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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Connecticut Children's Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
282 Washington Street

City or town, state or country, and ZIP + 4
Hartford, CT 06106

D Employer identification number
06-0646755

E Telephone number
(860) 545-9000

G Gross receipts $ 193,267,225

F Name and address of Principal Officer
Martin J Gavin
282 Washington Street
Hartford, CT 06106

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www connecticutchildrens org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1921

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Connecticut Children's Medical Center is an acute care children's hospital

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its 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	20
5	Total number of employees (Part V, line 2a)	5	1,656
6	Total number of volunteers (estimate if necessary)	6	283
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	335,581
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-380,225

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,924,977	12,379,532
9	Program service revenue (Part VIII, line 2g)	174,005,932	179,148,344
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	272,790	137,171
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	973,731	1,157,113
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,177,430	192,822,160
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	93,837,496	100,732,779
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,895,060)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	88,196,561	85,112,619
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	182,034,057	185,845,398
19	Revenue less expenses Subtract line 18 from line 12	5,143,373	6,976,762

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	200,453,521	193,060,869
21	Total liabilities (Part X, line 26)	104,305,083	105,950,749
22	Net assets or fund balances Subtract line 21 from line 20	96,148,438	87,110,120

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

Please Sign Here

****** | 2010-08-12
Signature of officer | Date

Gerald J Boisvert Treasurer, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Connecticut Children's Medical Center is dedicated to improving the physical and emotional health of children through family-centered care, research, education and advocacy We embrace discovery, teamwork, integrity and excellence in all that we do

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 154,544,448 including grants of $) (Revenue $ 179,279,982)

Acute Care Children's Hospital To provide acute care inpatient and outpatient services to children from Connecticut and the surrounding area In fiscal year 2009, there were 6,360 inpatient admissions and 141,229 outpatient visits

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 $ 154,544,448 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	261		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,656		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country BD See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		**5c**		
6a	Did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 23		
b	Enter the number of voting members that are independent . .	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Patrick Garvey
282 Washington Street
Hartford, CT 06106
(860) 610-5689

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								4,017,753	919,833	783,960

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 95

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Hartford Hospital 80 Seymour Street Hartford, CT 06102	Healthcare services	9,824,522
University of CT Health Center 263 Farmington Ave Farmington, CT 06030	Healthcare services	1,570,718
Aramark Corporation 1057 Solutions Center Chicago, IL 60677	Facilities Management Services	1,209,058
Towers Perrin Forster & Crosby Inc PO Box 8500 Philidelphia, PA 19178	Actuarial Services	716,011
Robinson & Cole 280 Trumbull Street Hartford, CT 06103	Attorney Services	597,368

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 40

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b	6,820			
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	6,593,275			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,779,437			
	g	Noncash contributions included in lines 1a-1f $ 540,000				
	h	**Total (Add lines 1a-1f)** ▶	12,379,532			
Program Service Revenue		Business Code				
	2a	Acute Care Children's	900,099	179,148,344	179,148,344	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 179,148,344				
	3	Investment income (including dividends, interest other similar amounts) ▶	137,171			137,171
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents: 369,554				
	b	Less rental expenses: 334,895				
	c	Rental income or (loss): 34,659				
	d	Net rental income or (loss) ▶	34,659	34,659		
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a 203,541				
	b	Less cost of goods sold b 110,170				
	c	Net income or (loss) from sales of inventory ▶	93,371	93,371		
		Miscellaneous Revenue / Business Code				
	11a	Food services 453,000	1,101,600			1,101,600
	b	Misc 900,099	639,102			639,102
	c	Consulting 541,900	339,189	3,608	335,581	
	d	All other revenue _____	-1,050,808			-1,050,808
	e	**Total. Add lines 11a-11d** ▶ $ 1,029,083				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	192,822,160	179,279,982	335,581	827,065

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,690,742		2,690,742	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	80,367,914	69,894,458		1,324,273
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	598,140	520,610	67,727	9,803
9 Other employee benefits	11,580,375	10,080,247	1,310,450	189,678
10 Payroll taxes	5,495,608	4,783,704	621,890	90,014
11 Fees for services (non-employees)				
a Management	1,045,527	596,940	448,587	
b Legal	785,328		785,328	
c Accounting	328,495		328,495	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	26,983,079	22,086,112	4,866,897	30,070
12 Advertising and promotion	1,045,703	3,065	1,042,638	
13 Office expenses	17,996,268	16,763,814	1,204,429	28,025
14 Information technology	2,319,751	1,965,569	317,196	36,986
15 Royalties				
16 Occupancy	5,702,666	3,622,308	2,030,316	50,042
17 Travel	447,191	393,319	47,294	6,578
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	393,598	322,334	53,084	18,180
20 Interest	1,921,628	1,220,609	684,156	16,863
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,392,929	5,966,347	3,344,157	82,425
23 Insurance	5,459,782	5,292,184	167,598	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Misc	5,562,990	5,139,836	418,591	4,563
b Bad Debt	3,950,188	3,950,188		
c Dues/Fees	1,039,778	281,036	751,182	7,560
d Unrelated business expe	737,718	737,718		
e Allocation of indirect	0	924,050	-924,050	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	185,845,398	154,544,448	29,405,890	1,895,060
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	8,260,176	1	2,144,261
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,749,592	4	20,178,554
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	541,459	8	603,360
	9	Prepaid expenses and deferred charges	5,111,225	9	5,201,612
	10a	Land, buildings, and equipment cost basis — 10a: 160,597,338			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 66,634,489	95,685,784	10c	93,962,849
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	70,105,285	15	70,970,233
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	200,453,521	16	193,060,869
Liabilities	17	Accounts payable and accrued expenses	44,766,058	17	44,503,106
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	37,453,616	20	35,203,820
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	9,551,201	23	8,563,351
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	12,534,208	25	17,680,472
	26	**Total liabilities.** *Add lines 17 through 25*	104,305,083	26	105,950,749
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	30,190,085	27	23,838,478
	28	Temporarily restricted net assets	8,732,220	28	8,633,094
	29	Permanently restricted net assets	57,226,133	29	54,638,548
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	96,148,438	33	87,110,120
	34	Total liabilities and net assets/fund balances	200,453,521	34	193,060,869

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 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?		2c		
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 331/3% 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 331/3% 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).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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 ▶

b **33 1/3% Test - 2007.** If the organization did not check the 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 ▶

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Connecticut Children's Medical Center	06-0646755

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		25,365
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		230,492
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			255,857
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 XIV

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	57,449,645				
b	Contributions	1,497,728				
c	Investment earnings or losses	2,323,994				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	61,271,367				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 36 000 %
- b Permanent endowment ▶ 24 000 %
- c Term endowment ▶ 40 000 %

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)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	100,444,816		30,733,694	69,711,122
c Leasehold improvements	8,337,243		1,296,269	7,040,974
d Equipment	50,004,934		34,604,526	15,400,408
e Other	1,810,345			1,810,345
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				93,962,849

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Funds Held by trustee under revenue agreement	5,185,038
Due from affiliated entities	1,634,513
Funds held in trust by others	54,638,548
Investment in insurance captive	5,237,458
Non Compete agreement	1,040,000
Rabbi trust	342,989
Other assets	117,582
other receivables	2,774,105
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	70,970,233

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to third parties	413,822
Due to CCMC Foundation	286,435
Other Long term liabilities	16,980,215
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	17,680,472

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowment funds are held and administered by Connecticut Children's Medical Center Foundation to be utilized to support and further the mission of Connecticut Children's Medical Center by providing funds in support of operations and capital purchases of Connecticut Children's Medical Center

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 250 000000000000%	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		No
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*		236	213,748	0	213,748	0 120 %
b Unreimbursed Medicaid (from *worksheet 3, column a)*		27,121	80,944,860	75,631,117	5,313,743	3 200 %
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs		27,357	81,158,608	75,631,117	5,527,491	3 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)			4,394,820	156,168	4,238,652	2 330 %
f Health professions education (from worksheet 5)			7,695,355	1,230,553	6,464,802	3 550 %
g Subsidized health services (from worksheet 6)			996,625	42,298	954,327	0 520 %
h Research (from worksheet 7)			3,129,458	61,260	3,068,198	1 690 %
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits			16,216,258	1,490,279	14,725,979	8 090 %
k **Total** (line 7d and 7j)		27,357	97,374,866	77,121,396	20,253,470	11 410 %

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			3,649,713		3,649,713	2 010 %
2	Economic development						
3	Community support			1,952,641	10,985	1,941,656	1 070 %
4	Environmental improvements						
5	Leadership development and training for community members			10,637		10,637	0 010 %
6	Coalition building						
7	Community health improvement advocacy			688,975	9,112	679,863	0 370 %
8	Workforce development						
9	Other						
10	**Total**			6,301,966	20,097	6,281,869	3 460 %

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,950,188		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit				

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	184,122
6	Enter Medicare allowable costs of care relating to payments on line 5	6	183,279
7	Enter line 5 less line 6—surplus or (shortfall)	7	843
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Connecticut Children's Medical Center 282 Washington Street Hartford, CT 06106	X	X	X	X		X	X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 7 Bad Debt of 3,950,188 was removed from the total expenses line 25 of the 990 for the calculations of the percent of total expenses in column (f)All Other benefits (lines 7e to 7j) are reported as true costs not using a cost to charge ratio

Part III, Line 4 Bad Debt is based upon historical collection % analysis of accounts written off

Part III, Line 8 There was not a shortfall in box 7 The sources of information for line 5 & 6 is the Medicare Cost Report

Part III, Line 9b Connecticut Children's will only refer those accounts to collection agencies when it has been determined that the individual has the means to pay the balance, either through insurance or with their own funds, and has chosen not to apply for or is ineligible for patient financial assistance

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Connecticut Children's Medical Center's main campus is located in one of the poorest neighborhoods in one of the states poorest cities We care for children and families from the neighborhood and the city, as well as throughout the entire state Our approach for assessing need varies based on the population that we are looking to serve For our neighborhood, we are part of a three member partnership, SINA (Southside Institutions Neighborhood Alliance), along with Hartford Hospital and Trinity College As a SINA partner, three employees sit on the Board of Directors, with additional staff sitting on various SINA committees SINA has completed neighborhood surveys and focus groups to identify needs The last focus group was held in November of 2009 with new homeowners in our neighborhood We are active with our local Neighborhood Revitalization Zone, made up of businesses and residents attending monthly board and ad hoc committee meetings These relationships, conversations, surveys and focus groups contribute to SINA's strategic planning process, one aspect being to address community health We participate as a member of the city's Health and Human Services Departments Public Health Advisory Committee The city of Hartford publishes "Critical Health Indicators Working for a Healthy Hartford" on a yearly basis working with the committee to do so This document, along with hospital admission and discharge information helps us assess city wide need We are currently working with Health and Human Services and Hartford's two other hospitals in a partnership to develop a formal needs assessment for 2010-2011 Because Connecticut Children's services extend throughout the state, relationships have been established with all 700 pediatricians and close to 500 family practitioners by our Regional Pediatric Services team We have quarterly meetings with a ten member Referring Provider Board, conduct an annual satisfaction survey with all providers and make periodic office visits to practices throughout the state These relationships have helped us identify needs and trends that are being seen at local levels We are a provider of Continuing Medical Education and have done outreach to determine the needs and interest levels for pediatric specific education for providers Connecticut Children's actively pursues grant funded opportunities With each response to Request For Proposals (RFPs), an assessment toward a specific childhood need is provided Information gathered for these RFPs comes from what we document in our clinics and our Emergency Department, as well as what research tells us is taking place on a state-wide and national basis Many of our employees sit on, and often lead, neighborhood, local state-wide and national committees, coalitions, boards of directors, and networks These opportunities are used to help identify pediatric health care trends

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 As written in the Credits and Collections policy Posted text in general public areas and other communications (in English and Spanish) will notify patient and their guarantor of the availability of hospital-based assistance and other programs of public assistance If the hospital determines that a patient/guarantor is potentially eligible for Medicaid or another government program, it will encourage the patient/guarantor to apply for such program and the Financial Counselors will assist patient guarantors in applying for Medicaid, hospital-based assistance, or other assistance and payment plan programs when appropriate Connecticut Children's offers hospital-based assistance for medically necessary inpatient and outpatient services for those patients unable to pay who can demonstrate financial need according to Connecticut Children's Patient Financial Assistance eligibility determination methodology It is available as a last resort after all other third party resources have been exhausted Once approved, the duration of eligibility for financial assistance is 6 (six) months

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Connecticut Children's Medical Center is located in one of the poorest neighborhoods in Hartford, one of Connecticut's poorest cities We care for children and families from throughout the state, with the heaviest concentration coming from Hartford and its surrounding towns The following information comes from the latest U S Census data, and the most recent neighborhood survey administered by Southside Institutions Neighborhood Alliance (SINA) Item Connecticut Hartford County Hartford Population 3,518,288 1,059,878 124,512 Black or African American 10 3% 13 6% 38 1%Hispanic/Latino origin 9 4% 13 9% 40 5% Persons under 18 24 7% 23 0% 30 1%High School graduates (25+) 84 0% 82 4% 60 8% Median Household Income $68,294 $64,045 $24,820In a recent SINA survey of 500 of the 2,500 households in our neighborhood showed 75% of the population was of Latino origin, with 75% of those being from Puerto Rico Residents who participated in the survey represented 14 other countries in their origins 45% of the residents over the age of 18 had less than a high school diploma The unemployment rate was difficult to determine as some respondents were working odd jobs and multiple part-time jobs 17% of the participants reported a household income of less than $10,000 a year 44 % reported a household income of less than $20,000 per year

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Connecticut Children's core mission is to improve the physical and emotional health of children across the state of Connecticut We recognize that children do not live in isolation they are a part of both families and communities In order to fulfill our mission, we provide leadership and participate in community based programs that help build healthier communities Here are three examples of community building efforts reported in Part II One reflects efforts made in our neighborhood, one, a city-wide effort, and another, a state-wide effort Southside Institutions Neighborhood Alliance (SINA) is a partnership between Connecticut Children's Medical Center, Hartford Hospital and Trinity College We share one of Hartford's poorest neighborhoods Each institution pays dues that act as the foundation for SINA's annual operating budget Three employees of Connecticut Children's are on SINA's Board of Directors and in 2009, 30 employees participated in committees and activities that promoted education, improved housing, and public safety One of the ways that we support education through SINA is through our sponsorship of the city-wide Science Fair Our goal in doing this is to support the Hartford Board of Education in their encouragement of promoting student interest in the sciences Along with a financial sponsorship, 16 Medical Center employees acted as judges for the event, and a physician from Connecticut Children's gave the keynote address at the award ceremony We developed a complimentary role-modeling program whereby staff from the institutions visited a local school to talk to students about how science is used in their jobs SINA has also set up two scholarship programs In 2009, three graduates from the local high school received scholarships for their community service contributions There were also scholarship book awards to adults from the neighborhood, who were returning to community college for retraining opportunities SINA's housing program has focused on taking blighted buildings, razing them, and then building new single and two-family homes SINA has been able to bring together federal, state, and city financial support to construct over 30 homes during the past 5 years, 4 of them completed in 2009 SINA continues to own rental properties that were obtained some years ago to address the need of inadequate quality low-cost housing for the neighborhood In 2009, SINA bought two highly visible properties that have been vacant for a number of years due to fires The properties have some historical significance to the city, but have been eye-sores and the danger of having a roof collapse could no longer be ignored SINA has worked with the city to purchase the buildings, shore them up, and develop the properties Public Safety is promoted in a number of ways SINA staff and Staff from Connecticut Children's participate in one of Hartford's Neighborhood Revitalization Zone (NRZ) meetings We participate on the NRZ's Public Safety Committee supporting block watch programs SINA organizes regular meetings with the Hartford Police Department and the campus safety managers of the three institutions to discuss collaborative efforts for patrolling the neighborhood In 2009 SINA was able to secure some grant money to support additional hours put in by one of Hartford's Community Service Officers An example of city-wide Community Building is demonstrated by the work of Connecticut Children's Michele Cloutier, MD, and her leadership of The Hartford Childhood Obesity Coalition This coalition is a collaborative among community organizations, schools, early childhood educators, local government advocacy groups, health care centers and community members aimed at preventing and decreasing childhood obesity in Hartford Through her leadership, the Coalition was developed to bring together people and organizations that might not typically interact with one another to join forces in the common interest of creating a healthier environment for children and families Since childhood obesity is such a complex issue, a coordinated effort encompassing multiple perspectives is needed to avoid the program fragmentation that is typically seen in the community The goal of the coalition is to provide linkage between programs and initiatives currently in place and develop new collaborative programs among Coalition members One example of state-wide community building activity can be seen with our role with the Lead Action for Medicaid Primary Prevention (LAMPP) Project Connecticut Children's operates the project, funded primarily through the CT Department of Social Services There are numerous partners across the state in this initiative which targets fourteen cities where a large number of Medicaid enrolled children live The components of the project are * Education and Risk Assessment - Local health departments and medical providers referred children with elevated blood lead for in-home services Families were taught to identify hazards and undertake lead-safe home repair, cleaning, and nutritional changes Local health departments provided education and inspections for children with higher blood levels Property owners received education on low-cost interventions, lead-safe work practices, the Fair Housing Act, and disclosure rules * Plans to Reduce Health - Families of referred children received a custom plan using interim or standard treatment measures to reduce hazards * Low-level Interventions for remediation - Lead-safe housing units were created using low-cost, lead-safe methods * Training Support - LAMPP provided lead-safe work practices training in accordance with the HUD Lead-Safe Housing rule for landlords, who do their own maintenance as well as remodeling, painting, and maintenance personnel, including low-income workers Some of LAMPP's accomplishments include * created lead-safe environments for children in 297 housing units* decreased lead poisoning in children, foreclosing developmental disabilities by decreasing the risk of exposure to lead hazards * provided education on lead poisoning and hazard removal for over 550 families and property owners * decreased the cost of lead-related treatment and hospitalization by reducing poisoning opportunities * improved residential properties for the welfare of the occupants, property owners, and neighborhoods, reducing the costs of energy for families and decreasing owner liability * enhanced Medicaid during the project by providing environmental assessment and education for children with lead poisoning * trained 430 workers in lead-safe practices, 25 of whom went on to become certified as lead abatement supervisors and workers

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 Connecticut Children's publishes a number of reports that get distributed to various community groups throughout the year Our Annual Report is a publication to the community that discusses Connecticut Children's latest advances in caring for and curing childhood illnesses and diseases "Pediatric Matters" is sent out four times during the year to over 33,000 readers, containing information on many different services and programs available at the Medical Center Our Community Benefit report is done every other year, reflecting the numerous ways we help in the community outside of the clinical care we provide "Connecticut Children's Medical News" offers a more clinical perspective on the activies and programs of the Medical Center and is sent out four times each year to referring providers The Safe Kids program sends out a newsletter twice a year to coalition members throughout the state Connecticut Children's also has a Government relations office which is responsible for much of the children's advocacy that we do While some of their time is spent on working with government on our institutional needs, much of their efforts are on behalf of children throughout the state Examples of their work include organizing efforts to get our experts to help educate elected officials on various health risks of children, working to create new teen driver laws, and coordinating efforts to establish improved child seat safety laws In addition to research activities that qualify as community benefit, there was an additional $600,000 worth of work with private companies to study clinical trials All of our research is undertaken to benefit various communities both locally and nationwide

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Donald Hight	(i)							
	(ii)	367,756	32,883	7,773	33,350	24,101	465,863	
Martin J Gavin	(i)	418,462	155,883	20,094	21,850	17,537	633,826	
	(ii)							
Gerald J Boisvert	(i)	311,433	69,947	8,560	70,377	26,653	486,970	
	(ii)							
Fernando Ferrer MD	(i)							
	(ii)	399,425	111,078	918	18,400	28,686	558,507	
Leonard Banco MD	(i)	32,651	117,418	275,935	4,500	97,811	528,315	35,063
	(ii)							
Paul H Dworkin	(i)	334,473	75,776	13,581	80,159	15,599	519,588	
	(ii)							
Wendy Warring	(i)	310,000	56,970	6,482	18,400	14,350	406,202	
	(ii)							
Robert Englander	(i)	253,949	40,025	776	18,400	17,720	330,870	
	(ii)							
Ann Taylor	(i)	223,572	40,598	1,107	21,850	12,678	299,805	
	(ii)							
Theresa Hendricksen	(i)	201,432	38,393	644	27,600	24,247	292,316	
	(ii)							
Elizabeth Rudden	(i)	192,389	37,303	925	18,400	16,625	265,642	
	(ii)							
Stephanie McGuire	(i)	153,266	10,620	165	16,003	22,543	202,597	
	(ii)							
Karen O'Brien	(i)	158,099		335	27,975	17,921	204,330	
	(ii)							
Patricia Trehey	(i)	157,661		110	15,055	14,688	187,514	
	(ii)							
Stephanie Capps	(i)	143,858	5,720	71	7,402	9,925	166,976	
	(ii)							
Jill Lagemen	(i)	140,861	8,050	159	14,533	8,622	172,225	
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	Leonard Banco, MD received $221,155 in Severance payments calendar year 2008 The following participated in the 457(b) retirement plan Leonard Banco $5,610 07 Gerald J Boisvert $7,152 45 Paul Dworkin $9,542 02 Robert Englander $2,101 95 Martin J Gavin $15,500 Wendy Warring $5,073 92

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Connecticut Health and Educational Facilities Authority			04-01-2004	21,285,000	Refinance Series A bond, renovations of Medical Center, acquire equipment		X		X
B	Connecticut Health and Educational Facilities Authority			04-01-2004	23,700,000	Refinance Series A bond, renovations of Medical Center, acquire equipment		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue	22,254,356	23,700,000			
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows	18,735,749	19,316,324			
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds	1,088,800	1,524,712			
6	Working Capital Expenditures from Proceeds	35,000	35,000			
7	Capital Expenditures from Proceeds	2,429,806	2,823,964			
8	Year of Substantial Completion	2006	2006			

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X							
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government		2 110 %		2 110 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5		2 110 %		2 110 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	Bank of America									
c	Term of hedge		0 03700								
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X								
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Charles Shivery	Chairman of Board		Chairman, President and CEO of Northeast Utilities and Chairman of CL&P and Yankee Gas all of which may do business with Connecticut Children's		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Medical Equipment)	X	1	540,000	FMV
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CCMC Corporation is the Parent Corporation and sole member of Connecticut Children's Medical Center

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Section 1 1 of the Medical Center by -laws (the "By-laws") states that CCMC Corporation is the sole member (the "Member") of the Medical Center The Board of Directors of the Medical Center is the "governing body" of the organization Under section 2 2(e) of the By-laws, the Member elects the Board of Directors of the Medical Center

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Under section 1 5 of the By-laws, the Member has the power to approve certain fundamental decisions of the Board of Directors of the Medical Center

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The form 990 is drafted by Connecticut Children's Medical Center staff and goes through internal review Assistance by our attorneys and auditors is provided as needed in completing the form It is then provided to the full Board of Directors via our board website for review The Audit Committee of the Board of Directors holds a committee meeting to review the return in further detail Upon review and approval of the Audit Committee the return is filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		1 Requirement to review Conflict of Interest Policy and disclose any conflicts is part of annual performance management process for all employed staff All responses of "yes" are addressed by the Director of Compliance 2 Requirement to review Conflict of Interest Policy and disclose any conflicts is part of Internal Review Board (IRB) application for initial and continuation research studies All responses of "yes" are addressed by the Conflict of Interest (COI) Committee and IRB 3 All Board members and Senior Management members (EMT) are required annually to review Conflict of Interest Policy and disclose any conflicts All "yes" responses are addressed by the COI Committee and CEO 4 Selected committees (e g , Credentials Committee, IRB, etc) require all members to sign a committee specific conflict of interest form annually All "yes" responses are addressed by the committee chair 5 New employees are educated on the Conflict of Interest Policy and disclose any conflicts during New Employee Orientation 6 Vendors are asked as part of contract process to review the Conflict of Interest Policy and disclose any conflicts 7 Director of Compliance acts upon self reported COI disclosures upon receipt

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Each year, TowersWatson conducts a market analysis of the compensation of the organization's CEO, officers and other key employees To augment their proprietary data and other data to which they have access, Connecticut Children's provides the results data from salary surveys in which we participate The analysis and presentation of the data is performed by the TowersWatson representative to the CEO and the members of the Executive Committee of the Board of Directors Annually the CEO and the Board discuss salary recommendations for the officers and other key employees and sign off on the final recommendations The Executive Committee of the Board of Directors meets independently with the CEO to discuss his individual performance Following the performance evaluation, a salary recommendation is made and communicated to the Vice President of Human Resources to process

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The governing policies and conflict of interest policy is available to the public on the web site, www connecticutchildrens org, or by request The consolidated Audited Financials are available upon request

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Connecticut Children's Medical Center

Employer identification number
06-0646755

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

Part II Identification of Related Tax-Exempt Organizations

(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
CCMC Corporation 282 Washington Street Hartford, CT06106 22-2619876	Healthcare support	CT	501(c)(3)	11b	
Connecticut Children's Medical Center Foundation Inc 282 Washington Street Hartford, CT06106 22-2919869	Fundraising & Investment Mgt	CT	501(c)(3)	7	
CCMC Affilates Inc 282 Washington Street Hartford, CT06106 22-2619870	Healthcare Services	CT	501(c)(3)	9	
Connecticut Children's Specialty Group Inc 282 Washington Street Hartford, CT06106 06-1446900	Physician Services	CT	501(c)(3)	9	
Children's Fund of Connecticut Inc 270 Farmington Ave Farmington, CT06032 06-1364513	Healthcare Services	CT	501(c)(3)	11a	
Child Health and Develeopment Institute of Connecitcut Inc 270 Farmington Ave Farmington, CT06032 06-1504725	Healthcare Services	CT	501(c)(3)	7	

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
CCMC Ventures Inc 282 Washington Street Hartford, CT06106 22-2619873	Healthcare Services	CT		C			

Part V Transactions with Related Organizations

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

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

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 06-0646755
Name: Connecticut Children's Medical Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
CCMC Corporation 282 Washington Street Hartford, CT06106 22-2619876	Healthcare support	CT	501(c)(3)	11b	
Connecticut Children's Medical Center Foundation Inc 282 Washington Street Hartford, CT06106 22-2919869	Fundraising & Investment Mgt	CT	501(c)(3)	7	
CCMC Affilates Inc 282 Washington Street Hartford, CT06106 22-2619870	Healthcare Services	CT	501(c)(3)	9	
Connecticut Children's Specialty Group Inc 282 Washington Street Hartford, CT06106 06-1446900	Physician Services	CT	501(c)(3)	9	
Children's Fund of Connecticut Inc 270 Farmington Ave Farmington, CT06032 06-1364513	Healthcare Services	CT	501(c)(3)	11a	
Child Health and Develeopment Institute of Connecitcut Inc 270 Farmington Ave Farmington, CT06032 06-1504725	Healthcare Services	CT	501(c)(3)	7	

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	CCMC Affilates	N	147,809
(2)	CCMC Affilates	P	1,311,735
(3)	CCMC Affilates	O	125,737
(4)	Connecticut Children's Medical Center Foundation	N	71,624
(5)	Connecticut Children's Medical Center Foundation	P	647,385
(6)	Connecticut Children's Medical Center Foundation	O	78,970
(7)	Connecticut Children's Medical Center Foundation	R	3,636,983
(8)	Connecticut Children's Specialty Group	O	2,612,213
(9)	Connecticut Children's Specialty Group	P	5,657,227
(10)	Connecticut Children's Specialty Group	I	643,252
(11)	Connecticut Children's Specialty Group	N	7,797,967
(12)	Connecticut Children's Specialty Group	Q	7,112,087
(13)	Connecticut Children's Medical Center Foundation	Q	305,927

Additional Data

Software ID:
Software Version:
EIN: 06-0646755
Name: Connecticut Children's Medical Center

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
E Clayton Gengras III , Board member	1 00	X						0	0	0
Louis Hernandez Jr , Board member	1 00	X						0	0	0
H Mark Lunenburg , Board member	1 00	X						0	0	0
Anne P Sargent , Board member	1 00	X						0	0	0
Robert Shanfield , Secretary	1 00	X		X				0	0	0
Marilyn Bacon MD , Board member	1 00	X						0	0	0
Thomas O Barnes , Board member	1 00	X						0	0	0
Cato Laurencin MD , Board member	1 00	X						0	0	0
Thomas M Marra , Board member	1 00	X						0	0	0
James Manafort , Board member	1 00	X						0	0	0
Stephen J Sills , Board member	1 00	X						0	0	0
Lynda B Smith , Board member	1 00	X						0	0	0
Jeffrey Hoffman , Board member	1 00	X						0	0	0
Soren Torp Laursen , Board member	1 00	X						0	0	0
Robert M LeBlanc , Board member	1 00	X						0	0	0
William Popik , Vice Chair	1 00	X		X				0	0	0
Katie Nixon , Board member	1 00	X						0	0	0
Pamela Trotman Reid , Board member	1 00	X						0	0	0
Charles Shivery , Chair	1 00	X		X				0	0	0
Jennifer Berlin , Board member	1 00	X						0	0	0
Donald Hight , Board member	1 00	X						0	408,412	57,451
Martin J Gavin , CEO	40 00	X		X				594,439	0	39,387
Gerald J Boisvert , Treasurer	40 00			X				389,940	0	97,030
Fernando Ferrer MD , Surgeon in chief	20 00				X			0	511,421	47,086
Leonard Banco MD , VP Strategy & Regional D	40 00				X			426,004	0	102,311
Paul H Dworkin , Physician in Chief	40 00				X			423,830	0	95,758
Wendy Warring , EVP & Chief Operating Of	40 00				X			373,452	0	32,750
Robert Englander , SR VP Quality Improvemen	40 00				X			294,750	0	36,120
Ann Taylor , SR VP General Council	40 00				X			265,277	0	34,528
Theresa Hendricksen , SR VP Clinical Services	40 00				X			240,469	0	51,847

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Elizabeth Rudden , VP Human Resources	40 00				X			230,617	0	35,025
Stephanie McGuire , Mid Level Practitioner N	40 00					X		164,051	0	38,546
Karen O'Brien , MLP Coordinator NICU	40 00					X		158,434	0	45,896
Patricia Trehey , Mid Level Practitioner N	40 00					X		157,771	0	29,743
Stephanie Capps , Mid Level Practitioner N	40 00					X		149,649	0	17,327
Jill Lagemen , Mid Level Practitioner N	40 00					X		149,070	0	23,155

Additional Data

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Software ID:
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Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Donald Hight	(I) (II)	367,756	32,883	7,773	33,350	24,101	465,863	
Martin J Gavin	(I) (II)	418,462	155,883	20,094	21,850	17,537	633,826	
Gerald J Boisvert	(I) (II)	311,433	69,947	8,560	70,377	26,653	486,970	
Fernando Ferrer MD	(I) (II)	399,425	111,078	918	18,400	28,686	558,507	
Leonard Banco MD	(I) (II)	32,651	117,418	275,935	4,500	97,811	528,315	35,063
Paul H Dworkin	(I) (II)	334,473	75,776	13,581	80,159	15,599	519,588	
Wendy Warring	(I) (II)	310,000	56,970	6,482	18,400	14,350	406,202	
Robert Englander	(I) (II)	253,949	40,025	776	18,400	17,720	330,870	
Ann Taylor	(I) (II)	223,572	40,598	1,107	21,850	12,678	299,805	
Theresa Hendricksen	(I) (II)	201,432	38,393	644	27,600	24,247	292,316	
Elizabeth Rudden	(I) (II)	192,389	37,303	925	18,400	16,625	265,642	
Stephanie McGuire	(I) (II)	153,266	10,620	165	16,003	22,543	202,597	
Karen O'Brien	(I) (II)	158,099		335	27,975	17,921	204,330	
Patricia Trehey	(I) (II)	157,661		110	15,055	14,688	187,514	
Stephanie Capps	(I) (II)	143,858	5,720	71	7,402	9,925	166,976	
Jill Lagemen	(I) (II)	140,861	8,050	159	14,533	8,622	172,225	