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

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CCMC CORPORATION Doing business as			D Employer identification number 22-2619876	
	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				
F Name and address of principal officer: JAMES E. SHMERLING, DHA, FACHE 282 WASHINGTON STREET HARTFORD, CT 06106			G Gross receipts \$		
			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			H(c) Group exemption number ▶		
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: 1985 M State of legal domicile: CT		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, UPHOLD, PROMOTE AND FURTHER THE GOALS, WELFARE, PROGRAMS AND ACTIVITIES OF CT CHILDREN'S MEDICAL CENTER.			
	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	23.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	0.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses			0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71,691.	84,993.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	71,691.	84,993.	
19	Revenue less expenses. Subtract line 18 from line 12	-71,691.	-84,993.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	447,993.	724,533.
	21	Total liabilities (Part X, line 26)	0.	361,533.
22	Net assets or fund balances. Subtract line 21 from line 20	447,993.	363,000.	

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	
	Firm's address ▶ 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070		Phone no. 973-898-9494	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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

EXPENSES INCURRED IN INITIATING, DEVELOPING, RECOMMENDING, SUPPORTING AND CARRYING OUT THE GOALS AND PRIORITIES FOR NEW AND EXPANDED PROGRAMS FOR THE BENEFIT OF CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION, AND ALL RELATED AFFILIATES. 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 0.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
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? <i>If "Yes," complete Schedule D, Part VI.</i>		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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
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 payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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	
35a 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 question numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values. Includes questions about 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 (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) EDWARD LEWIS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) CHRISSY MONACO ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) KATHERINE O. NIXON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) KOLAWOLE A. OLOFINBOBA, M.D. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) DAVID M. ROTH, ESQ. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) ANNE P. SARGENT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) JAMES E. SHMERLING, DHA, FACHE ----- DIRECTOR-PRES/CEO (EFF 11/1/15)	55.00 ----- 0.	X		X				0.	176,960.	2,934.
(22) LESLIE SILVERMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) LAUREN K. ZELIGSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) SCOTT W. FANNING ----- DIRECTOR (TERMED 01/01/16)	1.00 ----- 0.	X						0.	0.	0.
(25) MARTIN J. GAVIN ----- DIRECTOR-PRES/CEO (10/1-10/31)	55.00 ----- 0.	X		X				0.	632,641.	30,088.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	1,153,856.	77,368.
d Total (add lines 1b and 1c)								0.	1,153,856.	77,368.

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 ► 0.

	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 ► 0.

Part VIII Statement of Revenue

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

				(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					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f ▶			0.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			0.			
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶			0.		
	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 \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		b Less: direct expenses b					
		c Net income or (loss) from fundraising events. ▶			0.		
9a Gross income from gaming activities. See Part IV, line 19 a							
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities. ▶			0.			
10a Gross sales of inventory, less returns and allowances a							
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory. ▶			0.			
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0.				
12 Total revenue. See instructions. ▶			0.				

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 domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
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	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
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.)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ALLOCATION OF PERSONNEL COST</u>	84,993.		84,993.	
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	84,993.		84,993.	
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. X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	12,667.	1	30,685.	
	2 Savings and temporary cash investments	0.	2	0.	
	3 Pledges and grants receivable, net	0.	3	0.	
	4 Accounts receivable, net	0.	4	0.	
	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	0.	8	0.	
	9 Prepaid expenses and deferred charges	0.	9	0.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b	0.	10c	0.
	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	1,000.	13	1,000.	
	14 Intangible assets	0.	14	0.	
	15 Other assets. See Part IV, line 11	434,326.	15	692,848.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	447,993.	16	724,533.		
Liabilities	17 Accounts payable and accrued expenses	0.	17	0.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue	0.	19	0.	
	20 Tax-exempt bond liabilities	0.	20	0.	
	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	0.	23	0.	
	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	0.	25	361,533.	
	26 Total liabilities. Add lines 17 through 25	0.	26	361,533.	
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	447,993.	27	363,000.	
	28 Temporarily restricted net assets	0.	28	0.	
	29 Permanently restricted net assets	0.	29	0.	
	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	447,993.	33	363,000.	
	34 Total liabilities and net assets/fund balances	447,993.	34	724,533.	

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	0.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,993.
3	Revenue less expenses. Subtract line 2 from line 1	3	-84,993.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	447,993.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	363,000.

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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
CCMC CORPORATION

Employer identification number
22-2619876

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(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) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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

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

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

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

SCHEDULE A, PART IV, SECTION A, QUESTION 1

CCMC CORPORATION WAS INCORPORATED ON JUNE 1, 1985, AS A NOT-FOR-PROFIT ORGANIZATION UNDER THE NON-STOCK CORPORATION ACT OF THE STATE OF CONNECTICUT. IT IS THE TAX-EXEMPT PARENT ENTITY OF CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. CCMC CORPORATION IS THE SOLE MEMBER OF CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S"); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CCMC CORPORATION WAS ORGANIZED FOR THE PURPOSE OF BENEFITING, CARRYING OUT THE PURPOSES OF, AND UPHOLDING, PROMOTING AND FURTHERING THE WELFARE, PROGRAMS AND ACTIVITY OF CONNECTICUT CHILDREN'S. IN SECTION 2(A), PURPOSE, OF THE ORGANIZATION'S AMENDED AND RESTATED CERTIFICATE OF INCORPORATION IT STATES THAT THE NATURE OF THE ACTIVITIES TO BE CONDUCTED, OR THE PURPOSES TO BE PROMOTED AND FURTHER THE GOALS, WELFARE, PROGRAMS AND ACTIVITIES OF CONNECTICUT CHILDREN'S.

ALL OF CCMC CORPORATION'S SUPPORTED ORGANIZATIONS ARE NOT LISTED BY NAME IN THE ORGANIZATION'S GOVERNING DOCUMENTS. IN ACCORDANCE WITH EACH SUBSIDIARY ORGANIZATION'S MISSION, THE PURPOSES OF EACH IS TO SUPPORT THE OVERALL MISSION OF CONNECTICUT CHILDREN'S IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY, IN VARIOUS WAYS.

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

CCMC CORPORATION SUPPORTS ALL OF ITS SUBSIDIARIES BY VIRTUE OF THE FACT THAT IT ACTS AS THE PARENT ENTITY OF THE HEALTHCARE SYSTEM AND THE SOLE MEMBER OF CONNECTICUT CHILDRENS. CCMC CORPORATION SUPPORTS ALL AFFILIATES INCLUDED IN SCHEDULE A, PART I, LINE 11G REGARDLESS OF WHETHER THEY ARE INCLUDED IN CCMC CORPORATION'S ORGANIZING DOCUMENTS AS A SUPPORTED ORGANIZATION.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
			YES	NO		
CONNECTICUT CHILDREN'S MEDICAL CENTER	06-0646755	3	X		0.	0.
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.	22-2619869	5		X	0.	0.
CCMC AFFILIATES, INC.	22-2619870	9		X	0.	0.
CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC.	06-1446900	9		X	0.	0.
CHILDREN'S HEALTH & DEVELOPMENT INSTITUTE, INC.	06-1504725	7		X	0.	0.
TOTAL AMOUNT OF SUPPORT					<u>0.</u>	<u>0.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CCMC CORPORATION

22-2619876

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2015

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **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, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

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				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATED ENTITIES	692,848.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	692,848.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED ENTITIES	361,533.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	361,533.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, QUESTION 2

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

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

CCMC CORPORATION

22-2619876

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.	INVESTMENTS		880,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	1.			880,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	1.			880,000.

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

Schedule F (Form 990) 2015

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

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

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

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I

DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, THIS ORGANIZATION, THE TAX-EXEMPT PARENT ENTITY OF CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), CREATED NEW ENGLAND PEDIATRICS INDEMNITY, LTD. ("NEPI"), A FOREIGN WHOLLY OWNED CAPTIVE FINANCIAL VEHICLE. ON AUGUST 26, 2016, CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION TRANSFERRED \$880,000 TO NEPI, AS A CAPTIAL CONTRIBUTION, ON BEHALF OF THIS ORGANIZATION FOR ITS INVESTMENT IN NEPI.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CCMC CORPORATION

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

22-2619876

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** **9**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES E. SHMERLING, DHA DIRECTOR-PRES/CEO (EFF 11/1/15)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	93,936.	82,713.	311.	0.	2,934.	179,894.	0.
2 MARTIN J. GAVIN DIRECTOR-PRES/CEO (10/1-10/31)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	277,975.	314,625.	40,041.	26,500.	3,588.	662,729.	0.
3 PATRICK J. GARVEY, CPA, TREASURER - SVP/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	209,158.	116,250.	18,847.	14,575.	29,771.	388,601.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
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.

CORE FORM, PART VII AND SCHEDULE J

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

SCHEDULE J, PART I; QUESTION 3

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

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.

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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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

2015

**Open to Public
Inspection**

Employer identification number

22-2619876

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CCMC CORPORATION AND
SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM
("SYSTEM") WHICH INCLUDES CONNECTICUT CHILDREN'S MEDICAL CENTER
("CONNECTICUT CHILDREN'S"). THE INTERNAL REVENUE SERVICE ("IRS") HAS
RECOGNIZED CCMC CORPORATION AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL
REVENUE CODE SECTION 501(C)(3). CCMC CORPORATION IS THE SOLE CORPORATE
MEMBER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES WITHIN THE
INTEGRATED HEALTHCARE DELIVERY SYSTEM.

BACKGROUND

=====

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

1. CONNECTICUT CHILDREN'S PROVIDES MEDICALLY NECESSARY HEALTHCARE

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

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

3. CONNECTICUT CHILDREN'S MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF CONNECTICUT CHILDREN'S RESTS WITH ITS BOARD OF DIRECTORS. ITS BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

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

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

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HISTORY

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

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

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

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MISSION

=====

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

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

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

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- SURGERY; AND
- UROLOGY.

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

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

OUTCOMES

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

PROCESS OF CARE

SEVERAL ELEMENTS ARE CONSIDERED, INCLUDING HOSPITAL COMPLIANCE WITH BEST

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PRACTICES AND A COMMITMENT TO INFECTION CONTROL.

RESEARCH

=====

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

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

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THE COUNTRY.

AWARDS AND RECOGNITION

=====

CONNECTICUT CHILDREN'S HAS RECENTLY RECEIVED THE FOLLOWING AWARDS:

- 2017 WOMEN'S CHOICE AWARD FOR BEST CHILDREN'S HOSPITALS;
- 2016 CHILDKIND HOSPITAL DESIGNATION;
- 2016 PRESS GANEY SUCCESS STORY AWARD;
- 2016 HARTFORD BUSINESS JOURNAL HEALTHCARE HERO (CHRISTINE FINCK, M.D.);
- 2016 HARTFORD BUSINESS JOURNAL BEST IN BUSINESS, ONCOLOGY (CENTER FOR CANCER AND BLOOD DISORDERS);
- 2016 TOP MASTER'S IN HEALTHCARE ADMINISTRATION;
- 2016 GET WITH THE GUIDELINES - RESUSCITATION SILVER AWARD; AND
- 2015 TOP WORKPLACE IN CONNECTICUT, RANKED 10TH IN LARGE ORGANIZATION CATEGORY.

OFFICE OF COMMUNITY CHILD HEALTH ("OCCH")

=====

CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ELEVATES THE EFFECTIVENESS AND STATUS OF THE MEDICAL CENTER AS A CRITICAL COMMUNITY RESOURCE BY DEVELOPING, PROMOTING, SUPPORTING, EVALUATING AND

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DISSEMINATING INNOVATIVE, EFFECTIVE COMMUNITY-ORIENTED PROGRAMS AND SERVICES TO ADDRESS CHILDREN'S CRITICAL HEALTH NEEDS. SERVICES TO ADDRESS CHILDREN'S CRITICAL HEALTH NEEDS.

CHILDREN'S CRITICAL HEALTH NEEDS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WHAT WE DO

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

OUR MODEL

THE OFFICE OVERSEES A VARIETY OF COMMUNITY-ORIENTED PROGRAMS THAT ADDRESS A WIDE RANGE OF FACTORS THAT INFLUENCE CHILDREN'S HEALTHY DEVELOPMENT. THOSE PROGRAMS, AND THEIR COMMUNITY-BASED PARTNERS, NOT ONLY FOCUS ON THE

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TRADITIONAL AREAS OF CHILD HEALTH SERVICES, FAMILY SUPPORT, AND EARLY CARE AND EDUCATION, BUT ALSO TOUCH OTHER SECTORS INCLUDING FOOD AND NUTRITION, HOUSING, ECONOMIC DEVELOPMENT, CHILD WELFARE, AND TRANSPORTATION.

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

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

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

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

OUR IMPACT, AT A GLANCE

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

- LEADING EFFORTS TO DEVELOP A BLUEPRINT FOR WOMEN'S AND CHILDREN'S HEALTH FOR THE CITY OF HARTFORD;
- PARTNERING WITH THE CONNECTICUT OFFICE FOR EARLY CHILDHOOD TO LEAD THE DEVELOPMENT OF A COMPREHENSIVE, STATEWIDE EARLY CHILDHOOD SYSTEM; AND
- ENGAGED IN ONGOING DIALOGUE ON KEY PUBLIC POLICY CONCEPTS NECESSARY FOR SYSTEM-BUILDING WITH A WIDE ARRAY OF FEDERAL AGENCIES, INCLUDING THE MATERNAL AND CHILD HEALTH BUREAU, THE ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

OCCH PROGRAMS

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

INNOVATION:

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

DIRECT SERVICES:

- CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION;
- CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM;
- HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM; AND
- PERSON-CENTERED MEDICAL HOME.

EDUCATION AND RESEARCH:

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

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTIONS OF THE ABOVE PROGRAMS ARE LISTED BELOW:

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INNOVATION:

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

- CONNECTICUT CHILDREN'S ADVANCING KIDS INNOVATION PROGRAM CONNECTICUT CHILDREN'S ADVANCING KIDS INNOVATION PROGRAM ("AKIP") OFFERS INDIVIDUALS AND ORGANIZATIONS AN EXCITING OPPORTUNITY TO GET CRUCIAL GUIDANCE, ACCESS TO KEY STAKEHOLDERS, AND TECHNICAL ASSISTANCE NEEDED TO MAKE INNOVATIONS PROMOTING THE OPTIMAL HEALTHY DEVELOPMENT OF CHILDREN SUCCESSFUL ON A LOCAL, STATEWIDE, AND EVEN NATIONAL LEVEL. AKIP, WHICH IS PART OF CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH (THE OFFICE), SEEKS TO ESTABLISH A PIPELINE OF INNOVATIONS THAT FOCUS ON THE HEALTH OF CHILDREN, STRENGTHEN FAMILIES, AND SHOW HIGH POTENTIAL FOR BEING BOTH SUSTAINABLE AND REPLICABLE. AKIP SEEKS TO ENGAGE A BROAD RANGE OF POTENTIAL COMMUNITY HEALTH INNOVATORS ADDRESSING CRITICAL COMMUNITY HEALTH NEEDS, INCLUDING INDIVIDUAL ENTREPRENEURS, BUSINESSES, COMMUNITY-BASED ORGANIZATIONS; RESEARCHERS; BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, HEALTHCARE PAYERS AND OTHERS COMMITTED TO IMPROVING CHILDREN'S HEALTHY DEVELOPMENT. THE PROGRAM PLANS TO SUPPORT

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INNOVATIONS AS THEY MOVE TOWARDS MORE EVIDENCE-INFORMED, HIGHER IMPACT SOLUTIONS DESIGNED TO CLOSE EXISTING GAPS IN PROGRAMS AND SERVICES CURRENTLY OFFERED TO CHILDREN ACROSS A VARIETY OF SECTORS.

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

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

- THE CARE COORDINATION COLLABORATIVE MODEL IS THE SIGNATURE INNOVATION OF CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION. THE MODEL IMPROVES COLLABORATION AMONG CARE COORDINATORS FROM DIVERSE SECTORS INCLUDING CHILD HEALTH, EARLY CARE AND EDUCATION, AND FAMILY SUPPORT. IT

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ALSO PROVIDES CHILDREN AND FAMILIES WITH LINKS TO EFFECTIVE SERVICES. IT WORKS BY BRINGING TOGETHER CARE COORDINATORS FROM SEVERAL CHILD-SERVING SECTORS FOR PERIODIC MEETINGS TO LEARN ABOUT AVAILABLE SERVICES AND HOW TO HELP FAMILIES ACCESS THEM, TO REVIEW CHALLENGING CASES AND DEVELOP SOLUTIONS FOR FAMILIES, AND TO ADVOCATE FOR POLICY LEVEL SOLUTIONS TO HELP FAMILIES ADDRESS CHALLENGES THEY FACE CONNECTING TO SERVICES. INITIALLY LAUNCHED IN THE GREATER HARTFORD AREA, THE PROGRAM HAS EXPANDED ACROSS THE STATE OF CONNECTICUT AND INTO ADDITIONAL STATES.

DIRECT SERVICES:

- THE CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION (THE CENTER) EMPOWERS FAMILIES OF ALL CHILDREN, INCLUDING THOSE WITH SPECIAL NEEDS, BY HELPING THEM ADVOCATE FOR ACCESS TO APPROPRIATE MEDICAL, BEHAVIORAL, EDUCATIONAL, LEGAL, AND SOCIAL SERVICES. THE CENTER ALSO PROVIDES TRAINING AND TECHNICAL SUPPORT FOR COMMUNITY-BASED PRIMARY CARE PROVIDERS, SUPPORTING THEM TO BECOME MEDICAL HOMES FOR THE CHILDREN THEY SERVE.

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

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EDUCATION PERTAINING TO HEALTHY AND SAFE HOMES.

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

- THE CONNECTICUT CHILDREN'S PRIMARY CARE CENTER RECENTLY RECEIVED DESIGNATION AS A PERSON CENTERED MEDICAL HOME. IN ACHIEVING THAT RECOGNITION, THE CENTER MET RIGOROUS STANDARDS SET BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AND WAS RECOGNIZED FOR COORDINATING PATIENT CARE, MAINTAINING A HIGH LEVEL OF QUALITY IN SERVICE DELIVERY, AND ENSURING THAT PATIENTS AND FAMILIES REMAIN AT THE CENTER OF ALL CARE. SEVERAL PROGRAMS OVERSEEN BY THE OFFICE FOR COMMUNITY CHILD HEALTH SUPPORT THE PRIMARY CARE CENTER IN ITS MEDICAL HOME STATUS.

EDUCATION AND RESEARCH:

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

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CONCERNS RANGING FROM CHILD PASSENGER SAFETY TO POISONING PREVENTION AND OTHER HOME SAFETY ISSUES.

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

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

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

- THE PRACTICE QUALITY IMPROVEMENT PROGRAM HELPS PRIMARY CARE PHYSICIANS USE A DATA-DRIVEN, QUALITY IMPROVEMENT APPROACH TO ENHANCE THE SERVICES THEY PROVIDE TO CHILDREN. PROGRAM ACTIVITIES HELP PRACTICES IMPROVE THEIR SURVEILLANCE AND SCREENING FOR DEVELOPMENTAL RISKS, IMPROVE THEIR IDENTIFICATION OF BEHAVIORAL CONCERNS, AND CONNECT CHILDREN AND FAMILIES TO HELPFUL SERVICES.

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

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CORE FORM, PART VI, SECTION A, QUESTION 2

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

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

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

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

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THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR REVIEW. THE SYSTEM'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE SYSTEM'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. THE FORM 990 WAS THEN PROVIDED TO CONNECTICUT CHILDREN'S FINANCE AND AUDIT COMMITTEE AND SUBSEQUENTLY TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

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

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

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S"). THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER, KEY SENIOR MANAGEMENT PERSONNEL INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER ARE EMPLOYED CONNECTICUT CHILDREN'S. HOWEVER, THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE EITHER DIRECTORS OR OFFICERS OF THIS ORGANIZATION. ACCORDINGLY, 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 OF CONNECTICUT CHILDREN'S SENIOR MANAGEMENT, INCLUDING, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF

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FINANCIAL OFFICER. 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 AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

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THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS 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 APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING, BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE SYSTEM'S SENIOR VICE PRESIDENT OF HUMAN RESOURCES AND THE SYSTEM'S HUMAN RESOURCES DEPARTMENT, IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS

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BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

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

CORE FORM, PART VI, SECTION C; QUESTION 19

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

CORE FORM, PART VII AND SCHEDULE J

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

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CORE FORM, PART VII, SECTION A, COLUMN B

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

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CCMC CORPORATION AND SUBSIDIARIES, FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015;

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

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

ATTACHMENT 1

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

TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, UPHOLD, PROMOTE AND FURTHER THE GOALS, WELFARE, PROGRAMS AND ACTIVITIES OF CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") BY:

(1) INITIATING, DEVELOPING, RECOMMENDING AND IMPLEMENTING GOALS AND PRIORITIES FOR NEW OR EXPANDED PROGRAMS FOR THE BENEFIT OF CONNECTICUT CHILDREN'S SERVICE TO THE COMMUNITY IT SERVES;

(2) DEVELOPING, EVALUATING, MAINTAINING AND REVISING PLANS FOR EFFECTIVE CONDUCT OF PROGRAMS AND UTILIZATION OF FACILITIES OF CONNECTICUT CHILDREN'S AS COMMUNITY CIRCUMSTANCES WARRANT;

(3) EXAMINING, EVALUATING AND MAKING RECOMMENDATIONS REGARDING NEEDS AND OPPORTUNITIES FOR ACQUISITION OF PROPERTIES OR CONSTRUCTION OF

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

FACILITIES BY OR FOR THE USE OF CONNECTICUT CHILDREN'S;

(4) PLANNING FOR ACQUISITION AND PLACEMENT OF NEW FACILITIES AND
EQUIPMENT BY OR FOR THE USE OF CONNECTICUT CHILDREN'S; AND

(5) CONDUCTING PUBLIC RELATIONS ACTIVITIES ON BEHALF OF CONNECTICUT
CHILDREN'S, SOLICITING AND RECEIVING GIFTS AND GRANTS EARMARKED FOR
THE EXCLUSIVE CHARITABLE PURPOSES OF CONNECTICUT CHILDREN'S.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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22-2619876

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) CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD, CT 06106 06-0646755	HLTHCARE SVCS	CT	501(C)(3)	HOSPITAL	CCMC CORP	X	
(2) CONNECTICUT CHILDREN'S MEDICAL CTR FDN 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619869	FUNDRAISING	CT	501(C)(3)	509(A)(1)	CCMC CORP	X	
(3) CCMC AFFILIATES, INC. 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619870	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CCMC CORP	X	
(4) CONNECTICUT CHILDREN'S SPECIALTY GROUP 282 WASHINGTON STREET HARTFORD, CT 06106 06-1446900	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CT CHILDRENS		X
(5) CHILDREN'S FUND OF CONNECTICUT, INC. 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1364513	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS		X
(6) CHILDREN'S HEALTH & DEVEL. INSTITUTE INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1504725	HLTHCARE SVCS	CT	501(C)(3)	509(A)(1)	CFCT		X
(7) CAPITAL AREA HEALTH CONSORTIUM, INC. 270 FARMINGTON AVENUE FARMINGTON, CT 06032 51-0173264	SUPPORT SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS		X

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

Schedule R (Form 990) 2015

JSA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CCMC VENTURES, INC. 22-2619873 282 WASHINGTON STREET HARTFORD, CT 06106	INACTIVE	CT	CCMC CORP	C CORP.	0.	0.	100.0000	X	
(2) NEW ENGLAND PEDIATRICS INDEMNITY, LTD. 50 CEDAR AVENUE HAMILTON, BERMUDA BD HM 11	FINANCIAL VEHICLE	BD	CCMC CORP	FOREIGN CORP.	0.	880,000.	100.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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 MEDICAL CENTER	O	84,993.	COST
(2) CONNECTICUT CHILDREN'S MEDICAL CENTER	S	7,870,348.	COST
(3) CONNECTICUT CHILDREN'S MEDICAL CENTER	R	9,212,678.	COST
(4) CONNECTICUT CHILDREN'S MEDICAL CTR FDN	S	600,000.	COST
(5) CONNECTICUT CHILDREN'S MEDICAL CTR FDN	R	847,537.	COST
(6) CCMC AFFILIATES, INC.	S	750,000.	COST

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

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

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CCMC AFFILIATES, INC.	R	150,000.	COST
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART V

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S"). IN THE ORDINARY COURSE OF BUSINESS, CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX EXEMPT 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.