

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 09/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONNECTICUT CHILDREN'S MEDICAL CENTER			D Employer identification number 06-0646755	
	Doing Business As				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (860) 545-9000	
	282 WASHINGTON STREET				
City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06106-3322			G Gross receipts \$ 274,569,041.		
F Name and address of principal officer: MARTIN J. GAVIN 282 WASHINGTON STREET HARTFORD, CT 06106			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.CONNECTICUTCHILDRENS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1921 M State of legal domicile: CT		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONNECTICUT CHILDREN'S MEDICAL CENTER IS A HOSPITAL WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS WITHOUT REGARD TO ABILITY TO PAY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	1,793
	6	Total number of volunteers (estimate if necessary)	330
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 14,071,624. Current Year: 12,229,097.
	9	Program service revenue (Part VIII, line 2g)	240,884,087. 254,620,325.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,286,120. 6,057,393.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,224,848. 1,216,605.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,466,679. 274,123,420.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	136,422,326. 136,770,151.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0 0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,604,664.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	130,882,216. 143,111,168.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	267,304,542. 279,881,319.	
19	Revenue less expenses. Subtract line 18 from line 12	-2,837,863. -5,757,899.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 376,678,396. End of Year: 393,459,433.
	21	Total liabilities (Part X, line 26)	157,546,267. 192,857,468.
	22	Net assets or fund balances. Subtract line 21 from line 20	219,132,129. 200,601,965.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SCOTT J MARIANI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092		Phone no. 973-898-9494	
	Firm's address ▶ 465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] Yes [X] No

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

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

4a (Code:) (Expenses \$ 212,036,593. including grants of \$ 0) (Revenue \$ 254,620,325.)

ACUTE CARE CHILDREN'S HOSPITAL: TO PROVIDE ACUTE CARE INPATIENT AND OUTPATIENT SERVICES TO CHILDREN FROM CONNECTICUT AND THE SURROUNDING AREA. IN FISCAL YEAR 2013 THERE WERE 583 ADMISSIONS AND 75,460 OUTPATIENT VISITS. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

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

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

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

4e Total program service expenses 212,036,593.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PATRICK J. GARVEY 282 WASHINGTON STREET HARTFORD, CT 06106 (860)610-5689

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) E CLAYTON GENGRAS III CHAIRMAN - DIRECTOR	1.00	X		X				0	0	0
(2) WILLIAM POPIK MD VICE CHAIRMAN - DIRECTOR	1.00	X		X				0	0	0
(3) ROBERT SHANFIELD SECRETARY - DIRECTOR	1.00	X		X				0	0	0
(4) PATRICK J GARVEY CPA CHFP TREASURER-DIRECTOR-SVP/CFO	55.00	X		X			203,660.	0	36,951.	
(5) MARILYN BACON MD DIRECTOR	1.00	X						0	0	0
(6) CRAIG BONANNI MD DIR; EX-OFFICIO-PRES MED STAFF	1.00	X						0	0	0
(7) MARTIN J GAVIN DIRECTOR; EX-OFFICIO-PRES/CEO	55.00	X		X			494,481.	0	34,987.	
(8) JEFFREY HOFFMAN DIRECTOR	1.00	X						0	0	0
(9) CATO LAURENCIN MD PHD DIRECTOR	1.00	X						0	0	0
(10) SOREN TORP LAURSEN DIRECTOR	1.00	X						0	0	0
(11) ROBERT M LE BLANC DIRECTOR	1.00	X						0	0	0
(12) EDWARD LEWIS DIRECTOR	1.00	X						0	0	0
(13) H MARK LUNENBURG DIRECTOR	1.00	X						0	0	0
(14) SALLY MACGILPIN DIRECTOR; EX-OFFICIO	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATIE NIXON DIRECTOR	1.00	X					0	0	0	
(16) KOLAWOLE OLAFINBOBA MD DIRECTOR	1.00	X					0	0	0	
(17) DAVID ROTH DIRECTOR	1.00	X					0	0	0	
(18) ANNE P SARGENT DIRECTOR	1.00	X					0	0	0	
(19) CHARLES W SHIVERY DIRECTOR	1.00	X					0	0	0	
(20) FRANK TORTI MD MPH DIRECTOR	1.00	X					0	0	0	
(21) MARIA BLOOM DIRECTOR (TERMED 06/2014)	1.00	X					0	0	0	
(22) HARLAN KENT DIRECTOR (TERMED 07/2014)	1.00	X					0	0	0	
(23) RICHARD G WEISS DIRECTOR (TERMED 12/2013)	55.00	X					0	510,906.	50,608.	
(24) THERESA M HENDRICKSEN EVP & CHIEF OPERATING OFFICER	55.00			X			376,208.	0	50,746.	
(25) RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	55.00			X			262,347.	0	27,793.	
1b Sub-total							698,141.	0	71,938.	
c Total from continuation sheets to Part VII, Section A							4,295,001.	1,511,133.	721,010.	
d Total (add lines 1b and 1c)							4,993,142.	1,511,133.	792,948.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 137**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 38**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KELLY STYLES CHIEF INFORMATION OFFICER	55.00			X			252,954.	0	32,508.	
(27) FERNANDO FERRER MD EVP CLINICAL AFFAIRS	55.00			X			0	821,439.	44,656.	
(28) PAUL H DWORKIN EVP COMMUNITY CHILD HEALTH	55.00			X			437,171.	0	30,206.	
(29) ANDREA L BENIN MD SRVP QUAL IMP & PATIENT SAFETY	55.00			X			409,266.	0	45,876.	
(30) ANN TAYLOR SR VP & GENERAL COUNSEL	55.00			X			332,123.	0	43,704.	
(31) DEAN A RAPOZA VP MARKETING & BUS DEVELOPMENT	55.00			X			280,105.	0	47,937.	
(32) CHERYL HOEY VP CLINICAL SERVICE & CNO	55.00			X			243,087.	0	41,299.	
(33) LAWRENCE E MILAN VP OF HUMAN RESOURCES	55.00			X			212,166.	0	24,938.	
(34) THOMAS RICHARDSON VP STRATEGIC PLANNING	55.00			X			185,528.	0	39,619.	
(35) JUAN SALAZAR MD PHYSICIAN IN CHIEF	55.00					X	105,002.	178,788.	43,646.	
(36) LINDA A GROOM PROF PRACTICE RN IV	55.00					X	193,503.	0	35,836.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 137

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) ELIZABETH CROUCH SR DIR PERIOPERATIVE SVCS	55.00					X		190,106.	0	31,519.
(38) BARBARA E BROWN SR DIRECTOR EDUCATION/REHAB	55.00					X		176,480.	0	34,846.
(39) WILLIAM A AGOSTINUCCI SR DIR CLINICAL/FAMILY SVS	55.00					X		172,367.	0	40,312.
(40) JUNG PARK DIR APPLICATION SUPPORT SVCS	55.00					X		171,244.	0	39,111.
(41) GERALD J BOISVERT JR FORMER EVP & CFO	0						X	295,344.	0	15,850.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 137

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	417,257.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	6,633,278.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	5,178,562.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			12,229,097.				
Program Service Revenue	Business Code							
	2a NET PATIENT SERVICE REVENUE		541900	252,957,977.	252,957,977.			
	b OTHER HEALTHCARE RELATED REVENUE		541900	1,662,348.	1,662,348.			
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			254,620,325.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3			6,057,393.			6,057,393.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	267,883.					
		(ii) Personal						
		b Less: rental expenses		289,117.				
		c Rental income or (loss)		-21,234.				
	d Net rental income or (loss)				-21,234.		-21,234.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
	d Net gain or (loss)				0			
	8a Gross income from fundraising events (not including \$ 417,257. of contributions reported on line 1c). See Part IV, line 18	a		ATCH 4				
		b Less: direct expenses		156,504.				
c Net income or (loss) from fundraising events .			ATCH 5		0			
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses		4,340.					
	c Net income or (loss) from gaming activities .		ATCH 6		4,340.		4,340.	
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory .				0			
Miscellaneous Revenue			Business Code					
11a FOOD SERVICES		453000	1,226,419.			1,226,419.		
b CONSULTING		541900	7,080.			7,080.		
c								
d All other revenue								
e Total. Add lines 11a-11d			1,233,499.					
12 Total revenue. See instructions			274,123,420.	254,620,325.		7,273,998.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,348,894.		4,348,894.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	103,216,294.	83,215,481.	18,173,169.	1,827,644.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,387,609.	6,762,294.	1,476,796.	148,519.
9 Other employee benefits	14,516,730.	11,703,740.	2,555,943.	257,047.
10 Payroll taxes	6,300,624.	5,079,716.	1,109,343.	111,565.
11 Fees for services (non-employees):				
a Management	1,062,172.	605,929.	456,019.	224.
b Legal	477,936.		477,936.	
c Accounting	276,997.		276,997.	
d Lobbying	271,221.	271,221.		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,449,030.	12,119,399.	10,329,631.	
12 Advertising and promotion	895,505.	155,643.	739,862.	
13 Office expenses	4,994,418.	3,305,013.	1,677,798.	11,607.
14 Information technology	3,531,977.	523,775.	2,996,408.	11,794.
15 Royalties	0			
16 Occupancy	12,080,247.	9,617,871.	2,413,248.	49,128.
17 Travel	398,407.	307,165.	86,435.	4,807.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	631,949.	478,445.	142,762.	10,742.
20 Interest	1,231,379.	782,166.	438,407.	10,806.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,716,665.	9,345,540.	5,243,190.	127,935.
23 Insurance	4,689,327.	4,432,652.	256,675.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES -----	39,260,414.	36,168,107.	3,091,250.	1,057.
b MEDICAL SUPPLIES -----	23,051,057.	22,990,542.	60,058.	457.
c SPECIAL EVENTS -----	8,998,586.	256,393.	8,741,501.	692.
d DUES, LICENSES & SUBSCRIPT. -----	1,126,359.	499,676.	617,812.	8,871.
e All other expenses -----	2,967,522.	3,415,825.	-470,072.	21,769.
25 Total functional expenses. Add lines 1 through 24e	279,881,319.	212,036,593.	65,240,062.	2,604,664.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,782,072.	1	3,850,387.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	27,453,944.	4	30,704,847.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,056,206.	8	1,389,353.
	9 Prepaid expenses and deferred charges	3,655,645.	9	3,727,425.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	253,178,489.		
	b Less: accumulated depreciation	118,311,796.		
		125,114,817.	10c	134,866,693.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	177,480,557.	13	187,760,080.
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	40,135,155.	15	31,160,648.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	376,678,396.	16	393,459,433.	
Liabilities	17 Accounts payable and accrued expenses	52,983,294.	17	53,241,797.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	68,296,614.	20	66,250,369.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties ATCH 7	1,607,027.	23	756,497.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,659,332.	25	72,608,805.
	26 Total liabilities. Add lines 17 through 25	157,546,267.	26	192,857,468.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	101,387,989.	27	74,193,342.
	28 Temporarily restricted net assets	21,637,126.	28	26,184,898.
	29 Permanently restricted net assets	96,107,014.	29	100,223,725.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	219,132,129.	33	200,601,965.
	34 Total liabilities and net assets/fund balances	376,678,396.	34	393,459,433.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	274,123,420.
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,881,319.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,757,899.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	219,132,129.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,772,265.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	200,601,965.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Percentage, and Check box. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2013

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

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

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

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

MEMBERSHIP DUES ARE PAID TO ORGANIZATIONS WHICH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS IS ALLOCATED TOWARDS LOBBYING EFFORTS PERFORMED ON BEHALF OF THIS ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$169,965 IN 2013.

FEES WERE PAID TO AN OUTSIDE INDEPENDENT CONSULTING FIRM TO LOBBY ON BEHALF OF THE MEDICAL CENTER FOR LEGISLATION AFFECTING CHILDREN'S HEALTH IN THE AMOUNT OF \$101,256.

A PORTION OF TWO CONNECTICUT CHILDREN'S MEDICAL CENTER EMPLOYEES' COMPENSATION IS ALLOCATED TO LOBBYING ACTIVITIES; FOR THIS FISCAL YEAR FORM 990 THIS TOTALLED \$123,879. PLEASE NOTE THAT THIS AMOUNT IS SHOWN ON CORE FORM, PART IX, LINES 5 AND 7 AS SALARIES EXPENSES.

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

Part IV Supplemental Information *(continued)*

THESE VOLUNTEER TRANSACTIONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II with checkboxes for types of easements and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III with rows 1a, 1b, 2, 2a, 2b for reporting on art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	84,786,084.	90,233,942.	71,892,607.	73,060,047.	61,271,367.
b Contributions	1,004,484.	1,328,011.	6,398,969.	2,243,554.	6,460,674.
c Net investment earnings, gains, and losses	12,022,255.	6,147,906.	11,942,366.	-583,773.	5,328,006.
d Grants or scholarships	6,212,240.	12,923,775.			
e Other expenditures for facilities and programs				2,827,221.	
f Administrative expenses					
g End of year balance	91,600,583.	84,786,084.	90,233,942.	71,892,607.	73,060,047.

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

- a Board designated or quasi-endowment 39.0000 %
 - b Permanent endowment 34.0000 %
 - c Temporarily restricted endowment 27.0000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		128,190,522.	55,066,192.	73,124,330.
c Leasehold improvements				
d Equipment		124,903,204.	63,168,695.	61,734,509.
e Other		84,763.	76,909.	7,854.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				134,866,693.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INTEREST IN FOUNDATION	104,410,463.	FMV
(2) FUNDS HELD IN TRUST BY OTHERS	82,885,871.	FMV
(3) RABBI TRUST	263,746.	FMV
(4) NORTHEAST PEDIATRIC		
(5) SPECIALISTS, INC. INVESTMENT	200,000.	FMV
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	187,760,080.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INSURANCE RECEIVABLE	17,307,212.
(2) FUNDS HELD BY TRUSTEE UNDER	
(3) REVENUE AGREEMENT	5,021,620.
(4) BOND ISSUANCE COSTS	679,656.
(5) OTHER RECEIVABLES	1,341,611.
(6) OTHER ASSETS	6,600,379.
(7) DUE FROM AFFILIATED ENTITIES	210,170.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	31,160,648.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO THIRD PARTIES	27,554,100.	
(3) DUE TO AFFILIATED ENTITIES	7,733,907.	
(4) ACCRUED PENSION LIABILITY	11,770,096.	
(5) OTHER LIABILITIES	25,550,702.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	72,608,805.	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SCHEDULE D, PART V, QUESTION 4

RESTRICTED FUNDS ARE USED TO SUPPORT AND FURTHER THE MISSION OF

CONNECTICUT CHILDREN'S MEDICAL CENTER BY PROVIDING FUNDS IN SUPPORT OF

OPERATIONS AND CAPITAL PURCHASES OF CONNECTICUT CHILDREN'S MEDICAL

CENTER.

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1.	1.	PROGRAM SERVICES	FINANCIAL VEHICLE	7,089,796.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	1.			7,089,796.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	1.			7,089,796.

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

Schedule F (Form 990) 2013

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

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

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

3 Enter total number of other organizations or entities. ▶ -----

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

06-0646755

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	573,761.			573,761.
	2 Less: Contributions	417,257.			417,257.
	3 Gross income (line 1 minus line 2)	156,504.			156,504.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	59,375.			59,375.
	7 Food and beverages	32,500.			32,500.
	8 Entertainment	23,000.			23,000.
	9 Other direct expenses	41,629.			41,629.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				156,504.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			564,678.		564,678.	.20
b Medicaid (from Worksheet 3, column a)			139,065,743.	81,121,870.	57,943,873.	20.70
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			139,630,421.	81,121,870.	58,508,551.	20.90
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,213,822.	3,850,341.	2,363,481.	.84
f Health professions education (from Worksheet 5)			12,446,142.	1,226,200.	11,219,942.	4.01
g Subsidized health services (from Worksheet 6)			2,163,141.		2,163,141.	.77
h Research (from Worksheet 7)			8,294,029.	3,593,204.	4,700,825.	1.68
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			29,117,134.	8,669,745.	20,447,389.	7.30
k Total. Add lines 7d and 7j.			168,747,555.	89,791,615.	78,955,940.	28.20

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			1,225,247.	594,765.	630,482.	.23
2 Economic development						
3 Community support			2,287,607.	974,992.	1,312,614.	.47
4 Environmental improvements						
5 Leadership development and training for community members			33,639.		33,639.	.01
6 Coalition building			531,377.		531,377.	.19
7 Community health improvement advocacy			138,483.	59,145.	79,338.	.03
8 Workforce development						
9 Other			220,020.	202,416.	17,604.	.01
10 Total			4,436,373.	1,831,318.	2,605,054.	.94

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	66,909.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	117,928.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-51,019.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1-5

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

	Yes	No
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9. If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 1 2</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CONNECTICUTCHILDRENS.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input checked="" type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy CONNECTICUT CHILDREN'S MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> 2 </u> <u> 5 </u> <u> 0 </u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u> 4 </u> <u> 0 </u> <u> 0 </u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

SCHEDULE H, PART V, SECTION B, QUESTION 1J

NOT APPLICABLE.

SCHEDULE H, PART V, SECTION B, QUESTION 3

WHEN CONDUCTING OUR FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), WE DID TAKE INTO ACCOUNT INPUT FROM PERSONS REPRESENTING A BROAD RANGE OF INTERESTS IN THE COMMUNITY. WE WORKED AS PART OF A COLLABORATIVE GROUP, TEAMING WITH A NUMBER OF ORGANIZATIONS ON A VARIETY OF LEVELS. WE BEGAN BY INVITING REPRESENTATIVES FROM A NUMBER OF CITY AND STATE AGENCIES TO SOLICIT INPUT ON OUR PROCESS. REPRESENTATIVES FROM CONNECTICUT CHILDREN'S, THE CITY OF HARTFORD'S HEALTH AND HUMAN SERVICES DEPARTMENT, ST. FRANCIS HOSPITAL, AND HARTFORD HOSPITAL MADE UP THE WORK TEAM THAT TOOK THE INPUT AND DEVELOPED A PROCESS AND TIME-LINE FOR CONDUCTING THE ASSESSMENT.

OUR PROCESS INCORPORATED A NUMBER OF STRATEGIES. WE HIRED AN OUTSIDE CONSULTANT TO COMPLETE A COMMUNITY PROFILE. THEY DID SO USING SECONDARY DATA SOURCES THAT INCLUDED:

- CONNECTICUT DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS AND HEALTH OUTCOMES;
- WOMEN'S HEALTH QUICK HEALTH DATA ONLINE VIA THE OFFICE ON WOMEN'S HEALTH;
- HEALTH DATA INTERACTIVE VIA THE CENTERS FOR DISEASE CONTROL AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PREVENTION;

- CONNECTICUT LABOR MARKET INFORMATION VIA THE CONNECTICUT DEPARTMENT OF LABOR; AND
- U.S. CENSUS BUREAU, FOR LOCAL, STATE AND NATIONAL DATA.

WE COMPILED A LIST OF 100 INDIVIDUALS WHO WOULD ACT AS "KEY INFORMANTS", AND ASKED THAT THEY TAKE PART IN A SURVEY. THE LIST INCLUDED 4-5 INDIVIDUALS FROM EACH OF THE THREE HOSPITALS, REPRESENTING DEPARTMENTS SUCH AS EMERGENCY MEDICINE, PRIMARY CARE, AND RESEARCH. HUMAN SERVICE ORGANIZATIONAL LEADERS, REPRESENTATIVES FROM HARTFORD'S BOARD OF EDUCATION, PUBLIC HEALTH OFFICIALS, FEDERALLY QUALIFIED HEALTH CARE PROVIDERS, AND CIVIC AND COMMUNITY LEADERS. THE CONSULTANT CONDUCTED THE SURVEY ANONYMOUSLY, WITH 60 OUT OF THE 100 TAKING PART.

HARTFORD WAS ONE OF THREE PILOT SITES IN THE STATE THAT WERE SELECTED TO TEST AND EVALUATE A HEALTH EQUITY INDEX (HEI) PROJECT. THIS PROJECT ATTEMPTED TO IMPROVE THE COMMUNITY'S KNOWLEDGE OF HEALTH EQUITY CONCEPTS, MOBILIZE THE COMMUNITY INTO ACTION, AND HELP CREATE STRUCTURAL CHANGES THAT CAN LEAD TO BETTER OUTCOMES. VARIOUS SOCIAL DETERMINANTS OF HEALTH WERE MEASURED ON A NEIGHBORHOOD BASIS. PART OF THE PROCESS FOR THIS WAS THE CONDUCTING OF CITY-WIDE FOCUS GROUPS. LEAD BY THE CITY'S HEALTH AND HUMAN SERVICES DEPARTMENT, THE TIMING WAS FORTUITOUS FOR OUR COLLABORATIVE, AND FEEDBACK FROM THE FOCUS GROUPS AS WELL AS THE SOCIAL DETERMINANT MEASURES WERE INCORPORATED INTO OUR ASSESSMENT.

ADDITIONALLY, WE BENEFITED BY THE WORK OF A GROUP CALLED THE URBAN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

ALLIANCE IN HARTFORD. THEY WERE IN THE PROCESS OF CONDUCTING A SURVEY PROJECT TO TRY AND IDENTIFY NEEDS AND BARRIERS TO RECEIVING HUMAN SERVICES THROUGHOUT THE CITY. THEY CONDUCTED A FACE-TO-FACE SURVEY WITH MORE THAN 400 RESIDENTS FROM 12 DIFFERENT NEIGHBORHOODS IN HARTFORD. THE ALLIANCE WAS GRACIOUS IN ALLOWING OUR COLLABORATIVE TO INCLUDE THEIR RESULTS IN OUR ASSESSMENT.

IN ADDITION TO THE CHNA, WE CONTINUE TO GATHER VALUABLE SOURCES OF HEALTH INFORMATION ABOUT HARTFORD, THE GREATER HARTFORD AREA, THE STATE OF CONNECTICUT, AND THE COUNTRY FROM A VARIETY OF SOURCES. SINCE OUR CATCHMENT AREA GOES WELL BEYOND THE CITY, THE FOLLOWING LIST REPRESENTS SOURCES OF DATA THAT ALSO GUIDES OUR DECISION MAKING IN HOW WE CAN BEST DIRECT OUR EXPERTISE AND RESOURCES TO CHILDREN'S HEALTH ISSUES:

- WE PARTNER WITH 2 OTHER ANCHOR INSTITUTIONS (TRINITY COLLEGE, HARTFORD HOSPITAL) TO ADDRESS PUBLIC HEALTH AND QUALITY OF LIFE ISSUES THROUGH SOUTHSIDE NEIGHBORHOOD ALLIANCE (SINA).
- WE PARTICIPATE IN THE CITY'S PUBLIC HEALTH ADVISORY COMMITTEE.
- CT CHILDREN'S IS REPRESENTED ON NUMEROUS BOARDS OF DIRECTORS/ADVISORY BOARDS ON A VARIETY OF LOCAL, STATE-WIDE, AND NATIONAL LEVELS.
- WE MONITOR TRENDS THAT WE SEE IN OUR EMERGENCY DEPARTMENT, PRIMARY CARE CENTER, AND SPECIALTY CLINICS.
- WE COLLABORATE WITH OUR LOCAL UNITED WAY (REPRESENTATION ON THE OPERATIONS COMMITTEE), HAVING ACCESS TO INFORMATION SUCH AS NEEDS OF PEOPLE CALLING INTO THE 2-1-1 CALL CENTER.
- WE CONDUCT RESEARCH INTO HEALTH AND PUBLIC HEALTH ISSUES.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

- WE RESPOND TO REQUESTS FOR PROPOSALS IF WE FEEL OUR EXPERTISE CAN
CONTRIBUTE AND ARE ASKED TO PARTICIPATE IN COLLABORATIVE EFFORTS.

- AS MEMBERS OF CONNECTICUT HOSPITAL ASSOCIATION AND THE CHILDREN'S
HOSPITAL ASSOCIATION, WE ARE AWARE OF TRENDS IN CHILDREN'S HEALTH ISSUES
AND CONCERNS.

WE'VE PARTICIPATED IN OTHER CONNECTICUT HOSPITAL'S CHNAS (WATERBURY,
TORRINGTON), AND THROUGH THE CONNECTICUT HOSPITAL ASSOCIATION, WE'VE HAD
MONTHLY DIALOGUE WITH THE HOSPITAL REPRESENTATIVES RESPONSIBLE FOR THE
CHNAS FOR ALL OTHER CONNECTICUT HOSPITALS.

SCHEDULE H, PART V, SECTION B, QUESTION 4

WE CONDUCTED OUR ASSESSMENT WITH 2 OTHER HARTFORD BASED HOSPITALS;
HARTFORD HOSPITAL AND ST. FRANCIS HOSPITAL.

SCHEDULE H, PART V, SECTION B, QUESTION 5D

THE COMMUNITY HEALTH NEEDS ASSESSMENT HAS BEEN AVAILABLE ON OUR WEBSITE
AND IN HARD COPY TO ANYONE REQUESTING IT. ADDITIONALLY, COPIES WERE GIVEN
TO THE CONNECTICUT CHILDREN'S MEDICAL CENTER BOARD OF DIRECTORS, MEDICAL
CENTER LEADERS, OUR LOCAL UNITED WAY, LOCAL POLITICAL LEADERS,
NEIGHBORHOOD GROUPS (NEIGHBORHOOD REVITALIZATION ZONES, URBAN ALLIANCE),
AS WELL AS ALL WHO WERE LISTED AS KEY INFORMANTS FOR THE PURPOSE OF THE
SURVEY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

IN 2012, CONNECTICUT CHILDREN'S MEDICAL CENTER BEGAN A FIVE-YEAR STRATEGIC PLAN. ONE KEY INITIATIVE OF THE PLAN WAS THE CREATION OF THE OFFICE OF COMMUNITY CHILD HEALTH (OCCH). OCCH WAS CREATED AS A COMMITMENT TO CHILDREN'S HEALTH AND THE COMMUNITY. OCCH HAS BECOME OUR COORDINATING ENTITY THAT IMPROVES UPON OUR EFFORTS IN COMMUNITIES, WHETHER IT'S IMPROVING THE LIVES OF CHILDREN AND FAMILIES THROUGH DIRECT SERVICE, EXTENDING BEST PRACTICES, IMPROVING THE HEALTHCARE SYSTEM, OR MAKING IMPROVEMENTS THROUGH CHILD HEALTH ADVOCACY. THERE ARE TWELVE PROGRAMS UNDER THE OFFICE. THEY INCLUDE:

- THE PRIMARY CARE CENTER - PROVIDING PRIMARY CARE TO THE LARGEST NUMBER OF MEDICAID SUPPORTED CHILDREN IN THE STATE.
- CO-MANAGEMENT PROGRAM - DEVELOPING EXPANDED PRIMARY CARE MANAGEMENT OF CONDITIONS IN COLLABORATION WITH OUR SPECIALISTS.
- EASY BREATHING - IMPLEMENTATION OF PRIMARY CARE-BASED ASTHMA MANAGEMENT.
- EDUCATING PRACTICES IN THE COMMUNITIES (EPIC) - TRAINING FOR PRIMARY CARE OFFICE PRACTICE IMPROVEMENTS.
- HARTFORD CHILDHOOD WELLNESS ALLIANCE - CHILDHOOD OBESITY PREVENTION COALITION BUILDING.
- HELP ME GROW NATIONAL CENTER - EARLY DETECTION AND REFERRAL SYSTEM FOR CHILDREN AT RISK FOR DEVELOPMENTAL AND BEHAVIORAL PROBLEMS.
- HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE (HYHIL) PROGRAM - PROMOTING HIV PREVENTION AMONG TEENS AND YOUTH.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

- INJURY PREVENTION CENTER - INJURY PREVENTION WORK, RESEARCH AND EDUCATION.
- LEAD ACTION FOR MEDICAID PRIMARY PREVENTION (LAMPP) / GREEN AND HEALTH HOMES - LEAD HAZARD ASSESSMENT, EDUCATION, AND FINANCIAL ASSISTANCE, AND ALSO HOME VISITS FOR ASTHMA TRIGGERS AND ENVIRONMENTAL HAZARDS FOR INJURY PREVENTION.
- MAINTENANCE OF CERTIFICATION/QUALITY IMPROVEMENT - DEVELOPMENT AND ADMINISTRATION OF PRACTICE-BASED QUALITY IMPROVEMENT ACTIVITIES RELATED TO OCCH PROGRAM AREAS.
- RESIDENT EDUCATION IN COMMUNITY HEALTH (REACH) - PEDIATRIC RESIDENT TRAINING IN ADVOCACY, CHILDREN'S HEALTH SYSTEMS, AND CHILD HEALTH POLICY.
- SPECIAL KIDS SUPPORT CENTER/HARTFORD AREA CARE COORDINATION COLLABORATIVE - ASSISTING PRIMARY CARE MEDICAL HOMES IN CONNECTING CHILDREN WITH SPECIAL HEALTH CARE NEEDS TO SERVICES.

IN SEPTEMBER OF 2013, THE CONNECTICUT CHILDREN'S MEDICAL CENTER BOARD ADOPTED OUR CHNA, AND IN FEBRUARY OF 2014, THE BOARD ADOPTED OUR IMPLEMENTATION STRATEGY USING OCCH AS THE VEHICLE TO RESPOND TO COMMUNITY NEEDS.

THE FORMAL ASSESSMENT IDENTIFIED A NUMBER OF NEEDS, MANY RELATED TO SOCIAL DETERMINANTS AND MANY RELATED TO ADULT CONCERNS. THROUGH OUR NEIGHBORHOOD PARTNERS AT SINA, WE ARE ADDRESSING SOME OF THE LOCAL PUBLIC HEALTH CONCERNS IN THE AREAS OF HOUSING AND PUBLIC SAFETY. WE'VE BEEN TAKING A BLOCK-BY-BLOCK APPROACH TO LEVERAGE OUR RESOURCES WITH CITY,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

STATE AND FEDERAL RESOURCES TO WORK TOWARD ELIMINATING BLIGHTED PROPERTIES AND WORK MORE EFFECTIVELY WITH PUBLIC OFFICIALS TO CREATE SAFER NEIGHBORHOODS.

WHILE WE DON'T HAVE THE EXPERTISE TO TACKLE THE ISSUES RELATED TO ADULT HEALTH NEEDS IDENTIFIED IN THE CHNA, THERE WERE THREE ISSUES RELATED TO CHILDREN'S HEALTH THAT WE ARE WORKING TO ADDRESS. OUR LEADERSHIP WITH THE HARTFORD CHILDHOOD WELLNESS ALLIANCE HAS RESULTED IN 30 AGENCIES COMING TOGETHER TO LOOK AT ISSUES RELATED TO CHILDHOOD OBESITY. OUR CONTINUED WORK WITH OUR EASY BREATHING PROGRAM AND LAMPP PROJECT CONTINUES TO PROVIDE SUPPORT FOR CONCERNS AROUND CHILDHOOD ASTHMA. THE THIRD AREA IDENTIFIED IS IN THE AREA OF MATERNAL/CHILD HEALTH, AND IN 2013, WE RECEIVED A FUNDING FROM THE HARTFORD FOUNDATION FOR PUBLIC GIVING AND THE CITY OF HARTFORD'S HEALTH AND HUMAN SERVICES DEPARTMENT TO DEVELOP A BLUEPRINT FOR MATERNAL/CHILD HEALTH SUPPORTS AND INTERVENTIONS.

OTHER PROGRAMS UNDER OCCH HAVE BEEN DEVELOPED OVER TIME IN ORDER TO ADDRESS NEEDS THAT HAVE BEEN IDENTIFIED FROM SOURCES OUTSIDE OF OUR CHNA. WE UNDERSTAND THE RESPONSIBILITY WE HAVE TO USE OUR RESOURCES AND EXPERTISE WISELY. THE MISSION OF THE OFFICE IS TO ELEVATE THE EFFECTIVENESS AND STATUS OF THE MEDICAL CENTER AS A CRITICAL COMMUNITY RESOURCE BY DEVELOPING, PROMOTING, SUPPORTING, EVALUATING, AND DISSEMINATING INNOVATIVE EFFECTIVE, COMMUNITY ORIENTED PROGRAMS AND SERVICES TO ADDRESS CHILDREN'S CRITICAL HEALTH NEEDS. WE WANT THE CHILDREN OF CONNECTICUT TO BE THE HEALTHIEST IN THE COUNTRY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

SCHEDULE H, PART V, SECTION B, QUESTION 7

THERE ARE NEEDS IDENTIFIED IN THE CHNA THAT WE ARE NOT ADDRESSING, BUT THOSE ARE NEEDS RELATED TO ADULT HEALTH SUCH AS DIABETES AND HEART DISEASE. WE DO NOT HAVE THE EXPERTISE IN THESE AREAS, THOUGH WE DO UNDERSTAND THE RELATIONSHIP THAT CHILDREN'S HEALTH DOES HAVE TO FUTURE ADULTS BEING HEALTHY. MANY OF THE PARTICIPANTS WITH THE ALLIANCE WORK WITH PARENTS, FOSTER PARENTS AND GRANDPARENTS, SO WE DO HAVE AN INDIRECT INFLUENCE IN THESE AREAS.

SCH H, PART V, SECT B, QUESTIONS 10,11,12I,16E,17E,18E,19C,19D,20D,21&22

NOT APPLICABLE.

SCHEDULE H, PART V, SECTION B, QUESTION 14G

THE BOTTOM OF ALL BILLING INVOICES INCLUDES A STANDARD NOTE INDICATING THE PATIENT FINANCIAL ASSISTANCE POLICY IS AVAILABLE ALONG WITH A PHONE NUMBER TO OBTAIN THE POLICY. ALSO, THE POLICY IS POSTED ON THE HOSPITAL'S INTERNET WEBSITE.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, QUESTION 7

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

SCHEDULE H, PART I; QUESTION 7G

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

SCHEDULE H, PART II

CONNECTICUT CHILDREN'S CORE MISSION IS TO IMPROVE THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN ACROSS THE STATE OF CONNECTICUT. WE RECOGNIZE THAT CHILDREN DO NOT LIVE IN ISOLATION: THEY ARE A PART OF FAMILIES AND COMMUNITIES. IN ORDER TO FULFILL OUR MISSION, WE PROVIDE LEADERSHIP AND PARTICIPATE IN COMMUNITY BASED PROGRAMS THAT HELP BUILD

Part VI Supplemental Information

Provide the following information.

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

HEALTHIER COMMUNITIES. TO THAT END, WE HAVE ADOPTED, AS ONE OF OUR FIVE KEY ORGANIZATIONAL STRATEGIES, THE CREATION OF THE OFFICE OF COMMUNITY CHILD HEALTH ("OCCH"). OCCH SERVES AS OUR COORDINATING ENTITY FOR OUR COMMUNITY-ORIENTED PROGRAMS. IN 2013, THERE WERE TWELVE COMMUNITY PROGRAMS THAT WERE OVERSEEN BY THE OFFICE:

- CO-MANAGEMENT PROGRAM
- EASY BREATHING
- EDUCATING PRACTICES IN THE COMMUNITY (EPIC)
- HELP ME GROW NATIONAL CENTER
- HARTFORD CHILDHOOD WELLNESS ALLIANCE
- HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE GROUP (HYHIL)
- THE INJURY PREVENTION CENTER
- LEAD ACTION FOR MEDICAID PRIMARY PREVENTION (LAMPP)
- MAINTENANCE OF CERTIFICATION
- THE PRIMARY CARE CENTER/CHARTER OAK PARTNERSHIP
- RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH (REACH) AND
- THE SPECIAL KIDS SUPPORT CENTER/HARTFORD AREA COORDINATION

Part VI Supplemental Information

Provide the following information.

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

COLLABORATIVE.

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

ADDITIONAL COMMUNITY BUILDING ACTIVITIES INCLUDE OUR WORK WITH A
NEIGHBORHOOD PARTNERSHIP CALLED SOUTHSIDE INSTITUTIONS NEIGHBORHOOD
ALLIANCE AND THE UNITED WAY OF CENTRAL AND NORTHEASTERN CT.

SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE ("SINA") IS A PARTNERSHIP
BETWEEN CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL AND
TRINITY COLLEGE. WE SHARE ONE OF HARTFORD'S POOREST NEIGHBORHOODS. EACH
INSTITUTION PAYS DUES THAT ACT AS THE FOUNDATION FOR SINA'S ANNUAL

Part VI Supplemental Information

Provide the following information.

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

OPERATING BUDGET. THREE EMPLOYEES OF CONNECTICUT CHILDREN'S ARE ON SINA'S BOARD OF DIRECTORS, AND IN 2013, 30 EMPLOYEES PARTICIPATED IN COMMITTEES AND ACTIVITIES THAT PROMOTED EDUCATION, IMPROVED HOUSING, AND PUBLIC SAFETY IN OUR SURROUNDING NEIGHBORHOODS.

A FEW OF THE WAYS THAT WE SUPPORTED EDUCATION THROUGH SINA INCLUDED THE SPONSORSHIP OF THE CITY-WIDE SCIENCE FAIR. OUR GOAL WAS TO SUPPORT THE HARTFORD BOARD OF EDUCATION IN THEIR ENCOURAGEMENT OF PROMOTING STUDENTS INTEREST IN THE SCIENCES. ALONG WITH A FINANCIAL SPONSORSHIP, 12 EMPLOYEES ACTED AS JUDGES FOR THE EVENT AND 6 ADDITIONAL EMPLOYEES SERVED AS VOLUNTEERS TO HELP WITH THE EVENT COORDINATION. WE DEVELOPED A COMPLIMENTARY ROLE MODELING PROGRAM WHEREBY STAFF FROM THE INSTITUTIONS VISITED LOCAL SCHOOLS TO TALK TO CLASSROOMS ABOUT HOW SCIENCE HAS BEEN USED IN THEIR JOBS. SINA HAS ALSO SET UP TWO SCHOLARSHIP PROGRAMS. IN 2013, THREE GRADUATES FROM THE LOCAL HIGH SCHOOL RECEIVED SCHOLARSHIPS FOR THEIR COMMUNITY SERVICE CONTRIBUTIONS, AND FOUR ADULTS FROM THE NEIGHBORHOOD WHO ATTEND CAPITAL COMMUNITY COLLEGE RECEIVED A "SINA STUDENT SUPPORT SCHOLARSHIP" TO SUPPORT THEIR EFFORTS IN GETTING INTO A

Part VI Supplemental Information

Provide the following information.

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

CAREER IN EITHER HEALTHCARE OR EDUCATION.

SINA'S HOUSING PROGRAM HAS FOCUSED ON TAKING BLIGHTED BUILDINGS, RAZING THEM, AND THEN BUILDING NEW SINGLE AND TWO-FAMILY HOMES. SINA HAS BEEN ABLE TO BRING TOGETHER FEDERAL, STATE, AND CITY FINANCIAL SUPPORT TO CONSTRUCT OVER 50 HOMES DURING THE PAST 8 YEARS, WORKING TO COMPLETE THE BUILDING OF 5 NEW HOMES DURING 2013. ASIDE FROM IMPROVING THE NEIGHBORHOOD WITH 50-55 FIRST TIME HOMEOWNERS, WE ESTIMATE THAT THIS HAD ADDED MORE THAN \$250,000 TO THE TAX ROLL FOR THE CITY. SINA CONTINUES TO OWN RENTAL PROPERTIES THAT WERE OBTAINED SOME YEARS AGO TO ADDRESS THE NEED OF INADEQUATE QUALITY LOW-COST HOUSING FOR THE NEIGHBORHOOD, AND THROUGH SINA, WE CONTINUE TO DIALOGUE WITH THE COMMUNITY ON STRATEGIES TO BALANCE ALL OF OUR HOUSING EFFORTS TO MEET THE GREATEST COMMUNITY NEED. IN 2013, WE ENTERED INTO DIALOGUES WITH MULTIPLE STATE AND LOCAL PARTNERS TO TRY AND LEVERAGE OUR ONGOING EFFORTS WITH THOSE OF OTHERS TO HAVE A LARGER IMPACT IN THE COMING YEARS.

PUBLIC SAFETY IS PROMOTED IN A NUMBER OF WAYS. SINA STAFF AND STAFF FROM

Part VI Supplemental Information

Provide the following information.

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

CONNECTICUT CHILDREN'S PARTICIPATE IN ONE OF HARTFORD'S NEIGHBORHOOD REVITALIZATION ZONE (NRZ) MEETINGS. WE PARTICIPATE ON THE NRZ'S PUBLIC SAFETY COMMITTEE SUPPORTING BLOCK WATCH PROGRAMS. SINA ORGANIZES REGULAR MEETINGS WITH THE HARTFORD POLICE DEPARTMENT AND THE CAMPUS SAFETY MANAGERS OF THE THREE INSTITUTIONS TO DISCUSS COLLABORATIVE EFFORTS FOR PATROLLING THE NEIGHBORHOOD. IN 2013 SINA PUT ON A NEIGHBORHOOD SAFETY FORUM, BRINGING TOGETHER 13 MEMBERS OF THE HARTFORD POLICE DEPARTMENT (INCLUDING THE CHIEF OF POLICE), NEIGHBORHOOD RESIDENTS, AND BUSINESS OWNERS TO DIALOGUE AND TAKE ACTION ON HOW TO ADDRESS SOME OF THE NEIGHBORHOOD "HOT SPOTS."

OUR WORK WITH THE UNITED WAY INCLUDES A YEARLY EMPLOYEE CAMPAIGN IN WHICH EMPLOYEE COMMITTEES ARE ESTABLISHED TO RAISE MONEY THAT IS INVESTED IN THE COMMUNITY. IN SEPTEMBER OF 2013, MORE THAN 50 EMPLOYEES WERE INVOLVED IN "DAY OF CARING" ACTIVITIES THAT INCLUDED CREATING AND SERVING A MEAL AT A LOCAL HOMELESS SHELTER, CLEANING UP ONE OF HARTFORD'S HIGHLY VISIBLE PARKS, AND HELPING WITH CLEANING AND MAINTENANCE PROJECTS AT A LOCAL BOYS AND GIRLS CLUB. FOR THESE ACTIVITIES, EMPLOYEES PARTICIPATING WERE ABLE

Part VI Supplemental Information

Provide the following information.

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

TO USE AN EMPLOYEE BENEFIT ALLOWING FOR 8 HOURS OF PAID TIME TO
 CONTRIBUTE TOWARD THE COMMUNITY. CONNECTICUT CHILDREN'S WAS ALSO
 REPRESENTED IN THE UNITED WAY'S COMMUNITY INVESTMENT PROCESS, HELPING TO
 EVALUATE COMMUNITY PROGRAMS RECEIVING UNITED WAY FUNDS. ONE MEMBER OF CT
 CHILDREN'S ALSO REPRESENTS THE MEDICAL CENTER ON THE OPERATIONS COMMITTEE
 OF THE UNITED WAY.

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

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

CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") AND ITS
 SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

CONNECTICUT CHILDREN'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT
 EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED

Part VI Supplemental Information

Provide the following information.

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

ACROSS ALL HOSPITAL FACILITIES. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S AND SUBSIDIARIES.

PATIENT ACCOUNTS RECEIVABLE

PATIENT ACCOUNTS RECEIVABLE AND REVENUES ARE RECORDED WHEN PATIENT SERVICES ARE PERFORMED. AMOUNTS RECEIVED FROM CERTAIN PAYORS ARE DIFFERENT FROM ESTABLISHED BILLING RATES OF THE MEDICAL CENTER, AND THE DIFFERENCE IS ACCOUNTED FOR AS ALLOWANCES. THE MEDICAL CENTER RECORDS ITS PROVISION FOR BAD DEBTS BASED UPON A REVIEW OF ALL OF ITS OUTSTANDING RECEIVABLES. WRITE-OFFS OF RECEIVABLE BALANCES ARE RELATED TO ITS POPULATION OF UNDERINSURED PATIENTS. AN UNDERINSURED PATIENT IS ONE WHO HAS COMMERCIAL INSURANCE WHICH LEAVES A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S REIMBURSEMENT TO BE PAID BY THE PATIENT, EITHER THROUGH LARGE DEDUCTIBLES OR CO-PAY REQUIREMENTS. SELF-PAY PATIENTS ARE RARE IN THE PEDIATRIC ENVIRONMENT, AS MEDICAID IS READILY AVAILABLE TO CHILDREN. SELF-PAY NET REVENUE APPROXIMATED \$3,500,000 AND \$4,400,000 FOR THE YEARS

Part VI Supplemental Information

Provide the following information.

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

ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY.

CHARITY CARE

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

THE COSTS OF CHARITY CARE INCURRED WERE \$730,330 AND \$626,607 FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THE COSTS OF CHARITY CARE ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE MEDICAL CENTER'S

Part VI Supplemental Information

Provide the following information.

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

RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS
UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2013 MEDICARE COST REPORT.

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

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD
DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE
FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE
ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE
HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH
THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN
PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN
A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX,

Part VI Supplemental Information

Provide the following information.

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

NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE
COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT
STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A
TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE
("IRC") §501(C)(3).

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

Part VI Supplemental Information

Provide the following information.

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

ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

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

Part VI Supplemental Information

Provide the following information.

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

BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

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

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS

Part VI Supplemental Information

Provide the following information.

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

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

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND

Part VI Supplemental Information

Provide the following information.

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

HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND
MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY

Part VI Supplemental Information

Provide the following information.

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

BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

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

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE

Part VI Supplemental Information

Provide the following information.

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

TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI; QUESTION 2

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

IN MARCH OF 2012, THE COLLABORATIVE MADE UP OF CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL, ST. FRANCIS HOSPITAL, UNIVERSITY OF CONNECTICUT HEALTH CENTER AND THE CITY OF HARTFORD'S HEALTH AND HUMAN SERVICES DEPARTMENT RELEASED A COMMUNITY HEALTH NEEDS ASSESSMENT. THE ASSESSMENT FOCUSED SPECIFICALLY ON HARTFORD USING DATA FROM THE CITY'S HEALTH EQUITY INDEX, SURVEYS FROM AREA KEY INFORMANTS, THE HARTFORD SURVEY PROJECT, AND SECONDARY DATA, MUCH OF WHICH CAME FROM CONNECTICUT'S DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS AND HEALTH OUTCOMES. ADDITIONALLY, WE HAVE OPPORTUNITIES TO ASSESS NEEDS THROUGH A NUMBER OF OTHER VEHICLES THAT ALLOW US TO LOOK DEEPER INTO HARTFORD, BUT ALSO THE HEALTH OF CHILDREN THROUGHOUT THE STATE. SOME OF THOSE VEHICLES INCLUDE:

Part VI Supplemental Information

Provide the following information.

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

- SITTING ON THE CITY'S PUBLIC HEALTH ADVISORY COMMITTEE;
- COLLECTING INFORMATION ABOUT HEALTH TRENDS FROM OUR CLINICS AND EMERGENCY DEPARTMENT;
- RESEARCHING LOCAL AND NATIONAL HEALTH RELATED ISSUES;
- PARTICIPATING ON NEIGHBORHOOD, LOCAL, STATEWIDE AND NATIONAL COMMITTEES, COALITIONS, NETWORKS AND BOARDS OF DIRECTORS USING THOSE OPPORTUNITIES TO GUIDE OUR DECISION MAKING; AND
- RESPONDING TO GRANT OPPORTUNITIES WHICH REQUIRE US TO ASSESS SPECIFIC NEEDS AS THEY RELATE TO A SPECIFIC GRANT.

OUR STATE HOSPITAL ASSOCIATION HAS DEVELOPED A NETWORK OF COMMUNITY BENEFIT REPORTERS WHO SHARE THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS. WE ARE ABLE TO LOOK TO SEE WHAT THEY HAVE IDENTIFIED AS NEEDS IN PEDIATRICS AT THEIR LOCAL LEVELS.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI; QUESTION 3

AS WRITTEN IN THE CREDITS AND COLLECTIONS POLICY: POSTED TEXT IN GENERAL PUBLIC AREAS AND OTHER COMMUNICATIONS (IN ENGLISH AND SPANISH) WILL NOTIFY PATIENTS AND THEIR GUARANTORS OF THE AVAILABILITY OF HOSPITAL-BASED ASSISTANCE AND OTHER PROGRAMS OF PUBLIC ASSISTANCE. IF THE HOSPITAL DETERMINES THAT A PATIENT OR GUARANTOR IS POTENTIALLY ELIGIBLE FOR MEDICAID OR OTHER GOVERNMENT PROGRAM, IT WILL ENCOURAGE THE PATIENT OR GUARANTOR TO APPLY FOR SUCH PROGRAM AND THE FINANCIAL COUNSELORS WILL ASSIST PATIENT GUARANTORS IN APPLYING FOR MEDICAID, HOSPITAL-BASED ASSISTANCE, OR OTHER ASSISTANCE AND PAYMENT PLAN PROGRAMS WHEN APPROPRIATE. CONNECTICUT CHILDREN'S MEDICAL CENTER OFFERS HOSPITAL-BASED ASSISTANCE FOR MEDICALLY NECESSARY INPATIENT AND OUTPATIENT SERVICES FOR THOSE PATIENTS UNABLE TO PAY WHO CAN DEMONSTRATE FINANCIAL NEED ACCORDING TO CONNECTICUT CHILDREN'S MEDICAL CENTER'S PATIENT FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION METHODOLOGY. IT IS AVAILABLE AS A LAST RESORT AFTER ALL OTHER THIRD PARTY RESOURCES HAVE BEEN EXHAUSTED. ONCE APPROVED, THE DURATION FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE IS SIX MONTHS.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI; QUESTION 4

CONNECTICUT CHILDREN'S MEDICAL CENTER'S MAIN CAMPUS IS LOCATED IN ONE OF THE POOREST NEIGHBORHOODS IN ONE OF THE STATE'S POOREST CITIES. THOUGH WE SERVE CHILDREN AND FAMILIES THROUGHOUT THE ENTIRE STATE, WE WORK WITH OUR PARTNERS AT SINA TO IMPROVE LIVING CONDITIONS FOR ABOUT 2,500 HOUSEHOLDS IN OUR IMMEDIATE 14 BLOCK NEIGHBORHOOD, AND WORK WITH OTHER PARTNERS ON HEALTH IMPROVEMENT PROGRAMS IN THE CITY OF HARTFORD AND THROUGHOUT CONNECTICUT. CONNECTICUT CHILDREN'S MEDICAL CENTER OPERATES AN INPATIENT UNIT IN WATERBURY CONNECTICUT AT ST. MARY'S HOSPITAL.

SOME INFORMATION DESCRIBING THE NEIGHBORHOOD, HARTFORD, WATERBURY AND THE STATE:

NEIGHBORHOOD - 2,500 HOUSEHOLDS; 75% LATINO; 44% WITH HOUSEHOLD INCOMES UNDER \$25,000; 45% OF THE RESIDENTS 18 AND OLDER HAVE LESS THAN A HIGH SCHOOL DEGREE.

Part VI Supplemental Information

Provide the following information.

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

HARTFORD - POPULATION OF 124,817; 54,635 HOUSEHOLDS; 37% AFRICAN

AMERICAN/BLACK; 42% LATINO; MEDIAN HOUSEHOLD INCOME OF \$29,107.

WATERBURY - POPULATION OF 110,075; 48,426 HOUSEHOLDS; 19% AFRICAN

AMERICAN/BLACK; 30% LATINO; MEDIAN HOUSEHOLD INCOME OF \$41,499.

CONNECTICUT - POPULATION OF 3,558,172; 1,482,798 HOUSEHOLDS; 9.8% AFRICAN

AMERICAN/BLACK; 13% LATINO; MEDIAN HOUSEHOLD INCOME OF \$69,243.

SCHEDULE H, PART VI; QUESTION 5

CONNECTICUT CHILDREN'S MEDICAL CENTER HAS A VISION TO MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE NATION. WHILE WE PROVIDE LEADING MEDICAL CARE, TREATMENT, AND FOLLOW-UP SUPPORT WITHIN OUR FACILITIES, SOME OF THE BEST WORK WE DO TO PROMOTE CHILDREN'S HEALTH HAPPENS WITHIN CONNECTICUT'S COMMUNITIES. THE OFFICE OF COMMUNITY CHILD HEALTH IS DEDICATED TO DEVELOPING AND SUPPORTING COMMUNITY-BASED PROGRAMS THAT PROMOTE CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. THIS UNIQUE APPROACH AMONG CHILDREN'S HOSPITALS BRINGS TOGETHER INTERNAL, LOCAL, STATE AND NATIONAL STAKEHOLDERS TO PROVIDE SPECIFIC PROGRAMS WHICH AIM TO PREVENT ILLNESS,

Part VI Supplemental Information

Provide the following information.

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

INJURY, AND OTHER HARM AND ENSURE THAT ALL CHILDREN IN ALL COMMUNITIES RECEIVE THE BEST CARE POSSIBLE. THERE ARE CURRENTLY TWELVE COMMUNITY CHILD HEALTH PROGRAMS IN PROGRESS IN COMMUNITIES THROUGHOUT THE STATE. IN ADDITION TO THE OFFICE, THERE ARE A NUMBER OF OTHER VEHICLES IN PLACE THAT ARE USED TO PROMOTE COMMUNITY HEALTH. OUR CORPORATE COMMUNICATIONS OFFICE COORDINATES ALL EXTERNAL COMMUNICATIONS, MANY OF WHICH ARE DESIGNED FOR THE PURPOSE OF PROMOTING COMMUNITY HEALTH. OUR ANNUAL REPORT INFORMS THE COMMUNITY OF THE LATEST ADVANCES IN THE CARING FOR AND CURING OF CHILDHOOD ILLNESS AND DISEASES. OTHER PUBLICATIONS DESCRIBING THE PROGRAMS AND SERVICES AT CONNECTICUT CHILDREN'S MEDICAL CENTER ARE SENT OUT TO THE COMMUNITY THROUGHOUT THE YEAR. OUR CONTINUING MEDICAL EDUCATION OFFICE HOLDS PEDIATRIC GRAND ROUNDS THROUGHOUT THE YEAR WITH MANY OF THE ATTENDEES BEING COMMUNITY PROVIDERS. ADDITIONALLY, MANY OF OUR EMPLOYEES PARTICIPATE IN THE BOARDS OF DIRECTORS AND ADVISORY BOARDS AT THE LOCAL AND STATE-WIDE LEVEL.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE CONNECTICUT CHILDREN'S CORPORATION AND SUBSIDIARIES:

NOT FOR-PROFIT ENTITIES:

CCMC CORPORATION

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

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

AS THE PARENT ORGANIZATION, CCMC CORPORATION STRIVES TO CONTINUALLY

Part VI Supplemental Information

Provide the following information.

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

DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF CONNECTICUT AND SURROUNDING COMMUNITIES. CCMC CORPORATION ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. CONNECTICUT CHILDREN'S MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

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

Part VI Supplemental Information

Provide the following information.

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

QUALIFIED PHYSICIANS;

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

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

CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.

CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE

Part VI Supplemental Information

Provide the following information.

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

SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

CCMC AFFILIATES, INC.

CCMC AFFILIATES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES SPECIALIZED EDUCATION AND CHILD DEVELOPMENT PROGRAMS TO CHILDREN OF CONNECTICUT AND THE SURROUNDING AREAS.

CONNECTICUT CHILDREN'S SPECIALTY GROUP

CONNECTICUT CHILDREN'S SPECIALTY GROUP IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE

Part VI Supplemental Information

Provide the following information.

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

CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

CHILDREN'S FUND OF CONNECTICUT, INC.

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

CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC.

Part VI Supplemental Information

Provide the following information.

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

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

NORTHEAST PEDIATRIC SPECIALISTS, INC.

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

Part VI Supplemental Information

Provide the following information.

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

CAPITAL AREA HEALTH CONSORTIUM, INC.

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

FOR-PROFIT ENTITIES:

CCMC VENTURES, INC.

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

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART VI; QUESTION 7

THE STATE OF CONNECTICUT REQUIRES HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT WITH CONNECTICUT'S OFFICE OF THE HEALTHCARE ADVOCATE. THE REPORT IS SUBMITTED EVERY OTHER YEAR. A REPORT FOR FISCAL YEARS 2011 AND 2012 WAS SUBMITTED IN 2013.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK J GARVEY CPA CH TREASURER-DIRECTOR-SVP/CFO	(i)	198,966.	4,276.	418.	14,561.	22,390.	240,611.	0
	(ii)	0	0	0	0	0	0	0
2 MARTIN J GAVIN DIRECTOR; EX-OFFICIO-PRES/CEO	(i)	447,050.	0	47,431.	25,500.	9,487.	529,468.	0
	(ii)	0	0	0	0	0	0	0
3 RICHARD G WEISS DIRECTOR (TERMED 12/2013)	(i)	0	0	0	0	0	0	0
	(ii)	440,796.	42,491.	27,619.	28,050.	22,558.	561,514.	0
4 THERESA M HENDRICKSEN EVP & CHIEF OPERATING OFFICER	(i)	314,048.	40,000.	22,160.	28,050.	22,696.	426,954.	0
	(ii)	0	0	0	0	0	0	0
5 RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	(i)	255,121.	6,667.	559.	17,850.	9,943.	290,140.	0
	(ii)	0	0	0	0	0	0	0
6 KELLY STYLES CHIEF INFORMATION OFFICER	(i)	210,331.	20,000.	22,623.	22,771.	9,737.	285,462.	0
	(ii)	0	0	0	0	0	0	0
7 FERNANDO FERRER MD EVP CLINICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	745,361.	50,000.	26,078.	22,950.	21,706.	866,095.	0
8 PAUL H DWORKIN EVP COMMUNITY CHILD HEALTH	(i)	365,345.	40,000.	31,826.	28,050.	2,156.	467,377.	0
	(ii)	0	0	0	0	0	0	0
9 ANDREA L BENIN MD SRVP QUAL IMP & PATIENT SAFETY	(i)	329,047.	75,000.	5,219.	17,850.	28,026.	455,142.	0
	(ii)	0	0	0	0	0	0	0
10 ANN TAYLOR SR VP & GENERAL COUNSEL	(i)	263,278.	40,000.	28,845.	25,490.	18,214.	375,827.	0
	(ii)	0	0	0	0	0	0	0
11 DEAN A RAPOZA VP MARKETING & BUS DEVELOPMENT	(i)	249,817.	25,000.	5,288.	25,500.	22,437.	328,042.	0
	(ii)	0	0	0	0	0	0	0
12 CHERYL HOEY VP CLINICAL SERVICE & CNO	(i)	216,049.	25,000.	2,038.	18,782.	22,517.	284,386.	0
	(ii)	0	0	0	0	0	0	0
13 LAWRENCE E MILAN VP OF HUMAN RESOURCES	(i)	209,148.	0	3,018.	16,406.	8,532.	237,104.	0
	(ii)	0	0	0	0	0	0	0
14 THOMAS RICHARDSON VP STRATEGIC PLANNING	(i)	165,004.	20,000.	524.	17,101.	22,518.	225,147.	0
	(ii)	0	0	0	0	0	0	0
15 JUAN SALAZAR MD PHYSICIAN IN CHIEF	(i)	96,173.	7,254.	1,575.	14,540.	23,179.	142,721.	0
	(ii)	170,189.	5,814.	2,785.	4,677.	1,250.	184,715.	0
16 LINDA A GROOM PROF PRACTICE RN IV	(i)	188,226.	0	5,277.	15,692.	20,144.	229,339.	0
	(ii)	0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ELIZABETH CROUCH SR DIR PERIOPERATIVE SVCS	(i) 157,078.	0	33,028.	14,369.	17,150.	221,625.	0
	(ii)	0	0	0	0	0	0	0
2	BARBARA E BROWN SR DIRECTOR EDUCATION/REHAB	(i) 162,626.	9,587.	4,267.	19,157.	15,689.	211,326.	0
	(ii)	0	0	0	0	0	0	0
3	WILLIAM A AGOSTINUCCI SR DIR CLINICAL/FAMILY SVS	(i) 157,686.	9,805.	4,876.	19,593.	20,719.	212,679.	0
	(ii)	0	0	0	0	0	0	0
4	JUNG PARK DIR APPLICATION SUPPORT SVCS	(i) 165,006.	5,919.	319.	11,112.	27,999.	210,355.	0
	(ii)	0	0	0	0	0	0	0
5	GERALD J BOISVERT JR FORMER EVP & CFO	(i) 116,416.	50,000.	128,928.	7,504.	8,346.	311,194.	0
	(ii)	0	0	0	0	0	0	0
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

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

PART VII AND SCHEDULE J

TAXABLE COMPENSATION REPORTED HERIN IS DERIVED FROM 2013 FORMS W-2 AND FORMS 1099 (IF APPLICABLE).

SCHEDULE J, PART I; QUESTION 3

EACH YEAR, TOWERS WATSON CONDUCTS A MARKET ANALYSIS OF CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("CONNECTICUT CHILDREN'S") CEO, OFFICERS AND OTHER KEY EMPLOYEES. TO AUGMENT THEIR PROPRIETARY DATA AND OTHER DATA TO WHICH THEY HAVE ACCESS, CONNECTICUT CHILDREN'S PROVIDES THE RESULTS DATA FROM SALARY SURVEYS IN WHICH WE PARTICIPATE. THE ANALYSIS AND PRESENTATION OF THE DATA IS PERFORMED BY THE TOWERS WATSON REPRESENTATIVE TO THE CEO AND THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ANNUALLY THE CEO AND THE BOARD THEN DISCUSS SALARY RECOMMENDATIONS FOR THE OFFICERS AND OTHER KEY EMPLOYEES AND SIGN OFF ON THE FINAL RECOMMENDATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS INDEPENDENTLY WITH THE CEO TO DISCUSS HIS INDIVIDUAL PERFORMANCE. FOLLOWING THE PERFORMANCE EVALUATION, A SALARY

Part III Supplemental Information

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

RECOMMENDATION IS MADE AND COMMUNICATED TO THE VICE PRESIDENT OF HUMAN
RESOURCES TO AUTHORIZE PROCESSING.

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

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS
DURING CALENDAR YEAR 2013 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II)
HEREIN AND IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE
WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS
INFORMATION BY PERSON BY AMOUNT.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	3,545,000.				2,358,095.		4,397,164.	
2 Amount of bonds legally defeased			8,500,000.					
3 Total proceeds of issue	41,580,000.		8,500,000.		8,800,000.		11,200,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	10,255,050.							
7 Issuance costs from proceeds	689,909.		34,581.		31,338.		49,582.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			8,465,419.		6,445,339.		11,150,418.	
11 Other spent proceeds	30,635,041.							
12 Other unspent proceeds					2,323,323.			
13 Year of substantial completion	2011		2010		2015		2014	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X		X		X
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X			X	X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	2,547,465.		59,783.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	13,500,000.		3,250,865.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	49,245.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	10,752,458.		3,250,865.					
11 Other spent proceeds								
12 Other unspent proceeds	2,698,297.							
13 Year of substantial completion	2015		2014					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

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

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

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

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X				X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THE CONNECTICUT LIGHT AND POWER COMPANY	DIRECTOR - SHIVERY	389,211.	UTILITIES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV

CHARLES W. SHIVERY; DIRECTOR OF THIS ORGANIZATION IS THE PRESIDENT OF THE CONNECTICUT LIGHT AND POWER COMPANY, A SUBSIDIARY OF NORTHEAST UTILITES. THIS ORGANIZATION UTILIZED THE SERVICES OF THE CONNECTICUT LIGHT AND POWER COMPANY DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2014. SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS. PLEASE NOTE THAT THE CONNECTICUT LIGHT AND POWER COMPANY IS THE SOLE PROVIDER OF POWER IN THE AREA SURROUNDING THE MEDICAL CENTER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

06-0646755

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

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

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

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

4. CONTROL OF CONNECTICUT CHILDREN'S RESTS WITH ITS BOARD OF TRUSTEES.

ITS BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

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

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

HISTORY

=====

CONNECTICUT CHILDREN'S IS A NATIONALLY RECOGNIZED, 187-BED NOT-FOR-PROFIT CHILDREN'S HOSPITAL SERVING AS THE PRIMARY TEACHING HOSPITAL FOR THE UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS. CONNECTICUT CHILDREN'S IS CONSISTENTLY NAMED AMONG THE BEST IN THE NATION FOR SEVERAL OF ITS PEDIATRIC SPECIALTIES IN THE ANNUAL U.S. NEWS & WORLD REPORT "BEST CHILDREN'S HOSPITALS" RANKINGS.

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

THE HISTORY OF CONNECTICUT CHILDREN'S SPANS MORE THAN 100 YEARS. FOUNDED AS A 10-BED HOSPITAL FOR CHILDREN WHO SUFFERED THEN INCURABLE CONDITIONS SUCH AS CEREBRAL PALSY, SPINA BIFIDA AND POLIO, CONNECTICUT CHILDREN'S IS NOW ONE OF ONLY TWO FREESTANDING CHILDREN'S HOSPITALS IN NEW ENGLAND AND THE ONLY FREESTANDING CHILDREN'S HOSPITAL IN CONNECTICUT THAT OFFERS COMPREHENSIVE, WORLD-CLASS HEALTHCARE TO CHILDREN AND ADOLESCENTS IN A PATIENT- AND FAMILY-CENTERED ENVIRONMENT WITH A FOCUS ON RESEARCH, EDUCATION AND ADVOCACY.

CONNECTICUT CHILDREN'S HAS APPROXIMATELY 2,300 EMPLOYEES WITH A MEDICAL STAFF OF NEARLY 1,100, PRACTICING IN MORE THAN 30 SPECIALTIES.

CONNECTICUT CHILDREN'S IS A TERTIARY REFERRAL CENTER AND PROVIDES OUTSTANDING CARE TO CHILDREN OF ALL AGES AFFECTED BY A WIDE RANGE OF CONDITIONS. CONNECTICUT CHILDREN'S PROVIDES A COMPREHENSIVE ARRAY OF PEDIATRIC SERVICES IN LOCATIONS ACROSS CONNECTICUT AND IN MASSACHUSETTS, INCLUDING ITS HOSPITALS IN HARTFORD AND WATERBURY, NEONATAL INTENSIVE CARE UNITS IN HARTFORD AND FARMINGTON, FIVE SPECIALTY CARE CENTERS IN DANBURY, HARTFORD, FARMINGTON, GLASTONBURY AND SHELTON, AND SEVERAL PRACTICES CONVENIENTLY LOCATED THROUGHOUT THE STATE. ITS LEVEL 1 PEDIATRIC TRAUMA CENTER AND PRIMARY CARE CENTER ARE THE BUSIEST BETWEEN BOSTON AND NEW YORK.

MISSION

=====

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

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

PROGRAMS OF EXCELLENCE

=====

CONNECTICUT CHILDREN'S OFFERS THE HIGHEST LEVEL OF CARE TO CHILDREN AND HAS BEEN CONSISTENTLY RECOGNIZED BY U.S. NEWS & WORLD REPORT IN ITS ANNUAL "BEST CHILDREN'S HOSPITALS" RANKINGS. FOR 2013-14, SIX OF ITS SPECIALTIES WERE RANKED AMONG THE BEST IN THE NATION: DIABETES & ENDOCRINOLOGY (#35), GASTROENTEROLOGY & GI SURGERY (#49), NEONATOLOGY (#43), ORTHOPEDICS (#41), PULMONOLOGY (#39), AND UROLOGY (#25). THE RANKINGS ARE BASED ON THREE MAJOR COMPONENTS, EACH OF WHICH COUNTS AS ONE-THIRD OF A HOSPITAL'S SCORE.

OUTCOMES

NOTHING MATTERS MORE THAN OUTCOMES - KEEPING KIDS HEALTHY, PROTECTING THEM FROM SURGICAL COMPLICATIONS, AND IMPROVING THE QUALITY OF LIFE OF THOSE WITH CHRONIC CONDITIONS.

PROCESS OF CARE

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

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

MIX OF CARE-RELATED INDICATORS

CONDITION-SPECIFIC PROGRAMS, SURGICAL VOLUME AND NURSE/PATIENT RATIO ARE JUST A FEW EXAMPLES OF AN ASSORTED 38 MEASURES AND SUB-MEASURES USED IN THE SPECIALTY RANKINGS.

IN ADDITION TO CONNECTICUT CHILDREN'S NATIONALLY RANKED SPECIALTIES, THERE ARE SEVERAL PROGRAMS OF EXCELLENCE AT THE MEDICAL CENTER THAT HAVE TIME AND AGAIN EARNED NATIONAL AND INTERNATIONAL HONORS AND ACCOLADES: DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY, NEONATOLOGY, ORTHOPAEDICS, RECONSTRUCTIVE AND SOLID TUMOR SURGERY, SURGERY, AND UROLOGY. EACH OF OUR PROGRAMS OF EXCELLENCE OFFERS SUPERIOR PEDIATRIC CLINICAL CARE AND HAS DEMONSTRATED THE ABILITY TO:

- EXPAND ACCESS TO SERVICES TO MEET THE GROWING NEEDS OF CHILDREN AND FAMILIES,
- INTEGRATE VARIOUS DISCIPLINES OF CLINICAL PRACTICE TO PROVIDE EXPANDED, ADVANCED CARE,
- DEVELOP OPPORTUNITIES TO EXPAND BASIC AND CLINICAL RESEARCH,
- CREATE OPPORTUNITIES TO BE AN INNOVATIVE LEADER IN EDUCATION AND TRAINING.

Name of the organization

Employer identification number

CONNECTICUT CHILDREN'S MEDICAL CENTER

06-0646755

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RESEARCH

=====

COMMITTED TO MAKING CHILDREN AND FAMILIES HEALTHIER, CONNECTICUT CHILDREN'S TALENTED MEDICAL PROFESSIONALS ARE AT THE FOREFRONT OF RESEARCH AND CLINICAL TRIALS. SUCH SCIENTIFIC INQUIRIES CHANGE THE FUTURE OF CHILDREN'S HEALTHCARE. FROM FUNDAMENTAL MOLECULAR SCIENCE THAT HELPS US UNDERSTAND DISEASES AT THE MOST BASIC LEVEL, TO MOTION STUDIES DESIGNED TO DISCOVER NEW WAYS FOR YOUNG ATHLETES TO AVOID INJURIES AND CLINICAL TRIALS THAT ESTABLISH THE MOST EFFECTIVE AND EFFICIENT PROTOCOLS FOR TREATING CHILDREN, CONNECTICUT CHILDREN'S IS A RESEARCH LEADER.

FOR EXAMPLE, CONNECTICUT CHILDREN'S DIVISION OF HEMATOLOGY & ONCOLOGY IS ENGAGED IN CONDUCTING 173 ACTIVE CLINICAL TRIALS THROUGH THE CHILDREN'S ONCOLOGY GROUP. THIS NUMBER OF OPEN PROTOCOLS DISTINGUISHES CONNECTICUT CHILDREN'S HEMATOLOGY & ONCOLOGY DIVISION AMONG THE TOP ONE PERCENT OF ITS PEERS, WORLDWIDE. ADDITIONALLY, THE DIVISION IS IN THE TOP THIRD PERCENTILE FOR TOTAL PEDIATRIC CANCER PATIENTS ENROLLED IN TRIALS. THIS IS ESPECIALLY IMPRESSIVE GIVEN THAT CONNECTICUT CHILDREN'S IS ONE OF THE SMALLER FREE-STANDING CHILDREN'S HOSPITALS IN THE COUNTRY.

AWARDS AND RECOGNITION

=====

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

CONNECTICUT CHILDREN'S WAS NAMED AS THE #4 BEST PLACE TO WORK IN CONNECTICUT BY THE HARTFORD COURANT AND FOX61 TV. ONE OF CONNECTICUT'S TOP 10 LARGE WORKPLACES, CONNECTICUT CHILDREN'S IS THE ONLY HOSPITAL IN THE STATE TO EARN THIS DESIGNATION.

CONNECTICUT CHILDREN'S OFFERS THE HIGHEST LEVEL OF CARE TO CHILDREN AND HAS BEEN CONSISTENTLY RECOGNIZED BY U.S. NEWS & WORLD REPORT IN ITS ANNUAL "BEST CHILDREN'S HOSPITALS" RANKINGS. FOR 2013-14, SIX OF ITS SPECIALTIES WERE RANKED AMONG THE BEST IN THE NATION: DIABETES & ENDOCRINOLOGY (#35), GASTROENTEROLOGY & GI SURGERY (#49), NEONATOLOGY (#43), ORTHOPEDICS (#41), PULMONOLOGY (#39), AND UROLOGY (#25). THE RANKINGS ARE BASED ON THREE MAJOR COMPONENTS, EACH OF WHICH COUNTS AS ONE-THIRD OF A HOSPITAL'S SCORE.

CONNECTICUT CHILDREN'S AWARDED STATE'S 2012 KEEP KIDS SAFE GRANT

THE INJURY PREVENTION CENTER AT CONNECTICUT CHILDREN'S WAS AWARDED A \$45,150 GRANT FROM THE STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT AS PART OF THE CONNECTICUT KEEP KIDS SAFE GRANT PROGRAM. THE GRANT WILL HELP CONNECTICUT CHILDREN'S INJURY PREVENTION CENTER DEVELOP AND DISSEMINATE INJURY PREVENTION INFORMATION FOR CHILDREN AND THEIR PARENTS VIA THE PEDIATRIC E-NETWORK, A COMPUTER TABLET-BASED SYSTEM BUILT FOR PROVIDING PRECISELY THIS KIND OF SAFETY INFORMATION.

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

CONNECTICUT CHILDREN'S AWARDED \$2M GRANT FROM NATIONAL INSTITUTES OF HEALTH

CONNECTICUT CHILDREN'S WAS AWARDED A \$2M GRANT FROM THE NATIONAL INSTITUTE OF HEALTH-NATIONAL CANCER INSTITUTE FOR A FIVE-YEAR STUDY, "SPHINGOSINE-1- PHOSPHATE PATHWAY BASED THERAPY FOR NEUROBLASTOMA." THE STUDY, LED BY FERNANDO FERRER, M.D., EXECUTIVE VICE PRESIDENT AND SURGEON-IN-CHIEF AT CONNECTICUT CHILDREN'S, WILL INVESTIGATE A NOVEL APPROACH TO TREATING NEUROBLASTOMA, A DEADLY CHILDHOOD TUMOR, BY TARGETING A LIPID SIGNALING PATHWAY ESSENTIAL TO TUMOR GROWTH.

INFECTIOUS DISEASES RECEIVED HIV PREVENTION GRANT

CONNECTICUT CHILDREN'S INFECTIOUS DISEASES DEPARTMENT RECEIVED APPROVAL OF A HIV PREVENTION GRANT. FOR THE NEXT THREE YEARS, THE \$140,000 DEPARTMENT OF PUBLIC HEALTH HIV PREVENTION GRANT WILL BE USED TO IMPLEMENT TWO CENTERS FOR DISEASE CONTROL (CDC) EVIDENCE-BASED INTERVENTIONS TARGETING AT-RISK YOUNG MEN HAVING SEX WITH MEN AND HIV-POSITIVE AFRICAN AMERICAN AND HISPANIC WOMEN.

TEEN PREGNANCY PREVENTION GRANT

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

THE HARTFORD HEALTH DEPARTMENT'S TEEN PREGNANCY PREVENTION INITIATIVE GRANTED CONNECTICUT CHILDREN'S \$14,000 FOR THE IMPLEMENTATION OF MAKING PROUD CHOICES, AN EVIDENCE-BASED INTERVENTION WHICH TARGETS YOUTH YOUNGER THE AGE OF 19 THAT LIVE IN TARGETED HARTFORD NEIGHBORHOODS WITH HIGH TEEN PREGNANCY RATES.

BOYS & GIRLS CLUBS AWARD

OUR INJURY PREVENTION CENTER'S INJURY FREE COALITION FOR KIDS OF HARTFORD WAS AWARDED THE "PROGRAM EXCELLENCE AWARD" BY THE BOYS & GIRLS CLUBS OF HARTFORD. THE INJURY FREE COALITION FOR KIDS IS AMONG THE COUNTRY'S FASTEST GROWING AND MOST EFFECTIVE INJURY PREVENTION PROGRAMS, WORKING TO CHANGE THE WAY COMMUNITIES THINK ABOUT SAFETY AND INJURY PREVENTION.

U.S. ENVIRONMENTAL PROTECTION AGENCY RECOGNIZED LEADERSHIP IN ASTHMA MANAGEMENT

CONNECTICUT CHILDREN'S WAS SELECTED TO RECEIVE THE U.S. ENVIRONMENTAL PROTECTION AGENCY'S (EPA) 2012 NATIONAL ENVIRONMENTAL LEADERSHIP AWARD IN ASTHMA MANAGEMENT. THE AWARD RECOGNIZES 14 YEARS OF DEDICATED WORK, LED BY MICHELLE CLOUTIER, M.D., AND DIRECTOR OF CONNECTICUT CHILDREN'S ASTHMA CENTER, TO IMPROVE ASTHMA MANAGEMENT AND OUTCOMES FOR CHILDREN. RECENTLY, OUR EASY BREATHING PROGRAM, CREATED BY DR. CLOUTIER, ENROLLED ITS

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

100,000TH CHILD IN THE PROGRAM.

CONNECTICUT CHILDREN'S AWARDED \$10.5M NIH GRANT FOR FIRST OF ITS KIND
ULCERATIVE COLITIS STUDY

JEFFERY S. HYAMS, M.D., DIVISION HEAD OF DIGESTIVE DISEASES, HEPATOLOGY &
NUTRITION AT CONNECTICUT CHILDREN'S, ALONG WITH LEE "TED" DENSON, M.D.,
FROM CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, RECEIVED A \$10.5M NIH
GRANT FOR THE PREDICTING RESPONSE TO STANDARDIZED PEDIATRIC COLITIS
THERAPY (PROTECT) STUDY, A FIVE YEAR PROJECT THAT WILL EXAMINE THE
EFFECTS OF STANDARDIZED THERAPY FOR CHILDREN WITH ULCERATIVE COLITIS. THE
STUDY TEAM, LED BY DR. HYAMS WILL INCLUDE 25 PRESTIGIOUS PEDIATRIC
INSTITUTIONS FROM ACROSS THE UNITED STATES AND CANADA.

CORE FORM, PART VI, SECTION A, QUESTION 2

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

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

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

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

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

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

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL INCLUDING THE CHIEF FINANCIAL OFFICER, DIRECTOR OF ACCOUNTING AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE FOR THEIR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. THE FORM 990 WAS THEN PROVIDED TO THE ORGANIZATION'S FINANCE COMMITTEE PRIOR TO FILING. SUBSEQUENTLY, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO

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

EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING OF THE TAX RETURN WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND SYSTEM'S GENERAL COUNSEL FOR REVIEW. GENERAL COUNSEL THEN PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS. THEREAFTER, GENERAL COUNSEL PRESENTS THIS SUMMARY TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR ITS REVIEW AND DISCUSSION.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("CONNECTICUT CHILDREN'S") BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS

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

OF CONNECTICUT CHILDREN'S SENIOR MANAGEMENT, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. CERTAIN CONNECTICUT CHILDREN'S SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER ALSO SERVE AS OFFICERS OF THIS ORGANIZATION. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

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

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST"

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

WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

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

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

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

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

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY

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

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

PLEASE ALSO REFER TO OUR RESPONSE INCLUDED IN SCHEDULE J, PART III, QUESTION 3 FOR FURTHER INFORMATION ON HOW CONNECTICUT CHILDREN'S SATISFIES THE CRITERIA OUTLINED IN THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS.

CORE FORM, PART VI, SECTION C; QUESTION 19

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

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

CORE FORM, PART VII AND SCHEDULE J

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

CORE FORM, PART VII, SECTION A, COLUMN B

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

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

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- NET TRANSFER TO AFFILIATED ORGANIZATIONS - (\$22,991,224);
 - CHANGE IN FUNDED STATUS OF PENSION AND POST-RETIREMENT PLANS - (\$3,807,134);
 - CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$547,812);
 - TEMPORARILY RESTRICTED NET TRANSFER FROM AFFILIATED ORGANIZATIONS - \$10,054,736;
 - TEMPORARILY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$402,458;
 - PERMANENTLY RESTRICTED CHANGE IN FUNDS HELD BY OTHERS - \$3,685,543;
- AND
- PERMANENTLY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$431,168.

CORE FORM, PART XII; QUESTION 2

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S MEDICAL CENTER AND SUBSIDIARIES, FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND SEPTEMBER 30, 2013; RESPECTIVELY. THE

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

AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

IN ADDITION, CCMC CORPORATION AND SUBSIDIARIES ALSO RECEIVED A CONSOLIDATED AUDIT REPORT FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND SEPTEMBER 30, 2013; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINED CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

CONNECTICUT CHILDREN'S MEDICAL CENTER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

ATTACHMENT 1

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

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

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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE FARMINGTON, CT 06032	MEDICAL	20,614,383.
HARTFORD HOSPITAL 80 SEYMOUR STREET, P.O. BOX 5037 HARTFORD, CT 06102-5037	MEDICAL	4,527,477.
HURON CONSULTING SERVICES LLC 3005 MOMENTUM PLACE CHICAGO, IL 60689	CONSULTING	1,968,543.
ARAMARK CORPORATION P.O. BOX 651009 CHARLOTTE, NC 28265-1009	CAFETERIA/DIETARY	1,237,132.
MICROSOFT LICENSING, GP C/O BANK OF AMERICA, LOCKBOX 842467 DALLAS, TX 75207	IT	580,433.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	37,702.			37,702.
CHANGE IN EQUITY INTEREST IN NET ASSETS OF THE FOUNDATION	6,519,525.			6,519,525.
INTEREST INCOME (LOSS) ON SWAP	-1,160,756.			-1,160,756.
CHANGE IN FMV OF SWAP	660,922.			660,922.
TOTALS	<u>6,057,393.</u>			<u>6,057,393.</u>

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

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GALA	417,257.
TOTAL	<u>417,257.</u>

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
GALA	156,504.	156,504.
TOTALS	<u>156,504.</u>	<u>156,504.</u>

ATTACHMENT 6

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
RAFFLE	4,340.	4,340.
TOTALS	<u>4,340.</u>	<u>4,340.</u>

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: INFOR (LAWSON)
 MATURITY DATE: 10/31/2015
 REPAYMENT TERMS: SEMI-ANNUAL INSTALLMENTS OF \$199,606
 SECURITY PROVIDED: EQUIPMENT

BEGINNING BALANCE DUE	798,422.
ENDING BALANCE DUE	<u>399,211.</u>

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

ATTACHMENT 7 (CONT'D)

LENDER: HP FINANCIAL SERVICES
Maturity Date: 03/30/2014
Repayment Terms: MONTHLY INSTALLMENTS OF \$27,889
Security Provided: EQUIPMENT

BEGINNING BALANCE DUE 167,334.
ENDING BALANCE DUE

LENDER: SIEMENS
Interest Rate: 4.150000
Maturity Date: 12/31/2015
Repayment Terms: MONTHLY INSTALLMENT OF \$18,392
Security Provided: EQUIPMENT

BEGINNING BALANCE DUE 471,517.
ENDING BALANCE DUE

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

ATTACHMENT 7 (CONT'D)

LENDER: CONNECTICUT HOSPITAL ASSOCIATION
 REPAYMENT TERMS: MONTHLY INSTALLMENT OF \$6,529

BEGINNING BALANCE DUE	169,754.
ENDING BALANCE DUE	<u>91,406.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>1,607,027.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>756,497.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CCMC CORPORATION 22-2619876 282 WASHINGTON STREET HARTFORD, CT 06106	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	N/A		X
(2) CONNECTICUT CHILDREN'S MEDICAL CTR FDN 22-2619869 282 WASHINGTON STREET HARTFORD, CT 06106	FUNDRAISING	CT	501(C)(3)	509(A)(1)	CCMC CORP		X
(3) CCMC AFFILIATES, INC. 22-2619870 282 WASHINGTON STREET HARTFORD, CT 06106	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CCMC CORP		X
(4) CONNECTICUT CHILDREN'S SPECIALTY GROUP 06-1446900 282 WASHINGTON STREET HARTFORD, CT 06106	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CT CHILDRENS	X	
(5) CHILDREN'S FUND OF CONNECTICUT, INC. 06-1364513 270 FARMINGTON AVENUE FARMINGTON, CT 06032	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	X	
(6) CHILDREN'S HEALTH & DEVEL. INSTITUTE INC 06-1504725 270 FARMINGTON AVENUE FARMINGTON, CT 06032	HLTHCARE SVCS	CT	501(C)(3)	509(A)(1)	CFCT		X
(7) NORTHEAST PEDIATRIC SPECIALISTS, INC. 45-4092557 282 WASHINGTON STREET HARTFORD, CT 06106	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	X	

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

Schedule R (Form 990) 2013

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CAPITAL AREA HEALTH CONSORTIUM, INC. 51-0173264 270 FARMINGTON AVENUE FARMINGTON, CT 06032	SUPPORT SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CCMC VENTURES, INC. 22-2619873 282 WASHINGTON STREET HARTFORD, CT 06106	HEALTHCARE SVCS	CT	N/A	C CORP.					X
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONNECTICUT CHILDREN'S SPECIALTY GROUP	O	16,463,889.	COST
(2) CONNECTICUT CHILDREN'S SPECIALTY GROUP	Q	26,193,191.	COST
(3) CONNECTICUT CHILDREN'S SPECIALTY GROUP	P	13,968,955.	COST
(4) CONNECTICUT CHILDREN'S SPECIALTY GROUP	R	26,800,000.	COST
(5) CONNECTICUT CHILDREN'S SPECIALTY GROUP	S	5,200,000.	COST
(6)			

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART V

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

RENT AND ROYALTY INCOME

Taxpayer's Name CONNECTICUT CHILDREN'S MEDICAL CENTER	Identifying Number 06-0646755
---	---

DESCRIPTION OF PROPERTY
RENTAL INCOME

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY: REAL RENTAL INCOME			
OTHER INCOME: RENTAL INCOME		267,883.	
TOTAL GROSS INCOME			267,883.
OTHER EXPENSES: SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)			
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			289,117.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-21,234.

Less Amount to

Rent or Royalty	_____	
Depreciation	_____	
Depletion	_____	
Investment Interest Expense	_____	
Other Expenses	_____	
Net Income (Loss) to Others	_____	
Net Rent or Royalty Income (Loss)		-21,234.

Deductible Rental Loss (if Applicable) _____

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

267,883.
267,883.

OTHER DEDUCTIONS

RENTAL EXPENSES

289,117.
289,117.

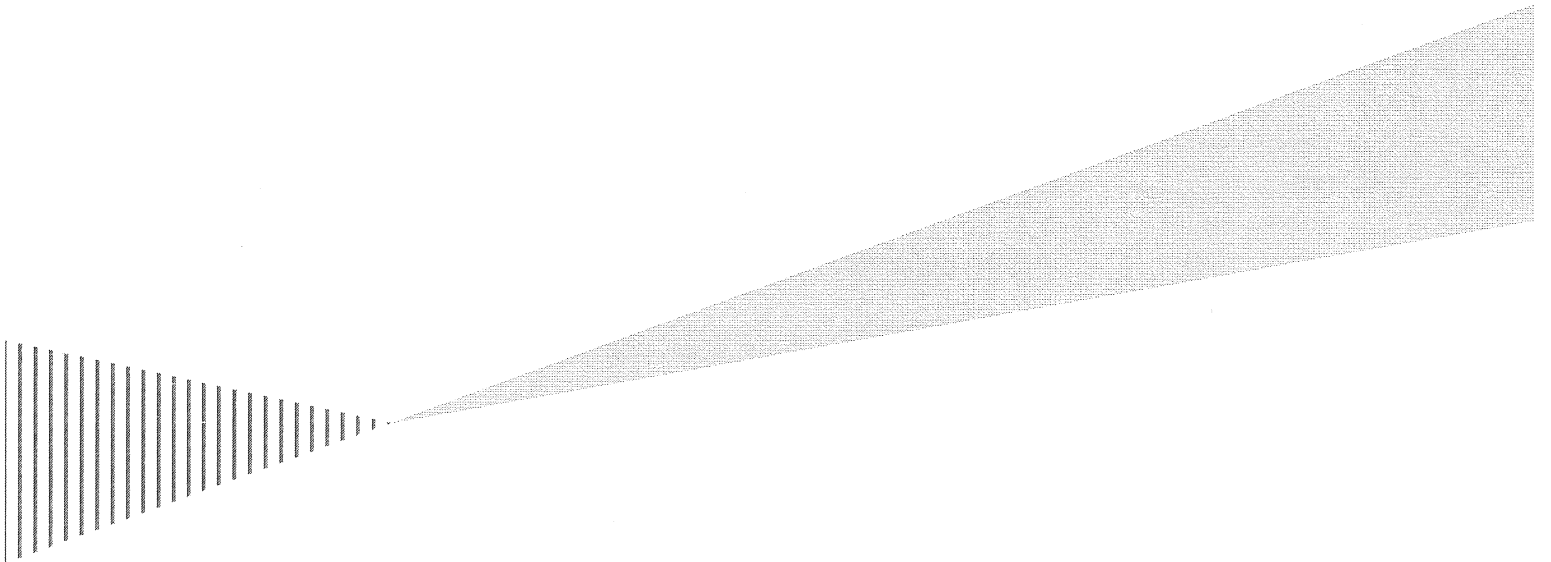
RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL INCOME	267,883.		289,117.	-21,234.
TOTALS	<u>267,883.</u>		<u>289,117.</u>	<u>-21,234.</u>

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Connecticut Children's Medical Center and Subsidiaries
Years Ended September 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

Connecticut Children's Medical Center and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2014 and 2013

Contents

Report of Independent Auditors.....	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	5
Consolidated Statements of Cash Flows.....	7
Notes to Consolidated Financial Statements.....	8
Supplementary Information	
Consolidating Balance Sheets.....	42
Consolidating Statements of Operations and Changes in Net Assets.....	44



Ernst & Young LLP
20 Church Street
Hartford, CT 06103

Tel: +1 860 247 3100
Fax: +1 860 725 6040
ey.com

Report of Independent Auditors

The Board of Directors
Connecticut Children's Medical Center and Subsidiaries

We have audited the accompanying consolidated financial statements of Connecticut Children's Medical Center and Subsidiaries (the Medical Center), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of The Children's Fund of Connecticut, Inc., a wholly-owned subsidiary, which statements reflect total assets of \$36,013,397 and \$34,581,745 as of September 30, 2014 and 2013, respectively, and total revenues and other income of \$9,319,382 and \$5,272,385 for the years then ended, respectively. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for The Children's Fund of Connecticut, Inc., is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not



for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Connecticut Children's Medical Center and Subsidiaries at September 30, 2014 and 2013, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidating details appearing in conjunction with the consolidated financial statements are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, based on our audits and the report of other auditors, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ernst & Young LLP

March 27, 2015

Connecticut Children's Medical Center and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2014	2013
Assets		
Current assets:		
Cash and cash equivalents	\$ 5,760,243	\$ 3,249,955
Funds held by trustee under revenue bond agreement	5,021,620	17,008,322
Patient accounts receivable, less allowance for doubtful accounts of approximately \$7,432,000 in 2014 and \$7,544,000 in 2013	35,223,272	31,348,330
Due from affiliated entities	713,768	1,645,518
Inventories	1,389,353	1,094,287
Other current assets	13,541,186	16,208,847
Total current assets	<u>61,649,442</u>	<u>70,555,259</u>
Assets whose use is limited:		
Investments	34,873,798	33,796,624
Funds held in trust by others	82,885,871	79,200,328
Interest in Foundation	104,410,463	97,605,124
	<u>222,170,132</u>	<u>210,602,076</u>
Property, plant and equipment:		
Buildings	136,902,649	122,797,003
Furniture and equipment	106,426,925	81,808,051
Construction in progress	16,921,791	29,060,602
	<u>260,251,365</u>	<u>233,665,656</u>
Less accumulated depreciation	<u>(121,434,591)</u>	<u>(106,713,922)</u>
	138,816,774	126,951,734
Other assets:		
Bond issuance costs	679,656	732,242
Ground lease	2,358,098	2,387,390
Other	24,358,613	18,520,980
	<u>27,396,367</u>	<u>21,640,612</u>
Total assets	<u>\$ 450,032,715</u>	<u>\$ 429,749,681</u>

	September 30	
	2014	2013
Liabilities and net assets		
Current liabilities:		
Current portion of bonds payable	\$ 1,350,000	\$ 1,280,000
Current portion of notes payable	6,189,100	5,447,651
Accounts payable and accrued expenses	46,780,505	39,853,641
Accrued wages	19,047,697	17,210,689
Due to third parties	33,564,770	13,394,804
Due to affiliated entities	7,752,261	5,705,717
Accrued interest payable and other current liabilities	64,013	307,335
Total current liabilities	<u>114,748,346</u>	<u>83,199,837</u>
Bonds payable, less current portion	36,685,000	38,035,000
Notes payable, less current portion	22,855,716	25,226,326
Accrued pension liability	11,770,096	8,357,282
Other long term liabilities	35,220,533	32,152,251
Total liabilities	<u>221,279,691</u>	<u>186,970,696</u>
Net assets:		
Unrestricted	102,337,958	124,736,426
Temporarily restricted	26,191,341	21,935,545
Permanently restricted	100,223,725	96,107,014
Total net assets	<u>228,753,024</u>	<u>242,778,985</u>
Total liabilities and net assets	<u><u>\$ 450,032,715</u></u>	<u><u>\$ 429,749,681</u></u>

See accompanying notes.

Connecticut Children's Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2014	2013
Revenues:		
Net patient service revenue	\$ 309,418,514	\$ 292,447,537
Provision for bad debts	(4,813,073)	(5,933,509)
Net patient service revenue, less provision for bad debts	304,605,441	286,514,028
Other revenues	8,551,408	11,259,222
Net assets released from restrictions for operations	13,845,714	16,391,146
	327,002,563	314,164,396
Expenses:		
Salaries	167,935,132	165,817,213
Benefits	41,735,053	42,639,049
Supplies and other	132,224,466	122,004,253
Depreciation and amortization	15,604,157	12,578,220
Interest	1,242,337	1,314,300
	358,741,145	344,353,035
Loss from operations	(31,738,582)	(30,188,639)
Other income:		
Investment return, net	4,002,893	2,120,646
Income from trusts held by others	3,135,171	2,518,697
Change in equity interest in net assets of the Foundation	6,519,525	8,044,974
	13,657,589	12,684,317
Deficiency of revenues over expenses	(18,080,993)	(17,504,322)

Continued on next page.

Connecticut Children's Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2014	2013
Unrestricted net assets:		
Deficiency of revenues over expenses	\$ (18,080,993)	\$ (17,504,322)
Unrealized (loss) gain on investments	(1,709,497)	2,157,451
Net assets released from restrictions for capital	1,746,968	556,091
Change in funded status of pension and post-retirement plans	(3,807,134)	13,260,268
Change in equity interest in the net assets of the Foundation	(547,812)	3,480,735
Change in unrestricted net assets	<u>(22,398,468)</u>	1,950,223
Temporarily restricted net assets:		
Transfer from affiliated organization	10,054,736	6,948,301
Net assets released from restrictions for operations	(13,845,714)	(16,391,146)
Net assets released from restrictions for capital	(1,746,968)	(556,091)
Bequests, gifts and grants	9,391,284	11,911,562
Change in equity interest in the net assets of the Foundation	402,458	(1,897,540)
Change in temporarily restricted net assets	<u>4,255,796</u>	15,086
Permanently restricted net assets:		
Change in funds held in trust by others	3,685,543	3,495,247
Change in equity interest in the net assets of the Foundation	431,168	271,830
Change in permanently restricted net assets	<u>4,116,711</u>	3,767,077
Change in net assets	<u>(14,025,961)</u>	5,732,386
Net assets at beginning of year	<u>242,778,985</u>	237,046,599
Net assets at end of year	<u><u>\$ 228,753,024</u></u>	<u><u>\$ 242,778,985</u></u>

See accompanying notes.

Connecticut Children's Medical Center and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2014	2013
Operating activities		
Change in net assets	\$ (14,025,961)	\$ 5,732,386
Adjustments to reconcile (decrease) increase in net assets to net cash provided by (used in) operating activities and other income:		
Noncash items:		
Provision for bad debts	4,813,073	5,933,509
Depreciation and amortization	15,604,157	12,578,220
Unrealized gain (losses) on investments	1,709,497	(2,157,451)
Change in value of funds held by others	(3,685,543)	(3,495,247)
Change in funded status of pension and post-retirement plans	3,807,134	(13,260,268)
Change in interest in Foundation	(6,805,339)	(9,899,999)
Other changes in net assets:		
Bequests, gifts and grants	(9,391,284)	(11,911,562)
Transfer from affiliated organizations	(10,054,736)	(6,948,301)
Changes in operating assets and liabilities:		
Patient accounts receivable	(8,688,015)	(4,376,062)
Due from affiliated entities, net	2,978,294	10,017,996
Due from third parties	-	4,899,895
Inventories	(295,066)	(401,562)
Other current assets	2,667,661	(2,718,517)
Investment in CHS Insurance Limited	-	109,961
Other long term assets	(5,755,755)	(226,583)
Accounts payable and accrued expenses	6,926,864	7,248,827
Accrued wages	1,837,008	885,534
Accrued interest payable and other current liabilities	(243,322)	(23,380)
Due to third parties	20,169,966	8,868,376
Pension liability	(394,320)	2,590,652
Other long term liabilities	3,068,282	(7,095,420)
Net cash provided (used in) by operating activities and other income	4,242,595	(3,648,996)
Investing activities		
Purchases of property, plant and equipment, net	(27,469,197)	(28,868,568)
Distribution from CHS Insurance Limited	-	12,649,593
Change in funds held by trustee under revenue bond agreement	11,986,702	(6,599,741)
Change in investments, net	(2,786,671)	(344,902)
Net cash used in investing activities	(18,269,166)	(23,163,618)
Financing activities		
Bequests, gifts and grants	9,391,284	11,911,562
Transfer from affiliates	10,054,736	6,948,301
Principal payments on bonds and notes payable	(6,988,038)	(4,658,105)
Proceeds from debt issued	4,078,877	13,500,000
Net cash provided by financing activities	16,536,859	27,701,758
Net change in cash and cash equivalents	2,510,288	889,144
Cash and cash equivalents at beginning of year	3,249,955	2,360,811
Cash and cash equivalents at end of year	\$ 5,760,243	\$ 3,249,955

See accompanying notes.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2014

1. Organization and Accounting Policies

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

The Medical Center is the sole member of Connecticut Children's Specialty Group, Inc. (CCSG) and The Children's Fund of Connecticut, Inc. (the Children's Fund). CCSG was formed to provide and promote children's health care and to support the Medical Center. The Children's Fund was formed to further the charitable mission of the Medical Center and to improve pediatric care in the Hartford Region. All material intercompany accounts and transactions have been eliminated in the accompanying financial statements.

Regulatory Matters

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

Use of Estimates

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

Principles of Consolidation

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

Cash and Cash Equivalents

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

Investments

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

Inventories

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

Funds Held in Trust by Others

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

Interest in Foundation

The Interest in Foundation represents the Medical Center's interest in the net assets of Connecticut Children's Medical Center Foundation, Inc. (the Foundation). This investment is accounted for in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-20, *Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others*. In 2014 and 2013, the Medical Center did not require and did not receive any unrestricted financial support from the Foundation. The Foundation will provide support in future fiscal years as necessary.

Bond Issuance Costs

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

Property, Plant, and Equipment

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

Pension Plan

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

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

assets and reported in the statements of operations and changes in net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Interest Rate Swap Agreements

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

Temporarily and Permanently Restricted Net Assets

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

Medical Malpractice Insurance

Effective October 1, 2012, CHS Insurance, Ltd. (CHS) repurchased its shares held by the Medical Center for approximately \$12,900,000, eliminating the Medical Center's interest in CHS. On that date, the Medical Center recorded a loss of \$109,961 related to this sale which is included within gain from investments, net in the accompanying consolidated statements of operations and changes in net assets. In connection with the sale of its shares, the Medical Center reevaluated its malpractice coverage and enacted a new program under which the primary level of coverage is \$4,000,000 per claim and \$12,000,000 in the aggregate. There is an additional \$6,000,000 of professional liability purchased through an external insurance company. In addition, there are four layers of excess indemnity coverage with four different insurance companies at \$10,000,000 per claim on the first three layers and \$15,000,000 per claim on the fourth layer, totaling \$45,000,000 in the aggregate. There are no deductibles. As a result, the Medical Center received a distribution of approximately \$5,400,000 representing a retro-premium adjustment which was recorded as an offset to malpractice expense included in supplies and other expenses in the accompanying consolidated statements of operations and

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

changes in net assets in 2013. Additionally, the Medical Center purchased a loss capping policy to limit the exposure on existing claims as of September 30, 2012. Under this policy, any existing claim that settles for greater than the amount reserved for this claim is covered and paid by the insurance company, limiting the Medical Center's liability for increases in claims up to \$10,000,000 per claim and \$20,000,000 in the aggregate. Should claims settle for greater than the amount already reserved and the \$20,000,000 loss capping policy, the Medical Center is fully liable for the excess.

Insurance Recovery Receivable and Insurance Claims Liability

The Medical Center presents anticipated insurance recoveries separately from estimated insurance liabilities for medical malpractice claims and similar contingent liabilities on the consolidated balance sheets. The current portion of the insurance recovery receivable and related insurance claims liability totaled \$7,579,924 and \$6,909,675 at September 30, 2014 and 2013, respectively, and is included within other current assets and accounts payable and accrued expenses in the accompanying consolidated balance sheets. The non-current portion of the insurance recovery receivable and related insurance claims liability totaled \$18,873,772 and \$14,945,240 at September 30, 2014 and 2013, respectively, and is included within other assets and other long term liabilities in the accompanying consolidated balance sheets.

Deficiency of Revenues over Expenses

The consolidated statements of operations and changes in net assets include deficiency of revenues over expenses as the performance indicator. Changes in unrestricted net assets which are excluded from deficiency of revenues over expenses include unrealized gains and losses on investments, net assets released from restrictions for capital, change in the equity interest in the net assets of the Foundation and changes in the funded status of the pension and postretirement plans.

Other Income

Activities, other than in connection with providing health care services, are considered to be nonoperating and are included in other income. Other income consists primarily of income on invested funds, unrestricted gifts and bequests, realized gains and losses on sales of securities and income from funds held in trust by others.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

Advertising

The Medical Center's policy is to expense advertising costs as incurred. Total advertising expense was \$899,439 and \$1,046,140 for the years ended September 30, 2014 and 2013, respectively.

Income Taxes

The Medical Center and its subsidiaries are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

The Medical Center has net operating loss carryforwards from unrelated business activities of approximately \$586,000 which begin expiring on September 30, 2029. These net operating loss carryforwards result in a potential deferred tax asset of approximately \$234,400 which is offset by a valuation allowance of the same amount.

Subsequent Events

The Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date. For the year ended September 30, 2014, the Medical Center evaluated subsequent events through March 27, 2015, which is the date the consolidated financial statements were issued. Except as noted in Note 10 where a new line of credit for \$15,000,000 was opened in November 2014, no events occurred that require disclosure in or adjustment to the consolidated financial statements.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Net Revenue From Services to Patients and Charity Care

The Medical Center provides health care services primarily to residents of the region. Revenues from the Medicaid program accounted for approximately 37% and 37% of the Medical Center's net patient service revenue for the years ended September 30, 2014 and 2013, respectively. Laws and regulations governing the Medicaid programs are complex and subject to interpretation. The Medical Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicaid program. Changes in the Medicaid program and the reduction of funding levels could have an adverse impact on the Medical Center.

The following table summarizes net revenues from services to patients:

	Year Ended September 30	
	2014	2013
Total gross revenues from patients	\$ 702,777,015	\$ 676,878,020
Less total contractual allowances	387,252,545	377,012,973
Less charity care	1,531,966	1,613,807
Less administrative and other allowances	4,573,990	5,803,703
Total allowances	<u>393,358,501</u>	<u>384,430,483</u>
Net patient service revenue	309,418,514	292,447,537
Less provision for bad debts	4,813,073	5,933,509
Net patient service revenue, less provision for bad debts	<u>\$ 304,605,441</u>	<u>\$ 286,514,028</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Net Revenue From Services to Patients and Charity Care (continued)

Patient accounts receivable and revenues are recorded when patient services are performed. Amounts received from certain payors are different from established billing rates of the Medical Center, and the difference is accounted for as allowances. The Medical Center records its provision for bad debts based upon a review of all of its outstanding receivables. Write-offs of receivable balances are related primarily to its population of underinsured patients. An underinsured patient is one who has commercial insurance which leaves a significant portion of the Medical Center's reimbursement to be paid by the patient, either through large deductibles or co-pay requirements. Self-pay patients are rare in the pediatric environment, as Medicaid is readily available to children. Self-pay net revenue approximated \$3,500,000 and \$4,400,000 for the years ended September 30, 2014 and 2013, respectively.

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors and others for services rendered. Revenue under third-party payor agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payor settlements and adjustments are estimated in the period the related services are rendered and adjusted in future periods as final settlements are determined. There were no impacts to net patient service revenue for the year ended September 30, 2014 for net adjustments and settlements relating to prior years.

The Medical Center has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the Medical Center receives per diem and fee-for-service payments for certain covered services based upon discounted fee schedules.

The Medical Center accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to the established policies of the Medical Center. Essentially, those policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Medical Center utilizes the generally recognized poverty income levels for the state of Connecticut, but also includes certain cases where incurred charges are significant when compared to incomes.

The costs of charity care incurred were \$730,330 and \$626,607 for the years ended September 30, 2014 and 2013, respectively. The costs of charity care are derived from both estimated and actual data. The estimated cost of charity care includes the direct and indirect cost of providing such services and is estimated utilizing the Medical Center's ratio of cost to gross charges, which is then multiplied by the gross uncompensated charges associated with providing care to charity patients.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Related-Party Transactions

Certain Medical Center employees render management and other services to affiliated entities for which the Medical Center is reimbursed. The amount of such reimbursement was \$738,852 and \$223,128 for the years ended September 30, 2014 and 2013, respectively.

4. Concentrations of Credit Risk

The Medical Center's financial instruments that are exposed to concentrations of credit risk primarily consist of cash and cash equivalents, short-term investments and patient accounts receivable.

The Medical Center's cash and cash equivalents are placed with high credit quality financial institutions. The Medical Center's investment policy limits its exposure to concentrations of credit risk. In the normal course of business, the Medical Center maintains cash balances in excess of the Federal Deposit Insurance Corporation's (FDIC) insurance limit. Cash balances exceeded FDIC limits by approximately \$5,300,000 and \$3,000,000 at September 30, 2014 and 2013, respectively.

The Medical Center provides health care services and grants credit without collateral to its patients, most of whom are Connecticut residents and are insured under third-party payor agreements. An estimated allowance for doubtful accounts as well as contractual allowances is maintained at levels considered adequate to reduce the account balances to net realizable value. The mix of receivables from patients and third-party payors at September 30 was as follows:

	<u>2014</u>	<u>2013</u>
Medicaid	36%	34%
Medicaid Managed Care	1	-
Commercial/Managed Care – Contracted	49	52
Commercial/Managed – Non-Contracted	6	6
Patients and other	8	8
	<u>100%</u>	<u>100%</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Investments

The composition of investments as of September 30, stated at fair value, is set forth in the following table:

	2014		2013	
	Cost	Fair Value	Cost	Fair Value
Short-term investments	\$ 89,300	\$ 89,300	\$ 61,219	\$ 61,219
Marketable equity securities	485,570	696,734	292,686	447,661
Fixed income securities	26,363	28,182	100,299	104,734
Institutional managed equity funds	19,664,509	23,130,409	17,520,470	22,672,685
Institutional managed bond fund	10,837,642	10,860,612	10,342,169	10,443,625
Other	65,131	68,561	65,000	66,700
	<u>\$ 31,168,515</u>	<u>\$ 34,873,798</u>	<u>\$ 28,381,843</u>	<u>\$ 33,796,624</u>

Investments consisted of mutual funds and individual securities that comprised approximately 69% equity securities and 31% fixed income investments at September 30, 2014, and 68% equity securities and 32% fixed income investments at September 30, 2013.

The following table summarizes the unrealized losses on investments held at September 30, 2014:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Marketable equity securities	\$ 14,327	\$ 437	\$ 17,172	\$ 6,998	\$ 31,499	\$ 7,435
Fixed income securities	5,275,918	521,573	1,875,013	134,435	7,150,931	656,008
Institutional managed equity funds	39,636	462	64,956	44	104,592	506
Other	128,083	14,640			128,083	14,640
Total investments	<u>\$ 5,457,964</u>	<u>\$ 537,112</u>	<u>\$ 1,957,141</u>	<u>\$ 141,477</u>	<u>\$ 7,415,105</u>	<u>\$ 678,589</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Investments (continued)

The following table summarizes the unrealized losses on investments held at September 30, 2013:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Marketable equity securities	\$ —	\$ —	\$ 45,220	\$ 9,498	\$ 45,220	\$ 9,498
Fixed income securities	64,600	5,538	25,112	22	89,712	5,560
Institutional managed equity funds	3,471,840	102,854	1,162,952	122,522	4,634,792	225,376
Other	—	—	64,815	185	64,815	185
Total investments	\$ 3,536,440	\$ 108,392	\$ 1,298,099	\$ 132,227	\$ 4,834,539	\$ 240,619

Management continually reviews its investment portfolio and evaluates whether declines in the fair value of securities should be considered other-than-temporary. Factored into this evaluation are the general market conditions, the issuer's financial condition and near-term prospects, conditions in the issuer's industry, the recommendation of advisors, the length of time and extent to which the market value has been less than cost along with the Medical Center's intent and ability to hold the investments. During the years ended September 30, 2014 and 2013, the Medical Center has not recorded any other-than-temporary declines in the fair value of investments, as the Corporation has the ability and intent to hold the securities to recovery.

Investment returns for the years ended September 30, 2014 and 2013 are as follows:

	2014	2013
Interest and dividend income	\$ 728,192	\$ 947,058
Realized gain	3,938,791	1,091,534
Loss on sale of CHS	—	(109,961)
Net swap activity	(499,834)	318,026
Investment fees and other	(164,256)	(126,011)
	\$ 4,002,893	\$ 2,120,646

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Restricted Net Assets

Endowments

The endowment consists of seven individual donor-restricted funds established for a variety of purposes which are held and controlled by the Foundation. As required by GAAP, net assets associated with endowment funds are classified and reported based on donor-imposed restrictions. At September 30, 2014 and 2013, the Medical Center had \$21,942,979 and \$19,645,169, respectively, in endowments held at the Foundation which are recorded by the Medical Center through its interest in the Foundation.

Interpretation of Relevant Law

The Medical Center's Board and senior management have interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard for expenditure prescribed by UPMIFA. In accordance with UPMIFA, the Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund.
- (2) The purposes of the organization and the donor-restricted endowment fund.
- (3) General economic conditions.
- (4) The possible effect of inflation and deflation.
- (5) The expected total return from income and the appreciation of investments.
- (6) Other resources of the organization.
- (7) The investment policies of the organization.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Restricted Net Assets (continued)

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Medical Center to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. There were no deficiencies at September 30, 2014 and 2013.

Return Objectives and Risk Parameters

The Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, the endowment assets are invested in a manner that is intended to produce results that equal or exceed relevant benchmarks. The Medical Center expects its endowment funds, over time, to provide an average rate of return of at least 5% annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Medical Center relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Medical Center targets a diversified asset allocation strategy that places a greater emphasis on equity-based investments to achieve its long-term return objectives within the guidelines of its investment policy and prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

All endowment net assets are donor-restricted endowment funds.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Restricted Net Assets (continued)

Changes in endowment net assets for the years ended September 30, 2014 and 2013 consisted of the following:

	September 30, 2014		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning balance	\$ 2,738,483	\$ 16,906,686	\$ 19,645,169
Contributions		431,168	431,168
Investment return	411,618		411,618
Net appreciation (realized and unrealized)	2,055,469		2,055,469
Appropriation of endowment assets for expenditure	(600,445)		(600,445)
Endowment net assets, ending balance	<u>\$ 4,605,125</u>	<u>\$ 17,337,854</u>	<u>\$ 21,942,979</u>

	September 30, 2013		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning balance	\$ 1,534,913	\$ 16,634,856	\$ 18,169,769
Contributions	-	271,830	271,830
Investment return	74,390	-	74,390
Net appreciation (realized and unrealized)	1,596,451	-	1,596,451
Appropriation of endowment assets for expenditure	(467,271)	-	(467,271)
Endowment net assets, ending balance	<u>\$ 2,738,483</u>	<u>\$ 16,906,686</u>	<u>\$ 19,645,169</u>

Income from endowment funds is considered temporarily restricted until it meets the original donor's time or purpose restriction of the donation. These funds are commingled with other temporarily restricted contributions for the same purposes (see tables below for discussion of the purpose of restrictions) and invested until such time that the funds are utilized. The Medical Center's spending policy is that any expenditure associated with the endowment is appropriated based on the donor's intention.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Restricted Net Assets (continued)

Temporarily Restricted

Temporarily restricted net assets are available for the following purposes as of September 30:

	<u>2014</u>	<u>2013</u>
Equipment purchases	2%	2%
Education	8	7
Other health care services	90	91
	<u>100%</u>	<u>100%</u>

Permanently Restricted

Permanently restricted net assets at September 30 are restricted to:

	<u>2014</u>	<u>2013</u>
Health care and children's services	83%	82%
Other health care services	13	13
Education	4	5
	<u>100%</u>	<u>100%</u>

7. Pension Plan

Effective January 1, 1993, the State of Connecticut mandated that individuals hired by the Medical Center were no longer eligible to participate in the State of Connecticut pension plan (State Plan). Employees who were participants in the State Plan as of December 31, 1992 can remain participants in the State Plan so long as they continue to remain employed by the Medical Center.

Effective January 1, 1994, the Medical Center adopted a defined benefit pension plan covering substantially all of its employees. Benefits for employees who are participants in the State Plan are reduced to reflect vested benefits provided under the State Plan.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Pension Plan (continued)

Effective January 1, 1999, the Medical Center converted its pension plan to a Cash Balance Retirement Plan (the Plan). Plan benefits are based on years of service and the employee's compensation. Contributions to the Plan are intended to provide for benefits attributed to services rendered to date and benefits expected to be earned in the future. Future benefits are earned and credited by participants based on a percentage of compensation (ranging from 2.5% to 12.5%) associated with years of service. Plan participants earn a return based on an interest rate established annually at the beginning of the pay year. Plan participants vest in their benefits after three years of service.

On February 26, 2009, the Board of Directors of the Medical Center adopted a resolution to freeze the Plan effective May 1, 2009.

Included in unrestricted net assets at September 30, 2014 and 2013 are unrecognized actuarial losses of \$19,372,121 and \$16,096,254, respectively. The actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2015 is \$1,387,915.

The following table presents a reconciliation of the beginning and ending balances of the Plan's projected benefit obligation and the fair value of plan assets, as well as the funded status of the plan and accrued pension liability included in the consolidated balance sheets:

	Year Ended September 30	
	2014	2013
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 79,974,687	\$ 84,989,182
Interest cost	3,384,986	2,886,841
Actuarial loss (gains), including the effects of any assumption changes	7,632,859	(6,303,517)
Benefits paid	(2,244,590)	(1,597,819)
Benefit obligation at end of year	<u>\$ 88,747,942</u>	<u>\$ 79,974,687</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Pension Plan (continued)

	Year Ended September 30	
	2014	2013
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 71,617,405	\$ 65,962,284
Contributions	100,000	1,425,000
Actual return on plan assets	7,505,031	5,827,940
Benefits paid	(2,244,590)	(1,597,819)
Fair value of plan assets at end of year	<u>\$ 76,977,846</u>	<u>\$ 71,617,405</u>
Funded status of the plan	<u>\$ (11,770,096)</u>	<u>\$ (8,357,282)</u>

The weighted-average assumptions used to develop the projected benefit obligation as of September 30 are as follows:

	2014	2013
Discount rate	4.00%	4.45%
Rate of compensation	N/A	N/A
Cash balance interest credit	5.50	5.50
Return on plan assets	6.75	6.75

Net periodic pension costs for the years ended September 30 consist of the following:

	2014	2013
Interest cost	\$ 3,384,986	\$ 2,886,841
Expected return on plan assets	(4,226,469)	(3,940,309)
Net amortization:		
Net actuarial loss	1,078,430	2,307,651
Net periodic benefit costs	<u>\$ 236,947</u>	<u>\$ 1,254,183</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Pension Plan (continued)

The weighted-average assumptions used to determine net periodic benefit costs at September 30 are as follows:

	<u>2014</u>	<u>2013</u>
Discount rate	4.45%	3.60%
Cash balance interest credit	5.50	5.50
Expected long-term rate of return on plan assets	6.75	6.75
Rate of compensation	N/A	N/A

The expected long-term rate of return on plan assets was developed through analysis of historical market returns, current market conditions and the fund's past experience. Estimates of future market returns by asset category are lower than actual long-term historical returns in order to reflect current market conditions.

The accumulated benefit obligation at September 30, 2014 and 2013 was \$88,747,942 and \$79,974,687, respectively.

Plan Assets

The Plan assets are managed by outside investment managers. The investment strategy with respect to pension assets is to maximize return while protecting principal. The investment manager has the flexibility to adjust the asset allocation and move funds to the asset class that offers the most opportunity. The investment objective for Plan assets over a full market cycle time period is to generate a return in excess of the passive portfolio benchmark for each asset class.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Pension Plan (continued)

The asset allocations for the Plan at September 30, by asset category, are as follows:

Asset Category	Percentage of Plan Assets at Year-End	
	2014	2013
Domestic equities	37%	44%
International equities	19	19
Debt securities	38	36
Other	6	1
Total	100%	100%

The fair values of the Plan assets at September 30, 2014, by asset category, are as follows:

Assets	Level 1	Level 2	Level 3	Total
Money market mutual funds ^(a)	357,228	—	—	357,228
Fixed income securities:				
U.S. government bonds ^(b)	2,273,832	—	—	2,273,832
Municipal bonds ^(c)	693,600	—	—	693,600
Corporate bonds ^(d)	4,982,567	—	—	4,982,567
Foreign bonds ^(e)	865,871	—	—	865,871
Fixed income mutual funds ^(f)	3,584,208	11,507,036	—	15,091,244
Equity mutual funds ^(g)	34,389,192	—	—	34,389,192
Multi-asset balanced mutual funds ^(h)	—	15,521,959	—	15,521,959
Foreign multi-asset balanced mutual funds ⁽ⁱ⁾	—	2,802,353	—	2,802,353
Total	\$ 47,146,498	\$ 29,831,348	\$ —	\$ 76,977,846

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Pension Plan (continued)

The fair values of the Plan assets at September 30, 2013, by asset category, are as follows:

Assets	Level 1	Level 2	Level 3	Total
Money market mutual funds ^(a)	\$ 20,773	\$ —	\$ —	\$ 20,773
Fixed income securities:				
U.S. government bonds ^(b)	1,909,958	—	—	1,909,958
Municipal bonds ^(c)	562,761	—	—	562,761
Corporate bonds ^(d)	4,710,792	—	—	4,710,792
Foreign bonds ^(e)	615,864	—	—	615,864
Fixed income mutual funds ^(f)	3,515,214	11,094,171	—	14,609,385
Equity mutual funds ^(g)	31,996,839	—	—	31,996,839
Multi-asset balanced mutual funds ^(h)	—	17,191,033	—	17,191,033
Total	<u>\$ 43,332,201</u>	<u>\$ 28,285,204</u>	<u>\$ —</u>	<u>\$ 71,617,405</u>

^(a) Includes investments in mutual funds that invest primarily in short-term debt securities including U.S. Treasury bills, commercial paper and certificates of deposits.

^(b) Includes investments in publicly traded U.S. government and U.S. Agency bonds.

^(c) Includes investments in publicly traded municipal bonds offered by U.S. states and cities.

^(d) Includes investments in publicly offered and traded domestic corporate bonds, including both unsecured and asset-backed securities.

^(e) Includes investments in publicly offered and traded unsecured foreign corporate bonds.

^(f) Investment in a fixed income mutual fund that maintains a diverse portfolio of short-term high quality bonds, actively managed across the mortgage-backed security, U.S. Treasury, corporate and international fixed income sectors.

^(g) Includes investments in domestic and international equity mutual funds and exchange traded funds.

^(h) Investments in mutual funds that allocate assets among both fixed and equity investments, as well as other forms of investments with the intent of providing returns while diversifying assets and spreading risk over multiple asset classes.

⁽ⁱ⁾ Investments in mutual funds that allocate assets in foreign holdings among both fixed and equity investments, as well as other forms of investments with the intent of providing returns while diversifying assets and spreading risk over multiple asset classes.

The Medical Center does not expect to contribute to its pension plan in fiscal 2015.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Pension Plan (continued)

The Medical Center expects to pay the following benefit payments, which reflect expected future service as appropriate:

	<u>Pension Benefits</u>
Fiscal year:	
2015	\$ 9,117,000
2016	4,898,000
2017	5,001,000
2018	5,776,000
2019	5,331,000
Years 2020 – 2024	26,595,000

8. Post-retirement Benefit Plan

The Medical Center sponsors the Connecticut Children's Medical Center Postretirement Welfare Plan (the PRW Plan), an unfunded plan which provides post-retirement medical benefits to retired employees who meet the specific criteria identified in the PRW Plan document. The Medical Center's contribution toward cost of medical coverage varies by years of pension credited service at retirement, ranging from 25% for employees with ten years of credited service to 100% for those employees with 25 plus years of credited service. The Medical Center's maximum fixed dollar commitment is \$2,280 per year per retiree.

Included in unrestricted net assets at September 30, 2014 and 2013 are \$2,468,074 and \$2,999,341, respectively, of net unrecognized actuarial gains that have not yet been recognized in net periodic benefit cost. There is \$158,512 of actuarial gain included in unrestricted net assets that is expected to be recognized in net periodic pension cost during the year ending September 30, 2015.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Post-retirement Benefit Plan (continued)

The following table presents a reconciliation of the beginning and ending balances of the PRW Plan's projected benefit obligation and the fair value of plan assets, as well as the funded status of the plan and accrued post-retirement obligation included in the consolidated balance sheets:

	Year Ended September 30	
	2014	2013
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 5,658,107	\$ 7,816,241
Service cost	219,274	394,911
Interest cost	268,206	312,324
Actuarial losses (gains), including the effects of any assumption changes	330,315	(2,761,469)
Benefits paid	(135,004)	(103,900)
Benefit obligation at end of year	<u>\$ 6,340,898</u>	<u>\$ 5,658,107</u>
	Year Ended September 30	
	2014	2013
Change in plan assets		
Fair value of plan assets at beginning of year	\$ -	\$ -
Contributions	135,004	103,900
Benefits paid	(135,004)	(103,900)
Fair value of plan assets at end of year	<u>\$ -</u>	<u>\$ -</u>
Accrued post-retirement obligation included in other long-term liabilities	<u>\$ (6,340,898)</u>	<u>\$ (5,658,107)</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Post-retirement Benefit Plan (continued)

The weighted-average assumptions used to develop the post-retirement benefit obligation as of September 30 are as follows:

	<u>2014</u>	<u>2013</u>
Discount rate	4.20%	4.80%
Healthcare cost trend rate:		
Current year	8.50	9.00
Ultimate	5.00	5.00
Number of years to reach ultimate	7	8

Net periodic benefits costs for the years September 30 consist of the following:

	<u>2014</u>	<u>2013</u>
Service cost	\$ 219,274	\$ 394,911
Interest cost	268,206	312,324
Net amortization:		
Net actuarial gain	(200,952)	—
Net periodic benefit cost	<u>\$ 286,528</u>	<u>\$ 707,235</u>

The weighted-average assumptions used to determine net periodic benefit costs are as follows for September 30:

	<u>2014</u>	<u>2013</u>
Discount rate	4.80%	3.85%
Health care cost trend rate		
Initial rate	9.00	8.00
Ultimate rate	5.00	5.00
Years to ultimate	7	6

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Post-retirement Benefit Plan (continued)

A one-percentage point change in assumed health care cost trend rates would have the following effect on the post-retirement benefit plan:

	One-percentage Point	
	Increase	Decrease
Effect on postretirement benefit obligation	\$ 105,951	\$ (93,373)
Effect on total of service and interest cost	14,123	(12,349)

The Medical Center expects to contribute \$163,000 to its post-retirement benefit plan in fiscal 2015.

The Medical Center expects to pay the following benefit payments, which reflect expected future service as appropriate:

Fiscal year:	Post-retirement Benefits
2015	\$ 163,000
2016	182,000
2017	213,000
2018	243,000
2019	277,000
Years 2020 – 2024	1,874,000

9. Bonds Payable

A summary of long-term debt is as follows:

	September 30	
	2014	2013
Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority (CHEFA) Series D (4.19% effective interest rate)	\$ 38,035,000	\$ 39,315,000
	38,035,000	39,315,000
Less current portion	1,350,000	1,280,000
	\$ 36,685,000	\$ 38,035,000

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Bonds Payable (continued)

In June 2011, the Medical Center along with the Foundation (the Obligated Group) refinanced their existing State of Connecticut Health and Educational Facilities Authority (CHEFA) hospital revenue bonds with variable rate revenue bonds (the Series D Bonds) with a principal amount of \$41,580,000. The Series D Bonds were issued at par and directly placed with one investor. The investor has committed to holding the bonds for a ten year period, at the end of which, the investor may put the bonds back to the Obligated Group or extend their holding period at their discretion. The bonds mature in varying amounts through 2032, with interest rates based on 65% of LIBOR plus a spread of 1.52%, ranging from 1.66% to 1.71% in the current year.

The agreement and related documents provide, among other things, that the Series D Bonds and any additional bonds will be payable from payments to be made by the Obligated Group and that it will be obligated to make such payments so long as the Series D Bonds and any additional bonds are outstanding. The Series D Bonds are collateralized by an interest in revenues of the Medical Center and a mortgage on the facilities, ground lease, easements and other certain leases that comprise the overall hospital premises owned by the Medical Center.

Pursuant to the mortgage agreement and related documents, the Obligated Group is required to meet certain covenants including a days cash on hand, debt to capitalization and a debt service coverage ratio requirement. At September 30, 2014 and 2013, the Medical Center was in compliance with the covenants.

The carrying value of the bonds payable approximates fair value. The Medical Center classifies bonds payable in Level 2 of the valuation hierarchy.

The Medical Center is required to make monthly interest and semi-annual principal repayments for the Series D Bonds. A principal payment for the Series D bonds was paid on January 1, 2015. Interest paid for 2014 and 2013 was \$636,884 and \$669,182, respectively.

Principal payments for the next five years under the CHEFA obligations are as follows:

2015	\$ 1,350,000
2016	1,415,000
2017	1,500,000
2018	1,580,000
2019	1,665,000
Aggregate thereafter	30,525,000
	<u>\$ 38,035,000</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Bonds Payable (continued)

In November 2005, the Medical Center entered into an interest rate swap agreement (the 2005 swap) effectively converting \$23,700,000 of its then existing variable-rate debt (Series C debt) to a fixed-rate basis of 3.704% through June 2018. The fair value of the swap (a liability of \$879,859 and \$1,359,365 at September 30, 2014 and 2013, respectively) is reported in other long term liabilities. The change in value of \$479,506 and \$609,486 is reported as a component of income from investments for the years ended September 30, 2014 and 2013, respectively. The swap, while serving as an economic hedge, does not qualify for hedge accounting.

Upon the refunding of the Series C debt in June 2011, the Medical Center applied the 2005 swap against the newly issued Series D debt and entered into a new swap agreement (the 2011 swap), which along with the 2005 swap, effectively converts all of its outstanding Series D debt to a fixed-rate basis. The interest rate on the new swap is 4.6138%. The fair value of the 2011 swap (a liability of \$1,012,213 and \$1,193,629 as of September 30, 2014 and 2013, respectively) is reported in other long term liabilities. The change in value of \$181,416 and \$913,929 is reported as a component of income from investments for the years ended September 30, 2014 and 2013, respectively. The swap, while serving as an economic hedge, does not qualify for hedge accounting.

The 2011 swap has an embedded option that gives the Medical Center the right to terminate the swap beginning July 1, 2016, and on the first business day of each month thereafter. If the option is exercised by the Medical Center, the transaction will terminate and neither party will owe a termination payment amount. There is no exercise premium.

The following table summarizes the Medical Center's interest rate swap agreements:

Swap Type	Expiration Date	Medical Center Receives	Medical Center Pays	Notional Amount at September 30	
				2014	2013
Series C – Fixed to Floating (2005 Swap)	July 1, 2018	70% of LIBOR	3.70%	\$ 12,725,000	\$ 15,675,000
Series D – Fixed to Floating (2011 Swap)	July 1, 2032	65% LIBOR + 1.52%	4.61%	<u>24,518,878</u>	<u>22,665,000</u>
				<u>\$ 37,243,878</u>	<u>\$ 38,340,000</u>

The total notional amount differs from the amount outstanding on the debt as a result of the different amounts that the Medical Center receives. The notional amount of the 2011 swap is modified to adjust for the differing percentage of LIBOR received under the 2005 swap.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Notes Payable

Notes payable at September 30, 2014 and 2013 consists of the following:

	<u>2014</u>	<u>2013</u>
Notes payable to an independent financing company payable in semi-annual installments of \$199,606 through October 2015, interest free	\$ 399,211	\$ 798,422
Notes payable to an independent financing company payable in monthly installments of \$27,889 through March 2014, interest free	—	167,334
Notes payable to a health care equipment manufacturing company in monthly installments of \$18,392 through December 2015, at 4.15% interest. Secured by certain equipment.	265,880	471,517
Notes payable to a bank in monthly installments of \$147,233 through October 2018 at 2.85% interest. Secured by certain equipment.	6,802,836	8,351,736
Notes payable to a bank in monthly installments of \$128,417 through October 2018 at 1.455% interest. Secured by certain equipment.	8,495,319	9,901,610
Notes payable to a bank in monthly installments of \$55,978 through June 2018 at 1.302% interest. Secured by certain equipment.	2,457,216	3,092,473
Notes payable to a bank in monthly installments of \$114,385 through September 2019 at 2.52% interest. Secured by certain equipment.	6,441,905	7,635,795
Notes payable to a bank in monthly installments of \$59,782 through August 2019 at 3.94% interest. Secured by certain equipment.	3,191,082	—
Notes payable to a bank in monthly installments of \$9,845 through January 2021, interest free. Secured by certain equipment.	827,012	—
Note payable to landlord for leasehold improvements payable in monthly installments of \$1,431 through August 2019 at 6%. Unsecured.	72,949	85,336
Note payable to a hospital association payable in monthly installments of \$6,529, interest free	91,406	169,754
	<u>29,044,816</u>	<u>30,673,977</u>
Less current portion	6,189,100	5,447,651
	<u>\$ 22,855,716</u>	<u>\$ 25,226,326</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Notes Payable (continued)

The carrying value of the notes payable approximates fair value. The Medical Center classifies notes payable in Level 2 of the valuation hierarchy.

Interest paid on the notes was \$605,312 and \$596,530 for the years ended September 30, 2014 and 2013, respectively.

In November 2014, a Line of Credit was opened in the amount of \$15,000,000 with investment assets pledged as collateral. There are no outstanding amounts on the line of credit.

Principal payments on the notes for the next five years are as follows:

2015	\$ 6,189,100
2016	6,014,499
2017	5,886,160
2018	5,857,646
2019	3,791,106
Aggregate thereafter	<u>1,306,305</u>
	<u>\$ 29,044,816</u>

11. Contingencies

There have been malpractice claims that fall within the Medical Center's malpractice insurance which have been asserted against the Medical Center. In addition, there are known incidents that have occurred through September 30, 2014, that may result in the assertion of claims. Refer to Note 1.

The Medical Center is a party to various lawsuits incidental to its business. Management does not believe that the lawsuits will have a material adverse effect on the Medical Center's consolidated financial position.

The Medical Center and CCSG record as a liability the estimate for claims-made malpractice liabilities and the estimate for incurred but not reported claims. The estimate for incurred but not reported claims, discounted at 4.00%, totaled \$5,576,736 and \$6,100,898 at September 30, 2014 and 2013, respectively. The Medical Center has recorded related insurance recoveries receivable of \$26,453,696 and \$21,854,915 at September 30, 2014 and 2013, respectively, in consideration for the expected insurance recoveries for the total claims-made insurance.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

11. Contingencies (continued)

The Medical Center records as a liability an estimate of workers' compensation claims. Such liability, undiscounted, totaled approximately \$2,055,125 and \$2,064,873 at September 30, 2014 and 2013, respectively.

12. Commitments

Ground Lease

The Medical Center has a ground lease with Hartford Hospital to lease the site on which the Medical Center stands. The lease term is 99 years beginning November 1, 1993 with an optional extension for an additional 99-year term.

The Ground Lease was recorded as a prepaid asset in the original amount of \$2,900,000 and is amortized over the term of the lease. The net asset is recorded at \$2,358,098 and \$2,387,390 as of September 30, 2014 and 2013, respectively, and is included in other assets in the accompanying consolidated balance sheets. The lease includes certain covenants which restrict, among other things, the Medical Center's ability to be a party to mergers.

Parking Agreement

The Medical Center has a Parking Agreement with Hartford Hospital (HH) for the use of 450 parking spaces on the Hartford Hospital campus. The agreement continues in full force and effect until the earlier of a written termination of the agreement by the Medical Center and HH or the termination of the ground lease.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Operating Leases

Rental and lease expense amounted to \$12,985,729 and \$10,507,394 for the years ended September 30, 2014 and 2013, respectively.

The minimum lease commitments under all noncancelable operating leases with initial or remaining terms of more than one year are as follows:

Fiscal years ending September 30:	
2015	\$ 10,618,151
2016	9,732,713
2017	8,822,668
2018	7,220,794
2019	7,133,889
	<u>\$ 43,528,215</u>

14. Functional Expenses

The Medical Center provides health care services to residents within its geographic location including pediatric care and outpatient surgery. Expenses related to providing these services are as follows:

	Year Ended September 30	
	2014	2013
Health care services	\$ 288,254,913	\$ 276,723,729
General and administrative	70,486,232	67,629,306
	<u>\$ 358,741,145</u>	<u>\$ 344,353,035</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value of Financial Instruments

The Medical Center calculates fair value of its financial assets and liabilities, when applicable, based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on a unit of account from the Medical Center's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated). In order to increase consistency and comparability in fair value measurements, the Medical Center utilizes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described as follows:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2 – Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3 – Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Medical Center utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Medical Center also considers counterparty credit risk in its assessment of fair value.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value of Financial Instruments

Financial assets and liabilities carried at fair value as of September 30, 2014 are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 5,760,243	\$ —	\$ —	\$ 5,760,243
Fixed income securities ^(a)	117,482	—	—	117,482
Domestic fixed	6,535,302	—	—	6,535,302
International fixed	345,854	—	—	345,854
Marketable equity securities ^(b)	494,722	—	—	494,722
Domestic equity	17,454,812	—	—	17,454,812
International equity	1,599,252	—	—	1,599,252
Mutual Funds:				
Domestic	12,362,690	—	—	12,362,690
International	3,331,872	—	—	3,331,872
Multi-Strategy	3,024,061	—	—	3,024,061
Equity:				
Domestic growth ^(c)	5,495,099	—	—	5,495,099
Domestic value ^(c)	5,478,832	—	—	5,478,832
International ^(c)	8,129,521	—	—	8,129,521
Real estate, small cap and other ^(c)	—	—	—	—
International equity common trust fund	—	5,913,593	—	5,913,593
Domestic equity common trust fund	—	11,728,000	—	11,728,000
Fixed income:				
International	618,442	—	—	618,442
Domestic	6,299,598	—	—	6,299,598
Intermediate term ^(c)	7,123,169	—	—	7,123,169
Global ^(c)	2,730,651	—	—	2,730,651
Short-term ^(c)	186,627	—	—	186,627
Inflation protected ^(c)	825,258	—	—	825,258
Common Trust Fund ^(d)	—	1,983,537	—	1,983,537
Domestic Fixed Common Trust Fund	—	7,155,394	—	7,155,394
Funds held by trustee under revenue bond agreement ^(e)	5,021,620	—	—	5,021,620
Fund of funds	—	2,247,593	—	2,247,593
Real estate investments	—	3,159,391	—	3,159,391
Foundation held funds and miscellaneous other investments ^(f)	423,285	2,995,632	—	3,418,916
Total	\$ 93,358,392	\$ 35,183,139	\$ —	\$ 128,541,531
Liabilities				
Interest rate swap agreements ^(g)	\$ —	\$ 1,892,072	\$ —	\$ 1,892,072

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2013 are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 3,249,955	\$ —	\$ —	\$ 3,249,955
Fixed income securities ^(a)	104,734	—	—	104,734
Domestic fixed	13,457,731	—	—	13,457,731
International fixed	1,103,498	—	—	1,103,498
Marketable equity securities ^(b)	447,661	—	—	447,661
Domestic equity	18,250,152	—	—	18,250,152
International equity	3,298,668	—	—	3,298,668
Mutual Funds:				
Domestic	7,188,520	—	—	7,188,520
International	2,092,701	—	—	2,092,701
Multi-Strategy	1,557,134	—	—	1,557,134
Equity:				
Domestic growth ^(c)	6,131,402	—	—	6,131,402
Domestic value ^(c)	5,941,957	—	—	5,941,957
International ^(c)	6,705,662	—	—	6,705,662
Real estate, small cap and other ^(c)	223,001	—	—	223,001
International equity common trust fund	—	6,422,430	—	6,422,430
Domestic equity common trust fund	—	10,896,020	—	10,896,020
Fixed income:				
International	612,673	—	—	612,673
Domestic	4,315,044	—	—	4,315,044
Intermediate term ^(c)	7,932,577	—	—	7,932,577
Global ^(c)	1,621,443	—	—	1,621,443
Short-term ^(c)	192,733	—	—	192,733
Inflation protected ^(c)	824,791	—	—	824,791
Common Trust Fund ^(d)	—	3,670,663	—	3,670,663
Domestic Fixed Common Trust Fund	—	4,445,606	—	4,445,606
Funds held by trustee under revenue bond agreement ^(e)	17,008,322	—	—	17,008,322
Fund of funds	—	2,275,089	—	2,275,089
Real estate investments	—	1,404,193	—	1,404,193
Foundation held funds and miscellaneous other investments ^(f)	—	1,880,869	—	1,880,869
Total	\$ 102,260,359	\$ 30,994,870	\$ —	\$ 133,255,229
Liabilities				
Interest rate swap agreements ^(g)	\$ —	\$ 2,552,994	\$ —	\$ 2,552,994

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Fair Value of Financial Instruments (continued)

- (a) Includes investments in publicly traded fixed income invests, which may include government, municipal or corporate bonds of varied duration.
- (b) Includes investments in publicly traded stock of domestic corporations.
- (c) Includes investments in domestic and international equity mutual funds and exchange traded funds. Investments are broken out into the underlying funds' asset type and investment goals.
- (d) The common trust fund seeks to gain exposure to large cap U.S. companies by replicating the S&P 500 Tobacco Free Index, which excludes any company for which tobacco is one of its top five revenue producing industries. There are no liquidity restrictions as the redemption frequency and notice period is daily.
- (e) These funds reflect proceeds from borrowings that are held in trust for the Medical Center's use. Funds are generally invested in money market mutual funds and may be drawn on by the Medical Center to purchase capital assets.
- (f) These funds reflect the value of the Medical Center's interest in funds held in trust for the Medical Center's benefit. The Medical Center receives statements and records its portion of the trusts' statement value.
- (g) The value of the Medical Center's swaps is determined by examining the present value of the future cash flows among other factors. The Medical Center utilizes an independent third party to calculate the value of the swaps based on all of the relevant factors.

The following is a description of the Medical Center's valuation methodologies for assets measured at fair value. The fair value methodologies are not necessarily indicators of liquidity but are descriptive of the measures used to arrive at fair value pricing. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers. The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Medical Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The amounts reported in the tables above exclude assets invested in the Medical Center's defined benefit pension plan (Note 7).

Supplementary Information

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets

September 30, 2014

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Assets							
Current assets:							
Cash and cash equivalents	\$ 3,850,387	\$	\$ 3,850,387	\$ 366,412	\$ 1,543,444	\$	\$ 5,760,243
Funds held by trustee under revenue bond agreement	5,021,620		5,021,620				5,021,620
Patient accounts receivable, less allowance for doubtful accounts of approximately \$6,600,000 for the Medical Center and \$832,000 for Specialty Group	30,704,847		30,704,847	4,518,425			35,223,272
Due from affiliated entities	210,170		210,170	503,598			713,768
Inventories	1,389,353		1,389,353				1,389,353
Other current assets	9,315,275		9,315,275	3,593,158	632,753		13,541,186
Total current assets	50,491,652	—	50,491,652	8,981,593	2,176,197	—	61,649,442
Assets whose use is limited:							
Investments	82,885,871		82,885,871	1,159,137	33,714,661		34,873,798
Funds held in trust by others		104,410,463	104,410,463				82,885,871
Interest in Foundation	82,885,871	104,410,463	187,296,334	1,159,137	33,714,661	—	104,410,463
Property, plant and equipment:							
Buildings	132,296,341		132,296,341	4,606,308			136,902,649
Furniture and equipment	103,960,357		103,960,357	2,232,800	233,768		106,426,925
Construction in progress	16,921,791		16,921,791				16,921,791
Less accumulated depreciation	253,178,489	—	253,178,489	6,839,108	233,768		260,251,365
	(118,311,796)		(118,311,796)	(3,006,073)	(116,722)		(121,434,591)
	134,866,693		134,866,693	3,833,035	117,046	—	138,816,774
Other assets:							
Bond issuance costs	679,656		679,656				679,656
Ground lease	2,358,098		2,358,098				2,358,098
Other	17,767,000		17,767,000	6,586,120	5,493		24,358,613
	20,804,754	—	20,804,754	6,586,120	5,493	—	27,396,367
Total assets	\$ 289,048,970	\$ 104,410,463	\$ 393,459,433	\$ 20,559,885	\$ 36,013,397	\$	\$ 450,032,715

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets (continued)

September 30, 2014

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Liabilities and net assets (deficiency)							
Current liabilities:							
Current portion of bonds payable	\$ 1,350,000	\$	1,350,000				\$ 1,350,000
Current portion of notes payable	6,175,949		6,175,949	13,151			6,189,100
Accounts payable and accrued expenses	40,922,726		40,922,726	5,007,098	850,681		46,780,505
Accrued wages	12,269,133		12,269,133	6,778,564			19,047,697
Due to third parties	27,554,100		27,554,100	6,010,670			33,564,770
Due to affiliated entities	7,733,907		7,733,907	18,354			7,752,261
Accrued interest payable and other current liabilities	49,938		49,938	14,075			64,013
Total current liabilities	96,055,753		96,055,753	17,841,912	850,681	-	114,748,346
Bonds payable, less current portion	36,685,000		36,685,000				36,685,000
Notes payable, less current portion	22,795,917		22,795,917	59,799			22,855,716
Accrued pension liability	11,770,096		11,770,096				11,770,096
Other long-term liabilities	25,550,702		25,550,702	9,669,831			35,220,533
Total liabilities	192,857,468		192,857,468	27,571,542	850,681	-	221,279,691
Net assets (deficiency):							
Unrestricted	(8,509,048)	82,702,390	74,193,342	(7,011,657)	35,156,273		102,337,958
Temporarily restricted	21,814,679	4,370,219	26,184,898		6,443		26,191,341
Permanently restricted	82,885,871	17,337,854	100,223,725				100,223,725
Total net assets (deficiency)	96,191,502	104,410,463	200,601,965	(7,011,657)	35,162,716	-	228,753,024
Total liabilities and net assets (deficiency)	\$ 289,048,970	\$ 104,410,463	\$ 393,459,433	\$ 20,559,885	\$ 36,013,397	\$	\$ 450,032,715

Connecticut Children's Medical Center and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets

Year Ended September 30, 2014

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Revenues:							
Net patient service revenue	\$ 256,377,861	\$ 53,040,653	\$ 309,418,514				\$ 309,418,514
Provision for bad debts	(3,419,884)	(1,393,189)	(4,813,073)				(4,813,073)
Net patient service revenue, less provision for bad debts	252,957,977	51,647,464	304,605,441				304,605,441
Patient accounts receivable, less allowance of approximately \$6,600,000	3,092,774	3,173,091	6,265,865				6,265,865
Net assets released from restrictions for operations	13,260,718	13,260,718	26,521,436				26,521,436
	269,311,469	54,820,555	324,132,024	4,890,052	(2,019,513)		327,002,563
Expenses:							
Salaries	109,870,644	49,299,264	159,169,908	1,647,229	7,117,995		167,935,132
Benefits	30,164,094	9,512,485	39,676,579	539,952	1,518,522		41,735,053
Supplies and other	124,087,405	14,799,460	138,886,865	3,993,631	(10,656,030)		132,224,466
Depreciation and amortization	14,745,956	838,100	15,584,056	20,101			15,604,157
Interest	1,231,379	10,958	1,242,337				1,242,337
	280,099,478	74,460,267	354,559,745	6,200,913	(2,019,513)		358,741,145
Loss from operations	(10,788,009)	(19,639,712)	(30,427,721)	(1,310,861)			(31,738,582)
Other income:							
Investment return, net	(462,130)	35,693	(426,437)	4,429,330			4,002,893
Income from trusts held by others	3,135,171		3,135,171				3,135,171
Change in equity interest in net assets of the Foundation	2,673,041	6,519,525	9,192,566	35,693	4,429,330		6,519,525
	(8,114,968)	6,519,525	(1,595,443)	(19,604,019)	3,118,469		(18,080,993)
(Deficiency) excess of revenues over expenses							

Continued on next page.

Connecticut Children's Medical Center and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets (continued)

Year Ended September 30, 2014

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Unrestricted net assets:							
(Deficiency) excess of revenues over expenses	\$ (8,114,968)	\$ 6,519,525	\$ (1,595,443)	\$ (19,604,019)	\$ 3,118,469		\$ (18,080,993)
Transfer from affiliated organizations, net	(22,991,224)		(22,991,224)	22,991,224			
Unrealized gain (loss) on investments				84,942	(1,794,439)		(1,709,497)
Net assets released from restrictions for capital	1,746,968		1,746,968				1,746,968
Change in funded status of pension and post-retirement plans	(3,807,134)		(3,807,134)				(3,807,134)
Change in equity interest in the net assets of the Foundation		(547,812)	(547,812)				(547,812)
Change in unrestricted net assets	(33,166,358)	5,971,713	(27,194,645)	3,472,147	1,324,030		(22,398,468)
Temporarily restricted net assets:							
Transfer from affiliated organization	10,054,736		10,054,736				10,054,736
Net assets released from restrictions for operations	(13,260,718)		(13,260,718)		(584,996)		(13,845,714)
Net assets released from restrictions for capital	(1,746,968)		(1,746,968)				(1,746,968)
Bequests, gifts and grants	9,098,264		9,098,264		293,020		9,391,284
Change in equity interest in the net assets of the Foundation		402,458	402,458				402,458
Change in temporarily restricted net assets	4,145,314	402,458	4,547,772		(291,976)		4,255,796
Permanently restricted net assets:							
Change in funds held by others	3,685,543		3,685,543				3,685,543
Change in equity interest in the net assets of the Foundation		431,168	431,168				431,168
Change in permanently restricted net assets	3,685,543	431,168	4,116,711				4,116,711
Change increase in net assets	(23,335,501)	6,805,339	(18,530,162)	3,472,147	1,032,054		(14,025,961)
Net assets (deficiency) at beginning of year	121,527,005	97,605,124	219,132,129	(10,483,806)	34,130,662		242,778,985
Net assets (deficiency) at end of year	\$ 96,191,504	\$ 104,410,463	\$ 200,601,967	\$ (7,011,659)	\$ 35,162,716	\$	\$ 228,753,024

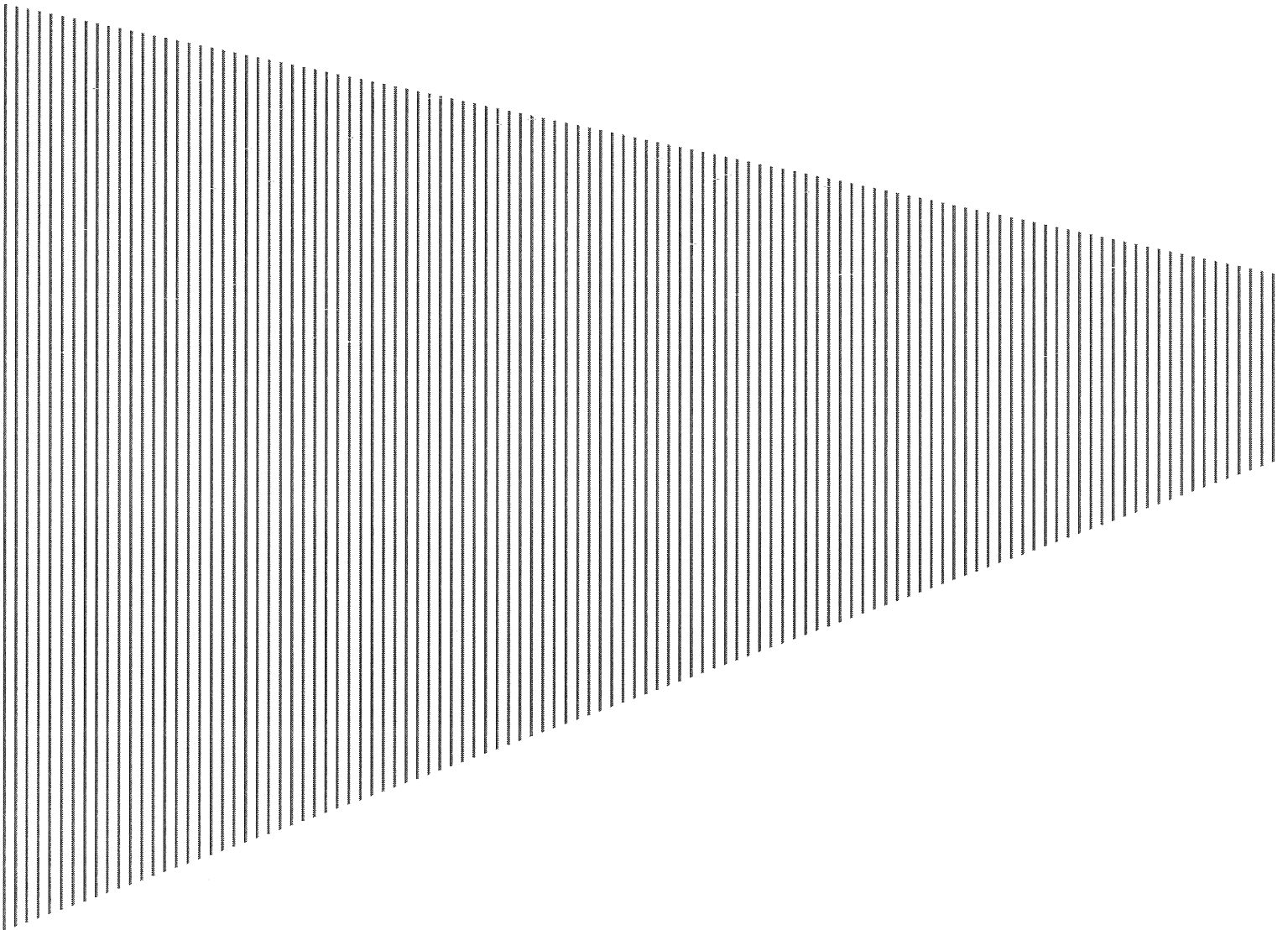
About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization and may refer to one or more of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. For more information about our organization, please visit ey.com.

© 2015 Ernst & Young LLP.
All Rights Reserved.

ey.com





Approval Process for Connecticut Children's Community Health Needs Assessment

Federal requirements related to community health needs assessments

- Every three years, Connecticut Children's must conduct a community health needs assessment which must be approved by the Board of Directors.
 - Board approval was given at the September 2013 meeting.
- Within six months of Board approval of the assessment, Connecticut Children's must develop an improvement plan which also requires Board approval.
 - The deadline for this approval is February 15, 2014. The proposed process is to seek approval of the Community Relations Committee on behalf of the Board, which can be reported to the full Board at the end of the month.

Connecticut Children's Improvement Plan

The Office for Community Child Health (OCCH) represents Connecticut Children's community health improvement plan. Connecticut Children's has taken its commitment to promoting children's healthy development to a new level through the establishment of OCCH, which serves as a coordinating entity for the Medical Center's existing community-oriented programs. It also functions as an incubator for innovative ideas that can broaden partnerships between the child health sector and other sectors that serve children and families to work toward systemic solutions to child health problems. Ultimately, OCCH will enable the Medical Center to play a role in optimizing the health of children across a broad array of community venues instead of simply preventing or treating disease.

Beyond serving as an explicit response to the results of the community health needs assessment, OCCH will provide Connecticut Children's with a foundation to operate effectively in the evolving healthcare marketplace where the expectation is that providers will keep people healthy rather than only treating them once they are sick. OCCH can also serve as a national model that permits children's hospitals to support community-based programs and promote each child's optimal healthy development.

Current OCCH activities

- Twelve programs housed in the Office of Community Child Health (OCCH) are doing community-level work.
 - The LAMPP Green and Healthy Homes Project positively impacts children's health by removing hazards and making their homes healthier, safer places to be.
 - Co-management programs improve children's health outcomes by teaming medical experts with pediatric primary care providers to make treatment more efficient for physicians, more comprehensive, and more convenient for families.
 - OCCH is developing and implementing tools that allow the programs to measure and report on their performance.
- OCCH has a contract with the City of Hartford to write the Maternal and Child Health blueprint with matching dollars from the Hartford Foundation for Public Giving.
- The State's early childhood systems grant initiative is being chaired by OCCH.
- The State Office of Early Childhood requested OCCH's assistance to build developmental screening into Connecticut's Race to the Top grant application.

Resolution for Board Approval

At the February 6, 2014 meeting of the Community Relations Committee, the following statement will be considered for approval.

On behalf of the Board of Directors of Connecticut Children's Medical Center, the Community Relations Committee hereby approves the designation of the Office for Community Child Health as the implementation plan for the Community Health Needs Assessment that was approved by the Board at the September 2013 meeting.

Progress made in addressing the unmet needs identified in our CHNA

Our CHNA was conducted in partnership with two other hospitals and the City of Hartford's Health and Human Service Department. This model identified two concerns related to children's health, and a number of issues that we have categorized under the term of *Social Determinants*. In the area of childhood asthma, we continue to work with pediatric practices throughout the state to help educate practices on asthma management, so that children are less reliant on using emergency departments for treatment. During the year we addressed this through our Easy Breathing Program, and Educating Practices in the Community (EPIC). We are monitoring our emergency department usage and have seen a reduction in children who come to our emergency department for asthma management.

We have addressed childhood obesity through our leadership with the Hartford Childhood Wellness Alliance (HCWA). This collaborative includes 77 individuals and organizations. While we recognize that measures of progress will be over a long period of time, a baseline measure that will be a part of HCWA's tool has used overweight and obesity measures for 1,700 Hartford pre-school children during 2014.

Some of the social determinants of health such as neighborhood safety, poor housing conditions, and employment opportunities are the focus of our neighborhood level work with our anchor institution partners at Southside Institution Neighborhood Alliance (SINA). We are addressing some housing needs by trying to eliminate blighted properties in the neighborhood and replacing them with homes that will be owner occupied. SINA partner's security forces have begun regular meetings with the police force in order to better address neighborhood safety concerns. We've also been in discussions with city and state partners about employment needs of neighborhood residents.

As our work in the community evolves, it is clear that we must take a different approach to assessing community need. Because we are a free-standing children's hospital we serve families from all over the state. We are located in the heart of one of Connecticut's poorest cities. We will be taking the approach with our next CHNA that will gather information on a rolling basis. We will utilize a number of components that meet the guidelines for conducting assessments, but we will be more focused on areas that will take advantage of our expertise and resources. One component, mentioned above, is with the development of the Hartford Blueprint for Women's and Children's Health. Another component will be utilizing school nurses throughout the state as our key informants. We will continue to communicate with other healthcare partners to both share information that we gather, but also learn from their assessments.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 09/30, 2014

B Check if applicable:	C Name of organization CONNECTICUT CHILDREN'S MEDICAL CENTER	D Employer identification number 06-0646755
	Doing Business As	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 282 WASHINGTON STREET	E Telephone number (860) 545-9000
	City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06106-3322	G Gross receipts \$ 274,569,041.
Address change	F Name and address of principal officer: MARTIN J. GAVIN 282 WASHINGTON STREET HARTFORD, CT 06106	
Name change	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Initial return	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Terminated	If "No," attach a list. (see instructions)	
Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
Application pending	J Website: WWW.CONNECTICUTCHILDRENS.ORG	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
	L Year of formation: 1921	M State of legal domicile: CT
	H(c) Group exemption number ▶	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CONNECTICUT CHILDREN'S MEDICAL CENTER IS A HOSPITAL WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS WITHOUT REGARD TO ABILITY TO PAY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,793.
	6	Total number of volunteers (estimate if necessary)	6	330.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	14,071,624.	12,229,097.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240,884,087.	254,620,325.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,286,120.	6,057,393.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,224,848.	1,216,605.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	264,466,679.	274,123,420.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	136,422,326.	136,770,151.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,604,664.	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	130,882,216.	143,111,168.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	267,304,542.	279,881,319.
	19 Revenue less expenses. Subtract line 18 from line 12	-2,837,863.	-5,757,899.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	376,678,396.	393,459,433.
	22	Net assets or fund balances. Subtract line 21 from line 20.	157,546,267.	192,857,468.
			219,132,129.	200,601,965.

Part II Signature Block

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

Sign Here		Date 8/13/2015
	Type or print name and title PATRICK J. GARVEY, SUP MD CFO	

Paid Preparer Use Only	Print/Type preparer's name SCOTT J MARIANI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092		Phone no. 973-898-9494	
	Firm's address ▶ 465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)