        |            | \$0           |
| Ending Unconsolidated   |          |  |                           |                          | 9/30/2012  | \$0           |
|   |          |  |                           |                          |            | 7.            |
|   |          |  |                           | Ending Unconsolidated    |            |               |
|   |          |  |                           | Intercompany Balance     | 9/30/2012  | \$899,770     |

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#### REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1)  | (2)                          | (3)                       | (4)                     | (5)  | (6)    |
|------|------------------------------|---------------------------|-------------------------|------|--------|
|      |                              |                           |                         |      |        |
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |

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

| (1)        | (2)   | (3)        | (4)        |
|------------|---|------------|------------|
|            | AFFILIATE NAME &                                      |            |            |
| LINE       | DESCRIPTION OF EXPENDITURE                            | AMOUNT     | DATE       |
|            |   |            |            |
| A.         | CCMC CORPORATION                                      |            |            |
| 0          | Nothing to Report                                     | \$0        |            |
|            | Total:  | \$0        | 9/30/2012  |
|            |   |            |            |
| В.         | CCMC AFFILIATES                                       |            |            |
| 0          | Nothing to Report                                     | \$0        |            |
|            | l otal:   | \$0        | 9/30/2012  |
|            |   |            |            |
| <b>C</b> . | CCMC FOUNDATION                                       | 0.0        |            |
| 0          | Nothing to Report                                     | \$0        | 0/00/00/0  |
|            | Total.  | \$0        | 9/30/2012  |
|            | COMO VENTUDEO   |            |            |
| <b>D</b> . | CCMC VENTURES  Nothing to Report                      | \$0        |            |
|            | Total:  | \$0<br>\$0 | 9/30/2012  |
|            | 101111  | 40         | 9/30/2012  |
| E.         | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT |            |            |
| 0          | Nothing to Report                                     | \$0        |            |
|            | Total:  | \$0        | 9/30/2012  |
|            |   |            | 0,70,=0.1= |
| F.         | CONNECTICUT CHILDREN'S SPECIALTY GROUP                |            |            |
| 0          | Nothing to Report                                     | \$0        |            |
|            | Total:  | \$0        | 9/30/2012  |
|            |   |            |            |
| G.         | THE CHILDREN'S FUND OF CONNECTICUT, INC.              |            |            |
| 0          | Nothing to Report                                     | \$0        |            |
|            | Total:  | \$0        | 9/30/2012  |
|            |   |            |            |
|            | Grand Total:  | \$0        | 9/30/2012  |

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

| (1)       | (2)  | (3)               | (4)  |
|-----------|--|-------------------|--|
| LINE      | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT  | AMOUNT            | TERM IN YEARS  |
|           | COMO CORRORATION   |                   |  |
| <b>A.</b> | CCMC CORPORATION  Nothing to Report  | \$0               | 0  |
|           | Total:   | \$0               | , and the second se |
|           |  |                   |  |
| В.        | CCMC AFFILIATES  |                   |  |
|           | Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers                    |                   |  |
| 1         | Guarantee attached   | \$816,000         | 5  |
|           | Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers                    | <b>#040.040</b>   | _  |
| 2         | Guarantee attached Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers | \$942,240         | 5  |
| 3         | Guarantee of lease payments are landiord, summary of lease highlighting wedical centers                    | \$1,059,840       | 5  |
| <u> </u>  | Total:   | \$2,818,080       |  |
|           |  | , , , , , , , , , |  |
| C.        | CCMC FOUNDATION  |                   |  |
| 0         | Nothing to Report  | \$0               | 0  |
|           | Total:   | \$0               |  |
|           |  |                   |  |
| D.        | CCMC VENTURES  |                   |  |
| 0         | Nothing to Report  | \$0               | 0  |
|           | Total:   | \$0               |  |
|           |  |                   |  |
| E.        | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT  | ma.               |  |
| 0         | Nothing to Report  | \$0               | 0  |
|           | Total:   | \$0               |  |
| _         |  |                   |  |
| <b>F.</b> | CONNECTICUT CHILDREN'S SPECIALTY GROUP  Nothing to Report  | \$0               | 0  |
|           | Total:   | \$0<br>\$0        | Ü  |
|           | i otal.  | Ψ0                |  |
| G.        | THE CHILDREN'S FIND OF CONNECTICUT INC   |                   |  |
| 0.        | THE CHILDREN'S FUND OF CONNECTICUT, INC.  Nothing to Report  | \$0               | 0  |
| <u> </u>  | Total:   | \$0               |  |
|           |  |                   |  |
|           | Grand Total:   | \$2,818,080       |  |
|           |  |                   |  |

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# REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

| (1)  | (2)                         | (3)               | (4)               | (5)                  | (6)          |
|------|-----------------------------|-------------------|-------------------|----------------------|--------------|
| LINE | DESCRIPTION                 | FY 2011<br>ACTUAL | FY 2012<br>ACTUAL | AMOÚNT<br>DIFFERENCE | % DIFFERENCE |
|      |                             |                   |                   |                      |              |
| Α.   | Indigent Care               |                   |                   |                      |              |
|      | Beginning Balance           | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 1    | Donations                   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 2    | Income                      | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 3    | Expenditures                | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 4    | Unrealized Gains and Losses | \$0.00            | \$0.00            | \$0.00               | 0%           |
|      | Ending Balance              | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 5    | Projected Interest Income   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| _    |                             |                   |                   |                      |              |
| B.   | Free Beds                   |                   |                   |                      |              |
|      | Beginning Balance           | \$89,109.00       | \$89,109.00       | \$0.00               | 0%           |
| 1    | Donations                   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 2    | Income                      | \$3,454.00        | \$2,732.00        | (\$722.00)           | -21%         |
| 3    | Expenditures                | \$3,454.00        | \$2,732.00        | (\$722.00)           | -21%         |
| 4    | Unrealized Gains and Losses | \$0.00            | \$0.00            | \$0.00               | 0%           |
|      | Ending Balance              | \$89,109.00       | \$89,109.00       | \$0.00               | 0%           |
| 5    | Projected Interest Income   | \$2,000.00        | \$2,000.00        | \$0.00               | 0%           |
|      |                             |                   |                   |                      |              |
| C.   | Other                       |                   |                   |                      |              |
|      | Beginning Balance           | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 1    | Donations                   | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 2    | Income                      | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 3    | Expenditures                | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 4    | Unrealized Gains and Losses | \$0.00            | \$0.00            | \$0.00               | 0%           |
|      | Ending Balance              | \$0.00            | \$0.00            | \$0.00               | 0%           |
| 5    | Projected Interest Income   | \$0.00            | \$0.00            | \$0.00               | 0%           |
|      |                             |                   |                   |                      |              |

|                              | OT OUR DREAM MEDICAL OFFITER                           |                 |
|------------------------------|--|-----------------|
|                              | CT CHILDREN'S MEDICAL CENTER                           |                 |
|                              | ANNUAL REPORTING                                       |                 |
|                              | FISCAL YEAR 2012                                       |                 |
| REPOR                        | RT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED        | BY THE HOSPITAL |
|                              |  |                 |
| A. Patient Activity          |  |                 |
| (1)                          | (2)  | (3)             |
| <u>Patient</u>               | Name of Hospital Bed Fund (FULL NAME)                  | Amount          |
| 1.Number of Applications for | or Hospital Bed Funds                                  | 8               |
| 2. A. Number of Patients re  | eceiving Hospital Bed Fund Grants                      | 8               |
| 2. B. The Actual Total Dolla | ar Amount provided to all patients from Hospital Bed F | \$2,732.00      |
|                              |  |                 |
| 1                            | CLAIRE B DAVIS KRAMER FUND                             | \$1,265.00      |
| 2                            | CLAIRE B DAVIS KRAMER FUND                             | \$300.00        |
| 3                            | CLAIRE B DAVIS KRAMER FUND                             | \$90.00         |
| 4                            | CLAIRE B DAVIS KRAMER FUND                             | \$100.00        |
| 5                            | CLAIRE B DAVIS KRAMER FUND                             | \$380.00        |
| 6                            | CLAIRE B DAVIS KRAMER FUND                             | \$413.00        |
| 7                            | CLAIRE B DAVIS KRAMER FUND                             | \$95.00         |
| 8                            | CLAIRE B DAVIS KRAMER FUND                             | \$89.00         |
|                              | Grand Total  | \$2,732.00      |
|                              |  |                 |
|                              |  |                 |

|       |   | CT CHILDREN'S MED      | NCAL CENTER            |                        |                       |
|-------|---|------------------------|------------------------|------------------------|-----------------------|
|       | ·                                       | ANNUAL REPO            |                        |                        |                       |
|       |   | FISCAL YEAR            |                        |                        |                       |
|       | REPORT 17 - HOSPITAL                    |                        |                        | V THE HOSDITAL         |                       |
|       | KEFOKT II - HOSFITAL                    | BED I GND3 HEED C      | OR ADMINISTERED D      | THE HOSPITAL           |                       |
| B. BI | ED FUND ACTIVITY                        |                        |                        |                        |                       |
| (1)   | (2)                                     | (3)                    | (4)                    | (5)                    | (6)                   |
| Line  | Name of Hospital Bed Fund               | FMV of Principal       | Actual Earnings        | Earnings<br>Reinvested | Earnings<br>Available |
|       |   |                        |                        |                        |                       |
| (3)   | Fair Market Value of the Principal of e | ach individual Hospi   | tal Bed Fund, or the   | Principal attributable | to each               |
|       |   |                        |                        |                        |                       |
| (4)   | Total Actual Earnings for each Hospit   | al Bed Fund or the E   | arnings attributable t | o each Hospital Bed    | Fund.                 |
|       |   |                        |                        |                        |                       |
| (5)   | Actual Dollar Amount of Earnings rein   | nvested as Principal,  | if any.                |                        |                       |
|       |   |                        |                        |                        |                       |
| (6)   | Actual Dollar Amount of Earnings ava    | ilable for Patient Car | e.                     |                        |                       |
|       |   |                        |                        |                        |                       |
|       | CLAIRE B DAVIS KRAMER FUND              | \$89,108.00            | \$2,050.00             | \$0.00                 | \$2,050.00            |
|       | Total Bed Funds :                       | \$89,108.00            | \$2,050.00             | \$0.00                 | \$2,050.00            |

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

| (1)  | (2)   | (3)  |
|------|---|--|
| LINE | DESCRIPTION   | COLLECTION INFORMATION   |
|      |   |  |
| I.   | GENERAL COLLECTION PROCESSES AND PROCEDURES   |  |
| A.   | Hospital's processes and policies for assigning a debt to a Collection Agent  | All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account. |
| B.   | Hospital's processes and policies for compensating a Collection Agent for services rendered   | All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.                        |
| C.   | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents   | 25.40%   |
| II.  | SPECIFIC COLLECTION AGENT INFORMATION   |  |
|      | Collection Agent  |  |
| 1    | Collection Agent Name   | Nair and levin   |
| 2    | Collection Agent Type   | Attorney   |
| 3    | Related / Not Related Entity  | Not Related  |
|      | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account. |
| 5    | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.        | All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.                        |

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

| (1)  | (2)   | (3)  |
|------|---|--|
| LINE | DESCRIPTION   | COLLECTION INFORMATION   |
|      | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 16.10%   |
|      |   |  |
|      | Collection Agent  |  |
| 1    | Collection Agent Name   | Century financial services   |
|      | Collection Agent Type   | Collection Agency  |
| 3    | Related / Not Related Entity  | Not Related  |
|      | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account. |
|      | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.        | All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.                        |
|      | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 23.55%   |
|      | Collection Agent  |  |
| 1    | Collection Agent Name   | VIA Health   |
| 2    | Collection Agent Type   | Collection Agency  |
| 3    | Related / Not Related Entity  | Not Related  |
|      | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account. |

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

| (1)  | (2)   | (3)   |
|------|---|---|
| LINE | DESCRIPTION   | COLLECTION INFORMATION  |
|      | General Processes and Policies" Otherwise Provide Details.                            | All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently. |
|      | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 36.56%  |
|      |   |   |

# REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

| LINE | POSITION TITLE                       | SALARY      | FRINGE BENEFITS | TOTAL       |
|------|--------------------------------------|-------------|-----------------|-------------|
| 1.   | President & CEO                      | \$685,009   | \$63,338        | \$748,347   |
| 2.   | Physician In Chief                   | \$469,468   | \$43,437        | \$512,905   |
| 3.   | EVP & Chief Financial Officer        | \$419,520   | \$58,956        | \$478,476   |
| 4.   | EVP & Chief Operating Officer        | \$394,694   | \$73,982        | \$468,676   |
| 5.   | Senior VP & General Counsel          | \$324,469   | \$67,300        | \$391,769   |
| 6.   | Chief Information Officer            | \$259,627   | \$40,675        | \$300,302   |
| 7.   | President, Specialty Group           | \$220,366   | \$47,236        | \$267,602   |
| 8.   | VP Clinical Services & CNO           | \$218,171   | \$32,211        | \$250,382   |
| 9.   | SrVP Quality Improvement & Pt Safety | \$223,314   | \$30,142        | \$253,456   |
| 10.  | Director, Perioperative Services     | \$203,068   | \$32,437        | \$235,505   |
|      | Grand Total:                         | \$3,417,706 | \$489,714       | \$3,907,420 |

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# REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

| (1)      | (2)  | (3)  | (4)  | (5)   |
|----------|--|--|--|-------|
| LINE     | DESCRIPTION  | SALARIES (Directly or Indirectly) <sup>C</sup> | FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup> | TOTAL |
|          | LOOMO CORRODATION  |  |  |       |
| Α.       | CCMC CORPORATION   | 0.0  | 00   | Φ0    |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0  | \$0  | \$0   |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above | \$0  | \$0  | \$0   |
| В.       | CCMC AFFILIATES  |  |  |       |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0  | \$0  | \$0   |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above | \$0  | \$0  | \$0   |
|          |  |  |  |       |
| С.       | CCMC FOUNDATION  |  |  |       |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0  | \$0  | \$0   |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above | \$0  | \$0  | \$0   |
|          | CCMC VENTURES  |  |  |       |
| D .<br>1 |  | 0.0  | 00   | Φ0    |
|          | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0  | \$0  | \$0   |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above | \$0  | \$0  | \$0   |
| Ε.       | CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT        |  |  |       |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0  | \$0  | \$0   |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above | \$0  | \$0  | \$0   |
|          |  |  |  |       |
| F.       | CONNECTICUT CHILDREN'S SPECIALTY GROUP                       |  |  |       |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0  | \$0  | \$0   |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above | \$0  | \$0  | \$0   |
|          | THE OUR DESIGN FUND OF COMMENTATIONS AND                     |  |  |       |
| G.       | THE CHILDREN'S FUND OF CONNECTICUT, INC.                     |  | 1  |       |
| 1        | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0  | \$0  | \$0   |
| 2        | Paid by the Hospital to Employees of the Entity Listed Above | \$0  | \$0  | \$0   |

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

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

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

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

# REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

| (1)  | (2)   | (3)            |
|------|---|----------------|
| LINE | DESCRIPTION   | ACTUAL FY 2012 |
|      |   |                |
| Α    | Transfer of Assets or Operations  |                |
|      | Name of the Person or Entity Organized or Operated For Profit involved in each  |                |
|      | Transfer of Assets or Operations or Change of Control involving Hospital Clinical or  |                |
| 1.   | Nonclinical Services or Functions.  | N/A            |
|      |   |                |
| 2.   | Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.     | N/A            |
|      |   |                |
| 3.   | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.                        | N/A            |
|      |   |                |
| 4.   | Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred. | N/A            |
|      |   |                |
| _    | Amount of each Transfer of Assets or Operations or Change of Control involving  | ¢o.            |
| 5.   | Hospital Clinical or Nonclinical Services or Functions.   | \$0            |

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|                                   |  | MEDICAL CENTE  | R   |  |  |
|-----------------------------------|--|--|---|--|--|
|                                   | ANNUAL RI  |  |   |  |  |
|                                   | FISCAL Y   |  |   |  |  |
|                                   | REPORT 23 - CHARITY CARE AND REDUCED C   | OST SERVICES   | PROVIDED BY   | THE HOSPITAL   |  |
| (4)                               | (2)  | (2)  | (4)   | (5)  | (6)                                    |
| (1)                               | (2)  | (3)<br>FY 2011   | (4)<br>FY 2012  | (5)<br>AMOUNT  | (6)<br>%                               |
| · INIE                            | DESCRIPTION  |  | -   |  |  |
| LINE                              | DESCRIPTION  | <u>AMOUNT</u>  | <u>AMOUNT</u>   | DIFFERENCE   | DIFFERENCE                             |
| Α.                                | Hospital Charity Care (see Hospital Audited Financial Sta  | etement Notes)   |   |  |  |
| <u>~-</u>                         | Mospital Ollarity Galo (500 Hospital / Galo)   | tlemente.e.,   |   |  |  |
| 1.                                | Number of Applicants   | 194  | 156   | (38)   | -20                                    |
| 2.                                | Number of Approved Applicants  | 142  | 143   | 1  | 1                                      |
|                                   |  |  |   |  |  |
| 3.                                | Total Charges (A)  | \$1,581,300  | \$710,025   | (\$871,275)  | -55                                    |
|                                   | Average Charges  | \$11,136   | \$4,965   | (\$6,171)  | -55                                    |
|                                   |  |  |   |  |  |
| 4.                                | Ratio of Cost to Charges (RCC)   | 0.505737   | 0.46009   | (0.045647)   | -9                                     |
|                                   | Total Cost   | \$799,722  | \$326,675   | (\$473,047)  | -59                                    |
|                                   | Average Cost   | \$5,632  | \$2,284   | (\$3,347)  | -59                                    |
|                                   |  |  |   |  |  |
| 5.                                | Charity Care - Inpatient Charges   | \$1,219,202  | \$413,190   | (\$806,012)  | -6                                     |
| 6.                                | Charity Care - Outpatient Emergency Department Charges   | 118,329  | 96,250  | (22,079)   | -1                                     |
| 7.                                | Charity Care - Outpatient Charges (Excludes ED Charges)  | 243,769  | 200,585   | (43,184)   | -1                                     |
|                                   | Total Charges (A)  | \$1,581,300  | \$710,025   | (\$871,275)  | -5                                     |
|                                   |  |  |   |  |  |
| 8.                                | Charity Care - Number of Patient Days  | 521  | 164   | (357)  | -6                                     |
| 9.                                | Charity Care - Number of Discharges  | 28   | 40  | 12   | 4                                      |
| 10.                               | Charity Care - Number of Outpatient ED Visits  | 103  | 96  | (7)  | -                                      |
|                                   | Charity Care - Number of Outpatient Visits (Excludes ED  |  |   |  |  |
|                                   | Visits)  | 282  | 040   | (40)   |  |
| 11.                               | violo)   | 282  | 242   | (40)   | -1                                     |
| 11.                               | Visitory   | 282  | 242   | (40)   | -1                                     |
|                                   | ,  | -  |   |  | -1                                     |
|                                   | e total amount must agree with the total amount listed in the  | -  |   |  | -1                                     |
|                                   | ,  | he Hospital Audi   |   |  | -1                                     |
| A) The                            | e total amount must agree with the total amount listed in the  | he Hospital Audi   |   |  | -1                                     |
| A) The                            | e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re   | he Hospital Audi   |   |  | -1                                     |
| A) The<br><u>B.</u>               | e total amount must agree with the total amount listed in the  | he Hospital Audi   | ited Financial St   | atement Notes.   | -4                                     |
| <b>A)</b> The <b>B</b> .          | e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants  | he Hospital Audi   | ited Financial St   | atement Notes.   | -4                                     |
| <b>A)</b> The <b>B.</b>           | e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants  | he Hospital Audi   | ited Financial St   | atement Notes.   | -4                                     |
| B.<br>1.<br>2.                    | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants  | he Hospital Audi<br>port 17)   | ited Financial Sta  | atement Notes.  (6) (6)  | -4                                     |
| B.<br>1.<br>2.                    | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B)  | he Hospital Audi<br>port 17)   | ited Financial St.  8 8 8 8   | (6)<br>(6)<br>(8722)   |  |
| B.<br>1.<br>2.                    | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)   | he Hospital Audi<br>port 17)   | ited Financial St.  8 8 8 8   | (6)<br>(6)<br>(8722)   | -4<br>-4<br>-2<br>3                    |
| A) The B. 1. 2. 3.                | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges  | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  | 8<br>8<br>8<br>8<br>\$2,732<br>\$342  | (6)<br>(6)<br>(722)<br>\$95                                      | -4<br>-4<br>-2<br>3                    |
| A) The B. 1. 2. 3.                | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC)   | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  | 8<br>8<br>8<br>82,732<br>\$342<br>0.46009   | (6) (6) (\$722) <b>\$95</b> (0.045647)                           | -4<br>-4<br>-2<br>3                    |
| A) The B. 1. 2. 3.                | Hospital Bed Funds (see Hospital Reporting System - Re Number of Applicants Number of Approved Applicants Total Charges (B) Average Charges Ratio of Cost to Charges (RCC) Total Cost Average Cost   | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747                              | 8<br>8<br>8<br>82,732<br>\$342<br>0.46009<br>\$1,257  | (6) (6) (8722) \$95 (0.045647) (\$490)                           | -4<br>-4<br>-2<br>3                    |
| A) The B. 1. 2. 3.                | total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Renamber of Applicants  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges   | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747                              | 8<br>8<br>8<br>82,732<br>\$342<br>0.46009<br>\$1,257  | (6) (6) (722) \$95 (0.045647) (\$490) \$32                       | -4<br>-4                               |
| B. 1. 2. 3. 4.                    | Pe total amount must agree with the total amount listed in the listed in | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125                        | 8 8 8 8 \$2,732 \$342 0.46009 \$1,257 \$157   | (6) (6) (722) \$95 (0.045647) (\$490) \$32 \$0 (155)             | -4<br>-4<br>-2<br>3<br>-2<br>2         |
| 1. 2. 3. 4.                       | total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Renamber of Applicants  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges   | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125                        | 8<br>8<br>8<br>8<br>\$2,732<br>\$342<br>0.46009<br>\$1,257<br>\$157                                     | (6) (6) (722) \$95 (0.045647) (\$490) \$32                       | -4<br>-4<br>-2<br>3                    |
| A) The B.  1. 2. 3. 4.            | Pe total amount must agree with the total amount listed in the listed in | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125                        | 8 8 8 8 \$2,732 \$342 0.46009 \$1,257 \$157   | (6) (6) (722) \$95 (0.045647) (\$490) \$32 \$0 (155)             | -2                                     |
| A) The B.  1. 2. 3. 4.            | e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Renderman Renderman Reporting System - Renderman Reporting System - Renderman Rende | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125  \$0 350 3,104         | \$8<br>8<br>8<br>\$2,732<br>\$342<br>0.46009<br>\$1,257<br>\$157<br>\$0<br>195<br>2,537                 | (6) (6) (722) \$95 (0.045647) (\$490) \$32 \$0 (155) (567)       | -2<br>-2<br>-2<br>-2<br>-2<br>-2<br>-1 |
| A) The B.  1. 2. 3. 4.            | e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Renderman Renderman Reporting System - Renderman Reporting System - Renderman Rende | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125  \$0 350 3,104         | \$8<br>8<br>8<br>\$2,732<br>\$342<br>0.46009<br>\$1,257<br>\$157<br>\$0<br>195<br>2,537                 | (6) (6) (722) \$95 (0.045647) (\$490) \$32 \$0 (155) (567)       |  |
| B. 1. 2. 3. 4. 5. 6. 7.           | Petotal amount must agree with the total amount listed in the listed in  | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125  \$0 350 3,104 \$3,454 | 8<br>8<br>8<br>8<br>\$2,732<br>\$342<br>0.46009<br>\$1,257<br>\$157<br>\$0<br>195<br>2,537<br>\$2,732   | (6) (6) (8722) \$95 (0.045647) (\$490) \$32 (5567) (\$722) 0 0   | -2<br>-2<br>-2<br>-2<br>-2<br>-2<br>-1 |
| 8. A) The B. 1. 2. 3. 4. 5. 6. 7. | e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Rendermann Rendermann Reporting System - Rendermann Reporting System - Rendermann Renderman | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125  \$0 350 3,104 \$3,454 | 8<br>8<br>8<br>8<br>\$2,732<br>\$342<br>0.46009<br>\$1,257<br>\$157<br>\$0<br>195<br>2,537<br>\$2,732   | (6) (6) (722) \$95 (0.045647) (\$490) \$32 (155) (567) (\$722) 0 | -4                                     |
| 8. 9.                             | e total amount must agree with the total amount listed in the Hospital Bed Funds (see Hospital Reporting System - Rendermann   | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125  \$0 350 3,104 \$3,454 | \$8<br>8<br>8<br>8<br>\$2,732<br>\$342<br>0.46009<br>\$1,257<br>\$157<br>\$0<br>195<br>2,537<br>\$2,732 | (6) (6) (8722) \$95 (0.045647) (\$490) \$32 (5567) (\$722) 0 0   |  |
| 8. 9.                             | Petotal amount must agree with the total amount listed in the listed Bed Funds (see Hospital Reporting System - Research Number of Applicants  Number of Applicants  Number of Approved Applicants  Total Charges (B)  Average Charges  Ratio of Cost to Charges (RCC)  Total Cost  Average Cost  Bed Funds - Inpatient Charges Bed Funds - Outpatient Emergency Department Charges Bed Funds - Outpatient Charges (Excludes ED Charges)  Total Charges (B)  Bed Funds - Number of Patient Days Bed Funds - Number of Discharges Bed Funds - Number of Outpatient ED Visits  | he Hospital Audi port 17)  14 14 14 \$3,454 \$247  0.505737 \$1,747 \$125  \$0 350 3,104 \$3,454 | \$8<br>8<br>8<br>8<br>\$2,732<br>\$342<br>0.46009<br>\$1,257<br>\$157<br>\$0<br>195<br>2,537<br>\$2,732 | (6) (6) (8722) \$95 (0.045647) (\$490) \$32 (5567) (\$722) 0 0   |  |

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