CT CHILDREN'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2014

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

AFFILIATE INFORMATION A. AFFILIATE NAME CCMC CORPORATION PARENT COMPANY TO CT CHILDREN'S MEDITY of the companies of the co	DICAL CENTER, CCMC FOUNDATION, CCMC
PARENT COMPANY TO CT CHILDREN'S MED Affiliate Description VENTURES, AND CCMC AFFLIATES Affiliate type of service Parent Corporation Not for Profit Street Address 282 WASHINGTON ST., HARTFORD, CT. Town Hartford State Connecticut Zip Code Parent Company To CT CHILDREN'S MED VENTURES, AND CCMC AFFLIATES Parent Corporation Not for Profit Connecticut Town Connecticut O6106 -	DICAL CENTER, CCMC FOUNDATION, CCMC
PARENT COMPANY TO CT CHILDREN'S MED Affiliate Description VENTURES, AND CCMC AFFLIATES Affiliate type of service Parent Corporation Not for Profit Street Address 282 WASHINGTON ST., HARTFORD, CT. Town Hartford State Connecticut Zip Code Parent Company To CT CHILDREN'S MED VENTURES, AND CCMC AFFLIATES Parent Corporation Not for Profit Connecticut October	DICAL CENTER, CCMC FOUNDATION, CCMC
1 Affiliate Description VENTURES,AND CCMC AFFLIATES 2 Affiliate type of service Parent Corporation 3 Tax Status Not for Profit 4 Street Address 282 WASHINGTON ST., HARTFORD, CT. 5 Town Hartford 6 State Connecticut 7 Zip Code 06106 -	DICAL CENTER, CCMC FOUNDATION, CCMC
1Affiliate DescriptionVENTURES,AND CCMC AFFLIATES2Affiliate type of serviceParent Corporation3Tax StatusNot for Profit4Street Address282 WASHINGTON ST., HARTFORD, CT.5TownHartford6StateConnecticut7Zip Code06106 -	DICAL CENTER, CCMC FOUNDATION, CCMC
2 Affiliate type of service Parent Corporation 3 Tax Status Not for Profit 4 Street Address 282 WASHINGTON ST., HARTFORD, CT. 5 Town Hartford 6 State Connecticut 7 Zip Code 06106 -	
3 Tax Status Not for Profit 4 Street Address 282 WASHINGTON ST., HARTFORD, CT. 5 Town Hartford 6 State Connecticut 7 Zip Code 06106 -	
4 Street Address 282 WASHINGTON ST., HARTFORD, CT. 5 Town Hartford 6 State Connecticut 7 Zip Code 06106 -	
5 Town Hartford 6 State Connecticut 7 Zip Code 06106 -	
6 State Connecticut 7 Zip Code 06106 -	
7 Zip Code 06106 -	
9 CEO Title President & CEO	
10 CT Agent Name DAVID HADDEN	
11 CT Agent Company ROBINSON & COLE	
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 -	
B. AFFILIATE NAME CCMC AFFILIATES	
1 Affiliate Description CONSIST OF A SCHOOL.	
2 Affiliate type of service Other HealthCare Svcs(Specify)	
3 Tax Status Not for Profit	
4 Street Address 282 WASHINGTON ST., HARTFORD, CT.	
5 Town Hartford	
6 State Connecticut	
7 Zip Code 06106 -	
8 CEO Name Martin J. Gavin	
9 CEO Title PRESIDENT & CEO	
10 CT Agent Name DAVID HADDEN	
11 CT Agent Company ROBINSON & COLE	
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 -	
C. AFFILIATE NAME CCMC FOUNDATION	
1 Affiliate Description FUNDRAISING FOR CCMC	
2 Affiliate type of service Foundation	
3 Tax Status Not for Profit	
4 Street Address 282 WASHINGTON ST., HARTFORD, CT.	
5 Town Hartford	
6 State Connecticut	
7 Zip Code 06106 -	
8 CEO Name MARTHA SCHALL	
9 CEO Title PRESIDENT	
10 CT Agent Name DAVID HADDEN	
11 CT Agent Company ROBINSON & COLE	

CT CHILDREN'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
	CT Agent Town	Hartford
	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D.	AFFILIATE NAME	CCMC VENTURES
<u> </u>	7.1. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	Affiliate Description	CURRENTLY INACTIVE
2	Affiliate type of service	Health Education Services
	Tax Status	For Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
	Town	Hartford
6	State	Connecticut
	Zip Code	06106 -
	CEO Name	Martin J. Gavin
	CEO Title CT Agent Name	President & CEO DAVID HADDEN
	CT Agent Company CT Agent Company Street Address	ROBINSON & COLE ONE COMMERCIAL PLAZA, HARTFORD, CT
	CT Agent Company Street Address CT Agent Town	Hartford
	CT Agent Town CT Agent State	Connecticut
	CT Agent State CT Agent Zip Code	06103 -
13	CT Agent Zip Code	00100
E.	AFFILIATE NAME	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT
I ⊑.	AFFILIATE NAIVIE	CHIED HEALTH AND DEVELOT WENT INSTITUTE OF CONNECTICUT
E.	AFFILIATE NAME	CHIED HEALTH AND DEVELOT MENT INSTITUTE OF CONNECTION
		RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN
1	Affiliate Description	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN.
1 2	Affiliate Description Affiliate type of service	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify)
1 2 3	Affiliate Description Affiliate type of service Tax Status	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit
1 2 3 4	Affiliate Description Affiliate type of service Tax Status Street Address	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT
1 2 3 4 5	Affiliate Description Affiliate type of service Tax Status Street Address Town	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington
1 2 3 4 5 6	Affiliate Description Affiliate type of service Tax Status Street Address Town State	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut
1 2 3 4 5 6 7	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 -
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers
1 2 3 4 5 6 7 8	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN
1 2 3 4 5 6 7 8 9	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole
1 2 3 4 5 6 7 8 9 10 11	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT
1 2 3 4 5 6 7 8 9 10 11 12	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut
1 2 3 4 5 6 7 8 9 10 11 12 13	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Town CT Agent Town CT Agent Town CT Agent State	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent State CT Agent Zip Code	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut 06103 -
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut 06103 - CONNECTICUT CHILDREN'S SPECIALTY GROUP
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut 06103 - CONNECTICUT CHILDREN'S SPECIALTY GROUP
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut 06103 - CONNECTICUT CHILDREN'S SPECIALTY GROUP
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut 06103 - CONNECTICUT CHILDREN'S SPECIALTY GROUP
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status Street Address	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut 06103 - CONNECTICUT CHILDREN'S SPECIALTY GROUP PEDIATRIC PHYSICIAN PRACTICE Physicians Services Not for Profit 282 WASHINGTON ST
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 F.	Affiliate Description Affiliate type of service Tax Status Street Address Town State Zip Code CEO Name CEO Title CT Agent Name CT Agent Company CT Agent Company Street Address CT Agent Town CT Agent State CT Agent State CT Agent Zip Code AFFILIATE NAME Affiliate Description Affiliate type of service Tax Status	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEDGED CHILDREN. Other HealthCare Svcs(Specify) Not for Profit 270 Farmington Avenue, Suite 3, Farmington, CT Farmington Connecticut 06032 - Judith Meyers President & CEO DAVID HADDEN Robinson & Cole One Commercial Plaza, Hartford, CT Hartford Connecticut 06103 - CONNECTICUT CHILDREN'S SPECIALTY GROUP

CT CHILDREN'S MEDICAL CENTER

ANNUAL REPORTING

FISCAL YEAR 2014

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

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06106 -
8	CEO Name	JEFFREY THOMSON
9	CEO Title	PRESIDENT
10	CT Agent Name	DAVID HADDEN
11	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.
1	Affiliate Description	TO FUND PROGRAMS THAT WILL ENABLE DISADVANTAGED CHILDREN IN CONNECTICUT TO HAVE ACCESS TO A COMPREHENSIVE AND EFFECTIVE COMMUNITY-BASED HEALTH AND MENTAL HEALTH CARE SYSTEM.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	270 Farmington Ave, Suite 367, Farmington CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	Judith Meyers
9	CEO Title	President and CEO
	CT Agent Name	DAVID HADDEN
	CT Agent Company	ROBINSON & COLE LLP
	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
	CT Agent Town	Hartford
	CT Agent State	Connecticut
	CT Agent Zip Code	06103 -

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
	ATTEME NAME	TOND FOR COL	3/30/2014
Α.	CT CHILDREN'S MEDICAL CENTER		
1		Unrestricted	\$74,193,342
2		Temporarily Restricted by Donor	\$26,184,898
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$100,223,725
5		Intercompany Eliminations	\$0
		Total:	\$200,601,965
В.	CCMC CORPORATION		
1	CONCORPORATION	Unrestricted	(\$389,706)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
		Total:	(\$390,706)
C.	CCMC AFFILIATES		A
1		Unrestricted	\$4,290,655
2		Temporarily Restricted by Donor	\$53,231
3		Temporarily Restricted by Board	\$0 \$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0
		Total:	\$4,343,886
		Total.	φ4,343,000
D.	CCMC FOUNDATION		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$87,072,609
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$17,337,854
5		Intercompany Eliminations	(\$104,410,463)
		Total:	\$0
E.	COMO VENTUDES		
	CCMC VENTURES	Liprostriatod	(\$40.0E2)
2		Unrestricted Temporarily Restricted by Donor	(\$18,853) \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$18,853)
			, in the second
	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF		
F.	CONNECTICUT		
1		Unrestricted	\$380,987
2		Temporarily Restricted by Donor	\$6,443
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
		Total:	\$387,430
		ı otai.	φ301,430
G.	CONNECTICUT CHILDREN'S SPECIALTY GROUP		
1		Unrestricted	(\$7,011,657)
2		Temporarily Restricted by Donor	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$7,011,657)
Н.	THE CHILDREN'S FUND OF CONNECTICUT, INC.		
1		Unrestricted	\$34,709,511
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$65,775
		Total:	\$34,775,286
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$337,033,039
	Intercompany Eliminations		(\$104,345,688)
	Total of all Affiliates	Fund Balance:	\$232,687,351

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
	COMO CORRORATION			
Α.	CCMC CORPORATION			
		Paginning Unconcelled to de Intercompony Polones	9/30/2013	¢222 206
1		Beginning Unconsolidated Intercompany Balance: Management Fees	09/30/2014	\$233,386 \$61,429
2		Cash Transfer	09/30/2014	
3		Bank Fees	09/30/2014	
4		Hospital Cash Received	09/30/2014	\$916,610
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$191,817
		Ending officonsolidated intercompany balance.	3/30/2014	ψ191,017
В.	CCMC AFFILIATES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,394,029
1		Management Fees	09/30/2014	
2		Cash Transfer	09/30/2014	
3		Fund Balance Transfer	09/30/2014	
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$2,407,775)
			0/00/2011	(+=, :::,:::)
C.	CCMC FOUNDATION			
<u> </u>				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$1,178,794)
1		Management Fees	09/30/2014	\$117,502
2		Fund Balance Transfer	09/30/2014	
3		Capital Transfers	09/30/2014	(\$14,932,266)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$5,326,132)
				((3)2-2)
D.	CCMC VENTURES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$18,103
1		CT Corp Tax	09/30/2014	\$250
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$18,353
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP			
- '-	CONNECTION CHIEDREN ON LONGIT GROOT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Practice Support	09/30/2014	(\$8,120,793)
2		Rent	09/30/2014	\$547,056
3		Cash Transfer	09/30/2014	\$22,650,000
4		Fund Balance Transfer	09/30/2014	(\$15,076,263)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
G.	THE CHILDREN'S FUND OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
			Grand Total:	(\$7,523,737)

REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
	AFFILIATE TRANSFERRING FUNDS	AFFILIATE DECENTING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated	10/01/0010	A
_	COMO CORRORATION		Intercompany Balance	10/01/2013	\$4,930,734
A.	CCMC CORPORATION	CCMC FOUNDATION	Cash Transfer	00/00/0044	#00.000
1		CCIVIC FOUNDATION	Cash Transier Total:	09/30/2014 9/30/2014	\$30,000
			l otal:	9/30/2014	\$30,000
В.	CCMC AFFILIATES				
1	CONC AFFILIATES	CCMC CORPORATION	Cash Transfer	09/30/2014	\$109,880
2		CCMC CORPORATION CCMC AFFILIATES	Cash Transfer Cash Transfer	09/30/2014	\$2,262,636
3		CCMC AFFILIATES CCMC FOUNDATION	Cash Transfer	09/30/2014	\$2,639,651
		COMO I CONDITION	Total:	9/30/2014	\$5,012,167
			10000	0,00,2011	\$0,012,101
C.	CCMC FOUNDATION				
1	Come i Constitution	CCMC AFFILIATES	Cash Transfer	09/30/2014	\$440,424
		001110711111111111	Total:	9/30/2014	\$440,424
					¥ 110,1=1
D.	CCMC VENTURES				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
					, ,
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	THE CHILDREN'S FUND OF CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated		
			Intercompany Balance	9/30/2014	\$10,413,325

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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	9/30/2014
В.	CCMC AFFILIATES			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
C.	CCMC FOUNDATION			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
D.	CCMC VENTURES			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
G.	THE CHILDREN'S FUND OF CONNECTICUT, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2014
	G	rand Total:	\$0	9/30/2014

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

(1)	(2)	(3)	(4)
l	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
_			
A.	CCMC CORPORATION	40	0
0	Nothing to Report	\$0	U
	Total:	\$0	
В.	CCMC AFFILIATES		
	Guarantee of lease payments to landlord, summary of lease highlighting Medical Centers guarantee		
1	attached	\$816,000	3
2	Guarantee of lease payments to landlord, summary of lease highlighting Medical Centers Guarantee of lease payments to landlord, summary of lease highlighting Medical Centers guarantee	\$942,240	5
_	Guarantee of lease payments to landlord, summary of lease highlighting Medical Centers guarantee attached	Φ4 050 040	<u>۔</u>
3		\$1,059,840	5
	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		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP		
0	Nothing to Report	\$0	0
	Total:	\$0	
		7.0	
G.	THE CHILDREN'S FUND OF CONNECTICUT, INC.		
0.	Nothing to Report	\$0	0
 	Total:		-
	Ioui.	Ψ0	
	Grand Total:	\$2,818,080	
	Grand rotal.	φ2,616,060	

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CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2014 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

(2) (3) (1) (4) (5) (6) FY 2013 FY 2014 **ACTUAL ACTUAL** LINE DESCRIPTION AMOUNT DIFFERENCE % DIFFERENCE Α. Indigent Care **Beginning Balance** \$0.00 \$0.00 0% \$0.00 \$0.00 \$0.00 \$0.00 0% 1 **Donations** \$0.00 0% 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 0% Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 0% 4 0% **Ending Balance** \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 \$0.00 0% В. Free Beds **Beginning Balance** \$89.109.00 0% \$89.109.00 \$0.00 Donations \$0.00 \$0.00 \$0.00 0% 1 46% 2 \$7,139.00 \$10,433.00 \$3,294.00 Income 3 Expenditures \$7,139,00 \$10,433,00 \$3,294,00 46% Unrealized Gains and Losses 4 \$0.00 \$0.00 \$0.00 0% \$89,109.00 \$89,109.00 **Ending Balance** \$0.00 0% Projected Interest Income \$2,000.00 \$2,000.00 0% \$0.00 C. Other **Beginning Balance** \$0.00 0% \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 0% Donations 2 \$0.00 \$0.00 \$0.00 0% Income \$0.00 0% \$0.00 \$0.00 3 Expenditures Unrealized Gains and Losses 4 \$0.00 \$0.00 \$0.00 0% **Ending Balance** \$0.00 \$0.00 \$0.00 0% 5 Projected Interest Income \$0.00 \$0.00 \$0.00 0%

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	OT OUR DREN'S MEDICAL SENTER				
	CT CHILDREN'S MEDICAL CENTER				
	ANNUAL REPORTING				
	FISCAL YEAR 2014				
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED	D BY THE HOSPITAL			
A. Patient Activity					
(1)	(2)	(3)			
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount			
1. Number of Applica	tions for Hospital Bed Funds	8			
2. A. Number of Patients	s receiving Hospital Bed Fund Grants	8			
2. B. The Actual Total D	ollar Amount provided to all patients from Hospital Bed Funds:	\$10,433.00			
1	CLAIRE B DAVIS KRAMER FUND	\$919.00			
2	CLAIRE B DAVIS KRAMER FUND	\$1,222.00			
3	CLAIRE B DAVIS KRAMER FUND	\$438.00			
4	CLAIRE B DAVIS KRAMER FUND	\$911.00			
5	CLAIRE B DAVIS KRAMER FUND	\$675.00			
6	CLAIRE B DAVIS KRAMER FUND	\$900.00			
7	CLAIRE B DAVIS KRAMER FUND	\$5,159.00			
8	CLAIRE B DAVIS KRAMER FUND	\$209.00			
	Grand Total	\$10,433.00			

CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING **FISCAL YEAR 2014** REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL B. BED FUND ACTIVITY (1) (2) (3) (4) (5) (6) **FMV of Principal Actual Earnings Earnings Reinvested Earnings Available** Name of Hospital Bed Fund Line (3) Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed (4) Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. (5) Actual Dollar Amount of Earnings reinvested as Principal, if any. Actual Dollar Amount of Earnings available for Patient Care. (6) **CLAIRE B DAVIS KRAMER FUND** \$89,108.00 \$10,433.00 \$0.00 \$10,433.00 Total Bed Funds : \$89,108.00 \$10,433.00 \$0.00 \$10,433.00

REPORT 17B FUND ACTIVITY 13 OF 22 7/7/2015, 3:56 PM

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 electronicallt. 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	11.85%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
A	Collection Agent	
1	Collection Agent Name	Nair and Levin
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronicallt. 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	5.20%
В	Collection Agent	
-	<u> </u>	

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronicallt. 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.20%
С	Collection Agent	V/A LL - Id
1	Collection Agent Name	VIA Health
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronicallt. 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	61.00%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
1	Collection Agent Name	EOS
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronicallt. 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.34%
E	Collection Agent	
1	Collection Agent Name	Optimum
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronicallt. 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.74%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
F	Collection Agent	
1	Collection Agent Name	Sherloq Solutions
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 electronicallt. 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.
6	Recovery Rate on Accounts Assigned (excluding Medicare	8.20%
	accounts) to Collection Agent.	0.20%
G	Collection Agent	
1	Collection Agent Name	AAB
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronicallt. 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.

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare	
	accounts) to Collection Agent.	7.46%

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

LINE POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1. President & CEO	\$482,954	\$135,227	\$618,181
Senior VP Quality Improvement & Patient Safety	\$428,856	\$120,080	\$548,936
O Free white Vice President Community and Child Healt	#200 000l	# 440.004	\$500,020
Executive Vice President Community and Child Healt	\$396,039	\$110,891	\$506,930
Executive Vice President and Chief Operating Offic	\$347,528	\$97,308	\$444,836

5. Senior VP & General Counsel	\$322,949	\$90,426	\$413,375
Chief Med Information Officer	\$261,916	\$73,336	\$335,252
	· · · · · ·	· · ·	·
7. VP Marketing & Business Development	\$261,314	\$73,168	\$334,482
- 1	*	***	A
8. Interim CFO	\$246,702	\$69,077	\$315,779
9. Chief Information Officer	\$233,656	\$65,424	\$299,080
10. VP Human Resources	\$228,142	\$63,880	\$292,022
Grand Total:	\$3,210,056	\$898,817	\$4,108,873
Grand rotal.	Ψ5,210,000	Ψ000,017	Ψ-,100,010

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CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2014 REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS

PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
		SALARIES	FRINGE	
		(Directly or	BENEFITS ^A (DirectI	
LINE	DESCRIPTION	Indirectly) ^c	y or Indirectly) ^C	TOTAL
	DECOMM HOW	man cony,	y or manoony,	TOTAL
Α.	CCMC CORPORATION			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
		<u> </u>	· ·	·
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
		_		
D.	CCMC VENTURES			
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
_	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF			
Ε.	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
_	CONNECTION OF CHILD DECIMAL TV OP CHE			
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP	0.0	1 00	Φ.
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 CHILDREN'S FLIND OF CONNECTICUT INC			
G.	THE CHILDREN'S FUND OF CONNECTICUT, INC.	ФО.	Φ0	ф О
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0 \$0	\$0 \$0	\$0 \$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0		ΦΟ

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.

CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY

CT CHILDREN'S MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2014 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR

(1)	(2)	(3)
INE	DESCRIPTION	ACTUAL FY 2014
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
	Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or	
1.	Functions.	N/A
	Description of each Transfer of Assets or Operations or Change of Control involving Hospital	
2.	Clinical or Nonclinical Services or Functions.	N/A
	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved	
3.	in a change of control.	N/A
	Date that each Transfer of Assets or Operations or Change of Control involving Hospital	
4.	Clinical or Nonclinical Services or Functions occurred.	N/A
	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital	
5.	Clinical or Nonclinical Services or Functions.	\$0

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	CT CHILDREN'S	MEDICAL CENTE REPORTING	R		
		L YEAR 2014			
	REPORT 23 - CHARITY CARE AND REDUCED		PROVIDED BY	THE HOSPITAL	
(4)		(2)		(=)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	<u>AMOUNT</u>	<u>AMOUNT</u>	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	tatement Notes)			
1.	Number of Applicants	591	450	(141)	-24%
2.	Number of Approved Applicants	492	419	(73)	-15%
3.	Total Charges (A)	\$1,431,441	\$1,302,183	(\$129,258)	-9%
<u>J.</u>	Average Charges	\$2,909	\$3,108	\$198	7%
	7.vorago onargos	Ψ2,000	ψ0,100	Ψ100	.,
4.	Ratio of Cost to Charges (RCC)	0.46916	0.44381	(0.025350)	-5%
	Total Cost	\$671,575	\$577,922	(\$93,653)	-14%
	Average Cost	\$1,365	\$1,379	\$14	19
		#4 005 500	# 000 500	(\$440.007)	4.40
5.	Charity Care - Inpatient Charges	\$1,005,529	\$892,532	(\$112,997)	-11%
6.	Charity Care - Outpatient Emergency Department Charges	132,833	53,800	(79,033)	-59%
	Charity Care - Outpatient Charges (Excludes ED				
7.	Charges)	293,079	355,851	62,772	21%
	Total Charges (A)	\$1,431,441	\$1,302,183	(\$129,258)	-9%
	Charity Care Number of Potient Days	700	400	(207)	200
8.	Charity Care - Number of Patient Days	706	499	(207)	-29%
9. 10.	Charity Care - Number of Discharges	75 125	68 94	(7)	-9% -25%
10.	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	125	94	(31)	-23%
11.	Visits)	321	258	(63)	-20%
(A) Th	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	Statement Notes.	
,	3				
В.	Hospital Bed Funds (see Hospital Reporting System - R	eport 17)			
1.	Number of Applicants	7	8	1	14%
2.	Number of Approved Applicants	7	8	1	14%
3.	Total Charges (B)	\$7,139	\$10,433	\$3,294	46%
0.	Average Charges	\$1,020	\$1,304	\$284	28%
4.	Ratio of Cost to Charges (RCC)	0.46916	0.443808	(0.025352)	-5%
4.	Total Cost	\$3,349	\$4,630	\$1,281	38%
	Average Cost	\$478	\$579	\$100	21%
		A - :		*	
5.	Bed Funds - Inpatient Charges	\$7,139	\$10,433	\$3,294	46%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$7,139	\$10,433	\$3,294	46%
8.	Bed Funds - Number of Patient Days	31	35	4	13%
9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	7		1	149
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
	Bed Funds - Number of Outpatient Visits(Excludes ED				
11.	Visits)	0	0	0	0%

	CT CHILDREN`S MEDICAL CENTER						
	ANNUAL REPORTING						
	FISCAL YEAR 2014						
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL						
(1)	(2)	(3)	(4)	(5)	(6)		
		FY 2013	FY 2014	AMOUNT	%		
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE		