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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

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar vea	r, or tax year beginning 10-01-2008	and ending 09-30-200	9		,	
	eck if ap			C Name of organization			D Employer ide	entification number	
_	dress cha		Please use IRS	Connecticut Children's Medical Center Foundation Inc			22-261986	.9	
_	me chan	-	label or print or	Doing Business As			E Telephone nu		
_		-	type. See				(860) 545-	9000	
Inr —	tıal retur	'n	Specific Instruc-	Number and street (or P O box if mail is	not delivered to street addre	ess) Room/su	G Gross receip		
Te	mınatıoı	n	tions.	282 Washington Street			·	, , ,	
- Am	nended r	eturn		City or town, state or country, and ZIP +	4				
– _{Ap}	plication	pending		Hartford, CT 06106					
			F Nar	ne and address of Principal Officer		u/=> -			
				J Gavin			this a group return iliates?	Yes Vo	
				ashington Street				,,	
				d,CT 06106		H(b) Are	e all affiliates include	ed?	
[la	x-exem	pt status	J 501(c) (3) ◀ (Insert no)	527	7		See instructions)	
W	eb site	e: 🕨 www	w connection	cutchildrens org		H(c) G	roup Exemption Nu	mber 🟲	
						<u> </u>			
∢ Тур	e of org	anızatıon	✓ Corporat	ion trust association other ►		L Year of	Formation 1985 M	State of legal domicile CT	
Pa	rt I	Sumi	mary						
				e organization's mission or most sig	nıfıcant actıvıtıes				
71		The Fou	ındatıon pe	rforms fundraising efforts to fund the	mission of all affiliated	entities			
<u> </u>									
₹									
sovemance	2	Check t	his box 🗀	if the organization discontinued its o	operations or disposed o	of more than	n 25% of its asset	s	
5	1		•	nembers of the governing body (Part				24	
								20	
ß				ident voting members of the governi		0)		32	
Ş				nployees (Part V, line 2a)			5 _	0	
ACIIVIIIES &				lunteers (estimate if necessary) .			6 _		
•				ted business revenue from Part VIII		•	_	19,659	
	Ь	Net unr	elated bus	ness taxable income from Form 990	I-T, line 34		7b	14,361	
						F	Prior Year	Current Year	
gu .	8			d grants (Part VIII, line 1h)		7,163,818	5,859,442		
	9			revenue (Part VIII, line 2g)				10,069	
Ravenu	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4	, and 7d)		4,027,577	1,759,386	
Ξ.	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c		70,965	28,540		
	12		evenue—a	dd lines 8 through 11 (must equal Pa	art VIII, column (A), lın	e	11 262 360	7 657 437	
	4.5	12)		(A)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		11,262,360	7,657,437	
	13			ar amounts paid (Part IX, column (A)	•			0	
	14		•	or for members (Part IX, column (A),	-			0	
Ø	15	Salarıe 10)	es, other co	ompensation, employee benefits (Pai	rt IX, column (A), lines	5 –	2,087,709	2,176,449	
Expenses	16a	,	sional fund	raising fees (Part IX, column (A), lin	ne 11e)			0	
Φ									
ď	b			penses, Part IX, column (D), line 25 1,978,7					
	17			(Part IX, column (A), lines 11a-11d	•		1,179,240	808,939	
	18			add lines 13–17 (must equal Part I)			3,266,949	2,985,388	
. 07	19	Reven	ue less exp	penses Subtract line 18 from line 12	2		7,995,411	4,672,049	
net Assers or Fund Bałances						Begi	nning of Year	End of Year	
,	20	Total	assets (Pa	t X, line 16)			63,721,033	66,783,406	
88	21	Total I	ıabılıtıes (f	Part X, line 26)			323,581	1,847,379	
5 E	22	Netas	sets or fur	d balances Subtract line 21 from lir	ne 20		63,397,452	64,936,027	
_	rt II	Sian	ature Bl	ock			, ,	, ,	
. ~				rjury, I declare that I have examined this re	eturn, including accompanying	schedules ar	nd statements, and to t	the best of my knowledge	
				correct, and complete Declaration of prepare					
Plea		****				20	10-08-12		
Sigr		Sign	ature of office	er		Da	ate		
ler	е			Treasurer, CFO					
		Туре	or print nam	e and title					
		Preparer	's L			Check If	Preparer's PTIN	(See Gen Inst)	
Paid		signature				self- empolyed 🕨	elf \		
	arer's								
	Only	ıf self-er	nployed),	`)			EIN Þ		
		address,	and ZIP + 4	-			Phone no 🕨		
							riione iio 🖡		
/lav	tha IDS	: die ciie	c thic ratio	rn with the preparer shown above? (Eas instructions)			L vas L No	

Cat No 11282Y

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

4e	Total program service e	xpenses \$	Must equal Part IX, L	ine 25, column (B).	
-TU	(Expenses \$		g grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schedule	e O)		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	advocacy We embrace disco	very, teamwork, integrity a	the work done by Connecticut Children's	iliate of Connecticut Childrens Medical	Center, the Foundation
4a	(Code Connecticut Childrens Medica) (Expenses \$	0 including grants of \$ roving the physical and emotional health	0) (Revenue \$	0)
4	Section 501(c)(3) and (4	· ·) organizations and 49	each of the organization's three l 47(a)(1) trusts are required to re for each program service reporter	port the amount of grants and a	
	services?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,	res No
3	Did the organization ceas		significant changes in how it cond	ducts any program	Yes ✓ No
	the prior Form 990 or 99 If "Yes," describe these r				Yes ✓ No
2			rogram services during the year	which were not listed on	
See A	dditional Data Table				
1	Briefly describe the organizat	tion's mission			

art IV	Checklist of	Required	Schedules
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			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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		Νο
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		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Νο
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
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	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
4	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	
5	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
6	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

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	1				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	27			
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 ven	dors and reportable			
2-	gaming (gambling) winnings to prize winners?	i ·		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		32			
b	If at least one is reported in 2a, did the organization file all required federal employ	ment t	ax returns?			
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the Did the organization have unrelated business gross income of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the sum of \$1,000 or more during the organization have unrelated business gross income of \$1,000 or more during the sum of \$1,000 or more duri			2b	Yes	
	return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Financial Accounts</i> .	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	which it was required to			
	file Form 8282?			7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonalb	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	file a F	orm 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds	and se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	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					
	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them)	-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	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. Go	verning	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 processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,						
1a	Enter the number of voting members of the governing body	1a	24						
Ь	Enter the number of voting members that are independent	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 bus 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? .								
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	4		No					
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	5 Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	b each committee with authority to act on behalf of the governing body?								
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the	10	Yes						
11	11		No						

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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			
а	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
- 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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * 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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			(C) Position (check all that apply)							(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trust on or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	01	Estima mount o compens from t ganizati relat organiza	fother ation he on and
											-		
											\perp		
										_			
	Total							<u> </u>	364,932	<u> </u>	79		203,011
2	Total number of individuals (including compensation from the organization	-	a) who	recei	ved	mo	re thai	า \$1	00,000 in reportabl	е			
													NI -
3	Did the organization list any former on line 1a? If "Yes." complete Schedu											Yes	No
	on line 1a? If "Yes," complete Schedu	ıle J for such	ındıvıdı	ıal .				•			3	Yes	No No
3	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization	<i>lle J for such</i> s the sum of ns greater th	<i>individi</i> reporta nan \$15	<i>ual</i> ble c	omp	ens [f ")	ation es," c	• and	other compensation	n from the			
4	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization	the J for such s the sum of ns greater th	reporta han \$15	<i>b</i> le c	omp 0?.	ens If ")	ation /es," c	and ompi	other compensation ete Schedule J for su	n from the	3	Yes	
	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization	the J for such s the sum of ns greater th enve or accru	individu reporta nan \$15 ue comp	ble c 0,00	omp 0?.	pens If ")	ation /es," c • •	and ompi	other compensation ete Schedule J for su elated organization	n from the	4		N o
5	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organizatio individual	Ile J for such s the sum of ns greater th envelope or accrus, "complete s	individu reporta nan \$15 ue comp	ble c 0,00	omp 0?.	pens If ")	ation /es," c • •	and ompi	other compensation ete Schedule J for su elated organization	n from the			
4 5	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organizatio individual Did any person listed on line 1a rec rendered to the organization? If "Yes	s the sum of ns greater the sum of ns greater the sum of accrusing the sum of	ireporta nan \$15 • • ue comp	ble constant	omp 07.	ens If ") fro	ation es," c many erson	and ompi	other compensation lete Schedule J for su 	n from the	4		N o
4 5	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organizatio individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15 ue comp Schedule	ble constant	omp 07.	ens If ") fro	ation es," c many erson	and ompi	other compensation lete Schedule J for su 	n from the	4		N o
4 5	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15 ue comp Schedule	ble constant	omp 07.	ens If ") fro	ation es," c many erson	and ompi	other compensation ete Schedule J for su	n from the	4		No
4 5	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15 ue comp Schedule	ble constant	omp 07.	ens If ") fro	ation es," c many erson	and ompi	other compensation ete Schedule J for su	from the och for services fe than	4	Yes	No
4 5	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15 ue comp Schedule	ble constant	omp 07.	ens If ") fro	ation es," c many erson	and ompi	other compensation ete Schedule J for su	from the och for services fe than	4	Yes	No
4 5	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15 ue comp Schedule	ble constant	omp 07.	ens If ") fro	ation es," c many erson	and ompi	other compensation ete Schedule J for su	from the och for services fe than	4	Yes	No

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business	(D) Revenue Excluded from Tax under IRC
						Function Revenue	Revenue	512, 513, or 514
عر خاد	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues .						
ಕ್ಷಕ್ಷ	С	Fundraising events .	1b 	148,048				
मुङ्ग अ			1 c					
<u>ਵਾਵ</u> ੇ	d	Related organizations						
統	е	Government grants (contr	,					
美	f	All other contributions, gift similar amounts not includ	s, grants, and ed above	5,711,394				
운항	_	Noncash contribution	1f					
S E	g	lines 1a-1f \$						
Oω	h	Total (Add lines 1a-1			5,859,442			
				Business Code				
Щe	2a							
wer	b							
选	С							
Š	d							
Š	e							
Ē	f	All other program ser	vice revenue		10,069	10,069		
Program Service Revenue	g	Total. Add lines 2a-2f				·		
	3	► \$ 10,069	neludina diii	dands interest				
		Investment income (i other similar amounts			1,724,695	1,724,695		
				▶				
	4	Income from investment of	of tax-exempt b	ond proceeds				
	5	Royalties						
) Real	(II) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)					
		(ı) S	ecurities	(II) O ther				
	7a	Gross amount from sales of assets other	34,691					
	ь	Less cost or other basis and						
	С	sales expenses Gain or (loss)	34,691					
	d	Net gain or (loss)			34,691			34,691
				. <u>►</u>				
Other Revenue	8a	Gross income from fu events (not including \$ 64,828 of contributions repor	ted on line					
ev∈		1c) See Part IV, line Attach Schedule G if to						
Œ		\$15,000	а	148,048]			
Ŧ.	Ь	Less direct expense		<u> </u>				
ō	С	Net income or (loss)	from fundrais	ıng events ►	8,881	8,881		
	9a	Gross income from ga activities See part I\ Complete Schedule G it exceeds \$15,000	/, line 19 ^c total					
	ь	Less direct expense:	a h					
	c	Net income or (loss)		Lactivities				
				▶				
	10a	Gross sales of invent returns and allowance						
		retarns and anowance	а.	37,366				
	ь	Less cost of goods s	old b]			
	С	Net income or (loss)	from sales of	inventory	19,659		19,659	
		Miscellaneous Reve	nue	Business Code				
	11a							
	ь							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-1	l1d	\$				
	12	Total Revenue. Add In 8c, 9c, 10c, and 11e .			7,657,437	1,743,645	19,659	34,691

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 ı	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	301,624		301,624				
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	1,535,320			1,171,392			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,717		2,774	8,943			
9	Other employee benefits	226,420		53,710	172,710			
10	Payroll taxes	101,368		24,000	77,368			
11	Fees for services (non-employees)							
а	Management	372		372				
b	Legal	17,740		1,543	16,197			
С	Accounting	20,400		20,400				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	200,130		64,384	135,746			
12	Advertising and promotion							
13	Office expenses	177,844		91,116	86,728			
14	Information technology	34,058		32,563	1,495			
15	Royalties							
16	Occupancy	151,099		15,110	135,989			
17	Travel	18,038		4,856	13,182			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	4,742		3,090	1,652			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	33,146		3,315	29,831			
23	Insurance	3,153		3,153				
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)							
а	Donor Recognition	113,985		3,350	110,635			
b	Misc	28,116		15,830	12,286			
c	Unrelated Business Expe	4,268			4,268			
d	Dues	1,848		1,560	288			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	2,985,388	0	1,006,678	1,978,710			
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				New 900 (2008)			

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			488,269	1	656,165
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		2,767,092	3	2,118,723	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		nployees or		5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6		
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			24,540	9	35,947
Assets	10a	Land, buildings, and equipment cost basis	10a	829,398			
	ь	Less accumulated depreciation Complete Part VI of		,			
		Schedule D	388,563	10c	478,860		
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>		58,839,124	12	63,072,132	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	1,213,445	15	421,579		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			63,721,033	16	66,783,406
	17	Accounts payable and accrued expenses .			230,909	17	144,122
	18	Grants payable		18			
	19	Deferred revenue			92,672	19	74,229
	20	Tax-exempt bond liabilities			20		
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		0	25	1,629,028	
	26	Total liabilities. Add lines 17 through 25	323,581	26	1,847,379		
S do		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete line	s 27			
Balance	27	Unrestricted net assets				27	
<u>8</u>	28	Temporarily restricted net assets		48,804,422	28	50,225,782	
됟	29	Permanently restricted net assets		14,593,030	29	14,710,245	
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		31			
	32	Retained earnings, endowment, accumulated income, or other fur		32			
Ŋĕţ	33	Total net assets or fund balances		63,397,452	33	64,936,027	
_	34	Total liabilities and net assets/fund balances			63,721,033	34	66,783,406
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

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

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As Filed Data -

DLN: 93493224021180

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Open to Public Inspection

	cticut C ation In	nilaren's Medic C	ai Center					22	-2619869	a			
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganızatıo						
				ation because it is (Please									
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).				
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	h Schedu	le E)							
3	Γ	A hospital	or a cooperative	e hospital service organizati	on describ	oed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)		
4	Г	A medical i	research organı	zation operated in conjuncti	on with a l	nospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the		
		hospital's r	name, city, and	state									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desci	rıbed ın		
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)									
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).				
7		An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	С	
		describedi	n Section 170(E	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	red in Section 170(b)(1)(A)(vi) (Complete Part II)									
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	SS	
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of		
		ıts support	from gross inve	stment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses		
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruct	tions)		
11	Γ			and operated exclusively fo									
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	. Check	
			ype I b				nally Integ		'' d	Гтуре	III - Ot	her	
e	Γ		• •	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e disquali	fied pers	ons	
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın section	1509(a)(1) or	
_		section 50		d a western data emination from	+b - TDC	. +6-+ .+	n Tuna I	Tuna II a	. Tuna III				
f		check this		d a written determination fro	in the IRS	tilat it is	a Type I,	Type II o	r Type III	Supportin	ig organi.		
g				as the organization accepted	d any gift	or contribi	utıon from	any of the	!			,	
		following pe											
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)	<u> </u>	Yes	No	
			· -	ng body of the the supported	_	tion				11g(
			•	erson described in (i) above		3				11g(
L				ty of a person described in (11g(III)	<u> </u>	
h		Provide the	rollowing inform	nation about the organizatio	ns the org	anization	supports						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s tha	(v) Did v	ou notify	(vi) I	s the	(vii) An	nount of	
		orted	(11) 2111	(described on lines 1- 9		ation in	1 * .*	nization		ation in	supp		
1		ızatıon		above or IRC section	col (i)			i) of your	col (i) o	rganızed			
				(See Instructions))	yourgo	_	supp	oort?	ın the	US?			
document?							No.	Yes	No.	+			
					Yes	No	Yes	No	res	No			
								 					
								 			-		
								-					

Total

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.)

	(Complete only if you chec	ked the box of	1 IIIIe 5, 7, 0F	0 01 Part 1.)				
	ublic Support	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, n a T			
	endar 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")	7,037,720	5,957,038	12,332,231	7,163,818		5,711,394	38,202,201
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	7,037,720	5,957,038	12,332,231	7,163,818		5,711,394	38,202,201
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							4,252,542
6	(f) Public Support subtract line 5 from line							33,949,659
_	4							
	otal Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0)	2008	(f) Total
	A mounts from line 4	7,037,720	2,163,792	12,332,231	7,163,818	<u> </u>	5,711,394	38,202,201
7	Gross income from interest, dividends,	7,037,720	2,103,732	12,552,251	7,105,010		3,711,334	30,202,201
8	payments received on securities loans, rents, royalties and income from similar sources	1,784,605	2,163,792	1,732,566	1,963,079		1,724,695	9,368,737
9	Net income from unrelated business activities, whether or not the business is regularly carried on	43,066	3,903	42,346	33,914		14,361	137,590
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)							47,708,528
12	Gross receipts from related activities, etc	(See instruction:	s)			12		
13 <u>C</u>	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	entage			tax year as a 50	01(c)(:		▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) divide	ed by line 11 co	lumn (f))		14		71.160 %
15	Public Support Percentage for 2007 Sched					15		83.000 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly suppo d not check the b	orted organizati oox on line 13 o	on r 16a, and line 1	·			
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "facts or the state of the s	lf the organizatio	n dıd not check	a box on line 13				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	ances" test The Ifthe organizatio	organization qu n did not check	ualifies as a publ a box on line 13	icly supported 3, 16a, 16b, or 1	organız 17a an	zation id line 15 i	▶
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organizatio	n qualifies as a	publicly support	ted org	janızatıon	w ▶┌
	Instructions							■ -1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ► 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.

	me of the organization necticut Children's Medical Center		Employer i	dentification number
	ndation Inc		22-26198	69
Pa	rt I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99	0, Part IV, line 6.		<u> </u>
		(a) Donor advised funds	(b) Fur	ds 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 advifunds are the organization's property, subject to the		oradvised	┌ Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be	┌ Yes ┌ No
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990	Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure) Preservation of an Preservation of cer	rtified histori	
	on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easement:		2b	
С	Number of conservation easements on a certified hi		2c	
d	Number of conservation easements included in (c) a	` ,	2d	
3	Number of conservation easements modified, transfe			nization during
,	the taxable year	rred, released, extinguished, or terminates	a by the orga	mzation during
4	Number of states where property subject to conserva			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and	☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion	┌ Yes
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial		
Par	Complete if the organization answered "		or Other S	imilar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtheraı	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		
	(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, histofollowing amounts required to be reported under SFA:			*

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Cat No 52283D

Part	IIII Organizations Maintaining Co	llections of Art	, His	stori	cal Tr	<u>easu</u>	res, or Othe	r Similar	Asse	ts (co	ntınued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	lowing t	:hat are	a sıgnıfıcant ı	ise of its co	llection		
a	Public exhibition		d	Γ	Loan	orexch	ange programs				
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	n hov	w the	y furthe	r the o	rganization's e	kempt purpo	se in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	┌ \	í es	┌ No
Part	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						nization answ	ered "Yes	" to Fo	rm 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribu	tions o	r other assets	not	Γ,	í es	┌ No
Ь	If "Yes," explain why in Part XIV and comple	te the following tabl	е					T			
									A mou	nt	
_	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 Fo	orm 990, Part X, line	21?						Γ,	⁄es	┌ No
b :	If "Yes," explain the arrangement in Part XIV										
Part	Endowment Funds. Complete										
1-	Paginning of wood balance	(a) Current Year 57,449,645	(b)Prior	Year	(c) Tw	o Years Back (d	Three Years B	ack (e)	Four Ye	ears Back
	Beginning of year balance	1,497,728									
	Contributions	2,323,994									
	Investment earnings or losses	2,323,334									
	Grants or scholarships Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	61,271,367									
2	Provide the estimated percentage of the yea	r end balance held a	s								
	Board designated or quasi-endowment 🕨	36 000 %									
	Permanent endowment - 24 000 %										
	Term endowment > 40 000 %										
	Are there endowment funds not in the posse:	ssion of the organiza	ition	thata	are held	l and ac	lmınıstered for	the			
	organization by							_		Yes	No
1	(i) unrelated organizations							[3a(i)		Νο
	(ii) related organizations							ļ	3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						[3b		
4 Part	Describe in Part XIV the intended uses of the VI Investments—Land, Buildings					00 Da	rt V line 10				
rellu	Threstments—Land, buildings	s, and Equipme	11. 3			•	<u>'</u>				
	Description of investment				a) Cost o sıs (ınve		(b)Cost or other basis (other)	(c) Depred	iation	(d) Bo	ok value
	and			\vdash				1	-		
	uildings		•	_			591,336	1	43,956		447,380
	easehold improvements		٠	\vdash							
	quipment		•				198,912		.89,454		9,458
	ther		• /-	<u> </u>	10())		39,150		17,128		22,022
Total.	Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colun	ın (B,), line	10(c).)						478,860

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other Long Term Investments	57,785,224		
Other Short Term Investments	5,286,908		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	63,072,132		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d 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, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		
Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Due to Affiliates	1,629,028		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,629,028		
-,	1 1,023,020	i e	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,657,437
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,985,388
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,672,049
4	Net unrealized gains (losses) on investments	4	503,509
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,636,983
9	Total adjustments (net) Add lines 4 - 8	9	-3,133,474
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,538,575
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial	1	7,731,091
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 73,654		
e	Add lines 2a through 2d	2e	73,654
3	Subtract line 2e from line 1	3	7,657,437
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,657,437
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	3,059,042
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	73,654
3	Subtract line 2e from line 1	3	2,985,388
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,985,388
Par	rt XIV Supplemental Information		
_		L V/IV	

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowment funds are 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
Part XI, Line 8 - Other Adjustments		Transfers to affiliates in support of the mission -3636983
Part XII, Line 2d - Other Adjustments		UBIT expenses listed with revenue 17707 Fundraising expenses listed with revenue 55947
Part XIII, Line 2d - Other Adjustments		UBIT expenses listed with revenue 17707 Fundraising event expenses listed with revenue 55947

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OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization						
Maine of the organization					Employer ide	ntification number
Connecticut Children's Medica	l Center					
Foundation Inc					22-2619869	
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes" t	to Form 990, Part IV	', line 17.
1 Indicate whether the orga	nization raised funds	through a	ny of the	following activities. Che	ack all that apply	
_	ilization laised lunus	tillough al	ily of the			
a Mail solicitations			on-government grants			
b Email solicitations					jovernment grants	
c Phone solicitations				g Special fundrais	sing events	
d In-person solicitation	S					
Did the organization have or key employees listed inIf "Yes," list the ten higher to be compensated at lea	n Form 990, Part VII st paid individuals oi	() or entity r entities (f	in connec	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fu	
to be compensated at rea	, ,	(iii) Did fundraiser have custody or (iv) Gross rece				
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	Did er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by) organization
(i) Name of Individual		(iii) fundrais custo contr	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr	Did er have dy or ol of	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		(iii) fundrais custo contr	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		(iii) fundrais custo contr	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		(iii) fundrais custo contr	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		(iii) fundrais custo contr	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		(iii) fundrais custo contr contribu	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		(iii) fundrais custo contr contribu	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		(iii) fundrais custo contr contribu	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		(iii) fundrais custo contr contribu	Did er have dy or ol of utions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)

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

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					r repo	rted
		· ·	(a) Event #1	(b) Event #2	(c) Other Events	(d) T	otal Ev	ents hrough
			Golf Tournament	Dinner (avent tune)			ol (c)	
dı	_		(event type)	(event type)	(total number)			12.076
Ě	1	Gross receipts	124,130	88,746				12,876
Revenue	2	Less Charitable contributions	84,999	63,049			14	48,048
	3	Gross revenue (line 1 minus line 2)	39,131	25,697			(64,828
	4	Cash Prizes	0	0				
ses	5	Non-cash Prizes	4,599	0				4,599
ped	6	Rent/Facility costs	10,167	0				10,167
Direct Expenses	7	Other direct expenses	18,861	22,320				41,181
<u>\$</u>	8	Direct expense summary Add line	es 4 through 7 in column	(d)			!	55,947
_	9	Net income summary Combine lin	ies 3 and 8 in column (d))	•			8,881
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo	re tha	in
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gamın through o	
	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ច ស្គ	4	Rent/facility costs						
ᇫ	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)	•			
9		ter the state(s) in which the organizat					Yes	No
a b		the organization licensed to operate (gaming activities in each	n of these states?		- 98		<u> </u>
10a	 We	re any of the organization's gaming li	censes revoked suspen	ded or terminated during	the tax year?	10		
b		Yes," Explain					a	
11		es the organization operate gaming a	ctivities with nonmambe	rs?				
12	Is	the organization operate gaining a the organization a grantor, beneficiar med to administer charitable gaming	y or trustee of a trust or			1		\dagger

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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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

2008

Compensated Employees

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

Open to Public Inspection

Name of the organization Connecticut Children's Medical Center Foundation Inc **Employer identification number**

22-2619869

ĿĊ	Questions Regarding Compensation	11			
				Yes	No
1a		ovided any of the following to or for a person listed in Form I 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 w provision of all the expenses described above? If "!		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organizationg creation organization's CEO/Executive Director Check all t	hat 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			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			

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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation benefits		(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Martin J Gavin	(1) (11)	418,462	155,883	20,094	21,850	17,537	633,826	
	(I) (II)	311,433	69,947	8,560	70,377	26,653	486,970	
Martha S Czaczkes	(ı) (ıı)	245,923	6,212	4,719	13,800	24,848	295,502	
	(ii)							
	(i)							
-	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
((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

-		
Ident if ier	Return Reference	Explanat ion
	Part I, Line 4a	The following participated in the 457(b) non qualified plan Martha Czaczkes \$3,490 38

DLN: 93493224021180

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

Transactions with Interested Persons

Name of the organization Connecticut Children's Medical Center **Employer identification number**

Foundation Inc						22	2-261	986	9													
Part I Excess Benefit Transac																						
To be completed by organizati	ons	that answered "Yes I	" on Form 990, I	Part IV	, line	25a or 25b	o, or F	orm 9	90-EZ													
1 (a) Name of disqualifie	d pe	rson	(b) Des	crıptı	on of trans a	ction				(c) Corr Yes	No No										
										-	res	ИО										
2 Enter the amount of tax imposed on section 4958	the	organization mana	gers or disqualifi	ed pers	sons	during the y	earui	nder •••	ф													
3 Enter the amount of tax, if any, on li	• na 2	ahove reimburse	d by the organiza	· ·	•		• •		\$ —— \$													
Part II Loans to and/or From				ation.	•		• •		→													
To be completed by organiza				0. Part	IV.lı	ne 26. or Fo	orm 9	90-E	Z. Part	V . lın	e 38a											
,) Loan to or				,			(f													
(a) Name of interested person and	'	from the	(c)Original principal ' ' '		(c)Original principal 1 ° °								(e) I n default?						Appr		1	ritten
purpose	01	ganızatıon?	amount	•	(d) B	(d)Balance due		uitz	by board committe		1 -	ement?										
		To From					Yes No		Yes	No	Yes	No										
		•	•																			
	_				<u> </u>																	
	+																					
otal			b.	· \$																		
otal art III Grants or Assistance E																						
To be completed by orga					90, 1	Part IV, lın	e 27															
(a) Name of Interested person		(b)Relationship	between interes	sted pe	rson	(c)A m	ount o	ofara	nt or tv	ne of	assista	nca										
(a) Name of interested person		and	the organization			(0)// 111	ount c	n gra	iit or ty	pe oi	a 3 3 1 3 L a											
Part IV Business Transactions	In	volving Intere	sted Persons	3																		
To be completed by orga	nıza	tions that answe	red "Yes" on F	orm 9	90, 1	Part IV, lin	e 28	a, 28	b, or	$\overline{}$												
		(b) Relationship			_						(e) Sha	_										
(a) Name of interested person		between intereste person and the	ed (c) A m trans a			(d) Descr	iption	of tra	ansactı	ion	organız reven											
		organization								Ī	Yes	No										
harles Shıvery		oard member				Chairman, F				of		Νο										
						Northeast U																
						Charıman o Gas all of w																
						with Connec		,														
					I																	

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DLN: 93493224021180

Employer identification number

OMB No 1545-0047

Inspection

Non-Cash Contributions

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE M

(Form 990)

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

	ecticut Children's Medical Center dation Inc						
					22-2619869		
	Types of Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermining	
	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 .			1			
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 .	Х	1	220,000	Fair Market Value		
16	Real estate—Commercial	Х	1	205,489	Fair Market Value		
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
	Archeological artifacts						
	Other (describe)						
26	Other (describe)						
27	Other (describe)						
28	Other (describe)						
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	•	ar for contributions for	29		0
30a	During the year, did the organization					Yes	S No
	least three years from the date		· ·	· · · · · · · · · · · · · · · · · · ·	exempt purposes		
	for the entire holding period? .					30a Yes	3
b	If "Yes", describe the arrangem	ent in Part I	II				
31	Does the organization have a gif	·		·		31 Yes	5 <u> </u>
32a	Does the organization hire or us contributions?		es or related organizations	s to solicit, process, or sell	non-cash • • • • •	32a Yes	5
	If "Yes", describe in Part II						
33	If the organization did not report	t revenues i	n Column (c) for a type of p	property for which Column (a) is		

checked, describe in 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
escription of Arrangement	Part I, Line 30b	Connecticut Children's Medical Center Foundation, Inc received residential property with the donor understanding that upon reciept the property would be sold and proceeds would be used to futher the mission of Connecticut Children's Medical Center
hird Party Use	Part I, Line 32b	In order to sell the residential property that was donated to Connecticut Children's Medical Center Foundation, a real estate agent was hired to value and sell the donated property

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

line 6

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

Name of the organization Connecticut Children's Medical Center Foundation Inc Employer identification number

22-2619869

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Section 1 1 of the Foundation by-laws (the "By-laws") states that CCMC Corporation is the sole member (the "Member") of the Foundation. The board of directors of the Foundation 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 Foundation.

ldentifier	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 Foundation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The form 990 is drafted by Connecticut Childrens 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 wiebsite 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.

ldentifier	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 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 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 COI Committee and CEO. 4. Selected committees (e.g., Credentials Committee, IRB, etc.) require all members to sign a committee specific conflict of interest formannual. All "yes" responses are addressed by committee chair. 5. New employees are educated on Conflict of Interest Policy and disclose any conflicts during New Employee Orientation 6. Vendors are asked as part of contract process to review. Conflict of Interest Policy and disclose any conflicts. 7. Director of Compliance acts upon self-reported COI disclosures upon receipt.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Each year, Tow ersWatson conducts a market analysis 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 Tow ersWatson representative to the Chief Executive Officer and the members of the Executive Committee of the Board of Directors. Annually the CEO and the Board then discuss salary recommendations for the officers and other key employees and sign off on the final recommendations. The Executive Committee of the Board of Directors meets independently with the CEO to discuss his individual performance. Following the performance evaluation, a salary recommendation is made and communicated to the Vice President of Human Resources to authorize processing.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The governing documents and conflict of interest statements are available to the public on the web site, WWW connecticutchildrens org, or by request. The consolidated Audited Financials are available upon request.

ldentifier	Return Reference	Explanation
Form 990, Part V, Line 7d		The organization sold tangible personal property for which it was required to file a Form 8282. The form 8282 was filed in subsequent year

DLN: 93493224021180

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

270 Farmington Ave

Famington, CT06032 06-1504725 Name of the organization **Employer identification number** Connecticut Children's Medical Center Foundation Inc 22-2619869 Part I **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity (B) (D) Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Connecticut Children's Medical Center 282 Washington Street CT Hospital 501(c)(3) Hartford, CT06106 06-0646755 CCMC Corporation 282 Washington Street CT 501(c)(3) 11b Healthcare support Hartford, CT06106 22-2619876 CCMC Affiliates Inc 282 Washington Street Healthcare Services CT 501(c)(3) Hartford, CT06106 22-2619870 Connecticut Children's Specialty Group Inc 282 Washington Street Physician Services CT 501(c)(3) Hartford, CT06106 06-1446900 Children's Fund of Connecticut Inc Preventative Healthcare 270 Farmington Ave CT 501(c)(3) 11a programs Farmington, CT06032 06-1364513 Children's Health and Development Institute Inc

Healthcare Services

 CT

501(c)(3)

Name, address, and ElN of related Organization Primary activity domicine (state or foreign country) P				1							1	1 -	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (a) Primary activity Legal domole (state or foreign country) Legal do	(A) Name, address, and EIN of related organization	(B) Primary ac	tivity	Legal domicile (state or foreign	(D) Direct controlling entity	Predominant income(related, investment,	(F) Share of total income	Share of end-of-	Disprop allocat	ortionate tions?	on	Gener mana partr	ral o iging ner?
Name, address, and EIN of related organization Name, address, and EIN of related organization Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) CCMC Ventures Inc 82 Washington Street lartford, CT06106 Healthcare services CT CD (E) Type of entity (C corp, S corp, or trust) Share of total income end-of-year assets CF C C									Yes	No		Yes	No
Name, address, and EIN of related organization Name, address, and EIN of related organization Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) CCMC Ventures Inc 82 Washington Street lartford, CT06106 Healthcare services CT CD (E) Type of entity (C corp, S corp, or trust) Share of total income end-of-year assets CF C C													
Name, address, and EIN of related organization Name, address, and EIN of related organization Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) CCMC Ventures Inc. 182 Washington Street Inartford, CT06106 (B) CCMC Ventures Inc. CCMC Ventures													
(A) Name, address, and EIN of related organization Primary activity (B) Primary activity (C) Legal domicile (state or foreign country) (State or foreign country) (C) CCMC Ventures Inc 282 Washington Street Healthcare services (C) Direct controlling entity (C) Type of entity (C corp, S corp, or trust) (C) Type of entity (C corp, S corp, or trust) (C) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc (B) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc (B) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc (B) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc (B) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc (B) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc (B) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc (B) CCMC Ventures Inc (B) CCMC Ventures Inc (C) (C corp, S corp, or trust) (C corp, S c													
(A) Name, address, and EIN of related organization Name, address, and EIN of related organization Primary activity (B) Primary activity (State or foreign country) (State or foreign country) (CMC Ventures Inc 282 Washington Street Hartford, CT06106 (B) CC) Legal domicile (state or foreign country) (State or foreign country) (C) Direct controlling entity (C corp, S corp, or trust) (C) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc CCM													
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Direct controlling entity CCMC Ventures Inc 282 Washington Street Healthcare services Primary activity Legal domicile (state or foreign country) Direct controlling entity CC corp, S corp, or trust) Share of total income end-of-year assets Percentage ownership OC CCMC Ventures Inc 282 Washington Street Healthcare services CT													
(A) Name, address, and EIN of related organization Name, address, and EIN of related organization (B) Primary activity (State or foreign country) CCMC Ventures Inc 282 Washington Street Hartford, CT06106 (B) CC) Legal domicile (state or foreign country) (C) Direct controlling entity (C corp, S corp, or trust) (C) Type of entity (C corp, S corp, or trust) (C) CCMC Ventures Inc CCMC													
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) CCMC Ventures Inc 282 Washington Street Healthcare services Primary activity Legal domicile (state or foreign country) Direct controlling entity (C corp, S corp, or trust) Type of entity (C corp, S corp, or trust) Share of total income end-of-year assets Percentage ownership OCMC Ventures Inc 282 Washington Street Healthcare services CT	Part IV Identification of	Related Org	anizations	Taxable a	s a Corporation	or Trust							
282 Washington Street Healthcare services CT C C C	(A) Name, address, and EIN of related	organization	(B) Primary activ	vity	Legal domicile (state or foreign	Direct controlling	Type of entity (C corp, S corp,	(F) Share of total inco	ome	Sh end-	are of Perce of-year own	entage	
	CCMC Ventures Inc 282 Washington Street Hartford, CT06106 22-2619873		Healthcare serv	vices	СТ		С						
									_				

No

No No

No

No

No

No

No

No

No

No

No

No

No

1c

1d

1e

1f

1g

1h

1i

1j

1k

11

1m

10

1p

1q

1r

Yes 1n

Yes

Yes

Yes

Yes

Part V Transactions with Related Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Ye
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
		4 14	

- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- Loans or loan guarantees to or for other organization(s)
- Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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)	Connecticut Children's Medical Center	N	71,624
(2)	Connecticut Children's Medical Center	0	647,385
(3)	Connecticut Children's Medical Center	Р	78,970
(4)	Connecticut Children's Medical Center	Q	3,636,983
(5)	connecticut Children's Medical Center	R	305,927
(6)			

(B)

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)	Jorganizations,		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		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										
			•			•	•	Sabadula	D / Form	000) 2000										

Software ID:

Software Version:

EIN: 22-2619869

Name: Connecticut Children's Medical Center

Foundation Inc

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
Connecticut Children's Medical Center					
282 Washington Street Hartford, CT06106 06-0646755	Hospital	СТ	501(c)(3)	3	
CCMC Corporation					
282 Washington Street Hartford, CT06106 22-2619876	Healthcare support	СТ	501(c)(3)	11b	
CCMC Affiliates Inc					
282 Washington Street Hartford, CT06106 22-2619870	Healthcare Services	СТ	501(c)(3)	9	
Connecticut Children's Specialty Group Inc					
282 Washington Street Hartford, CT06106 _06-1446900	Physician Services	СТ	501(c)(3)	9	
Children's Fund of Connecticut Inc					
270 Farmington Ave Farmington, CT06032 06-1364513	Preventative Healthcare programs	СТ	501(c)(3)	11a	
Children's Health and Development Institute Inc					
270 Farmington Ave Farmington, CT06032 06-1504725	Healthcare Services	СТ	501(c)(3)	7	

Software ID: Software Version:

EIN: 22-2619869

Name: Connecticut Children's Medical Center

Foundation Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(5)	(F)
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Martın J Gavın , Presıdent	10 00	Х		Х				0	594,439	39,387
Thomas O Barnes , Board Member	1 00	Χ						0	0	0
Paula Burris , Board Member	1 00	Χ						0	0	0
James R Carroll , Board Member	1 00	Χ						0	0	0
E Clayton Gengras III , Vice Chair	1 00	Х		Х				0	0	0
Mıchael Pfaff , Board Member	1 00	Х						0	0	0
Edward Tonnessen , Board Member	1 00	Χ						0	0	0
Beverely A Arrington , Board Member	1 00	Х						0	0	0
Glen R Greenberg , Secretary	1 00	Х		Х				0	0	0
Donna Hıres , Board Member	1 00	Χ						0	0	0
H Mark Lunenburg , Board Member	1 00	Х						0	0	0
Charles Olson , Board Member	1 00	Х						0	0	0
James Manafort , Board Member	1 00	Х						0	0	0
Mıchael Lıpton , Board Member	1 00	Х						0	0	0
Kevın Flaherty , Board Member	1 00	Х						0	0	0
Edward Lewis , Board Member	1 00	Х						0	0	0
William Popik MD , Board Member	1 00	Х						0	0	0
Anne P Sargent , Chair	1 00	Х		Х				0	0	0
Robert Shanfield , Vice Chair	1 00	Х		Х				0	0	0
Charles Shivery , Board Member	1 00	Х						0	0	0
Jessica Zachs , Board Member	1 00	Х						0	0	0
Gretchen Lunsford , Board Member	1 00	Х						0	0	0
Gerald J Boisvert , Treasurer	10 00			Х				0	389,940	97,030
Martha S Czaczkes , Vice President	50 00			Х		Х		256,854	0	38,648
Chistopher Pates , Director of Development	40 00					х		108,078	0	27,946

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Connecticut Childrens 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. As an affiliate of Connecticut Childrens Medical Center, the Foundation achieves this goal through fundraising efforts to support the work done by Connecticut Children's Medical Center and the other affiliates.