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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

C Name of organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
Hartford, CT 061063322

D Employer identification number
06-0646755

E Telephone number
(860) 545-9000

G Gross receipts $ 223,410,581

F Name and address of principal officer
Martin Gavin
282 Washington Street
Hartford, CT 06106

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www connecticutchildrens org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1921

M State of legal domicile CT

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,570
6	Total number of volunteers (estimate if necessary)	**6**	315
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	311,008
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	13,267,972	12,958,459
	9 Program service revenue (Part VIII, line 2g)	185,903,704	203,133,382
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,018	16,354
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,790,382	6,817,108
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,089,076	222,925,303
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	109,227,896	114,486,777
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,350,053		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	90,741,424	97,793,479
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	199,969,320	212,280,256
	19 Revenue less expenses Subtract line 18 from line 12	10,119,756	10,645,047

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	221,478,565	227,559,904
	21 Total liabilities (Part X, line 26)	112,744,077	116,140,837
	22 Net assets or fund balances Subtract line 21 from line 20	108,734,488	111,419,067

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-07-20

Gerald Boisvert Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 171,306,517 including grants of $ 0) (Revenue $ 203,133,382)

Aute Care Children's Hospital To provide acute care inpatient and outpatient services to children from Connecticut and the surrounding area In fiscal year 2011 there were 6,096 inpatient admissions and 157,486 outpatient visits

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 171,306,517

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	244		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,570		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								4,013,486	861,761	612,642

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 82

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Hartford Hospital 80 Seymour Street Hartford, CT 061025037	Medical supplies and support services	14,585,349
University of Connecticut Health Ce 270 Middle Turnpike Unit 5210 Storrs, CT 062695210	Interns & Residents	6,427,061
Aramark Healthcare Support Systems PO Box 651009 Charlotte, NC 282651009	Healthcare Support Services	1,661,091
Robinson Cole 280 Trumbull Street Hartford, CT 06103	Legal Services	708,734
Towers Perrin Forster Crosby Inc PO Box 850 S 6110 Philidelphia, PA 19178	Actuarial Services	562,724

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 33

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 506,915				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 6,660,189				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 5,791,355				
	g	Noncash contributions included in lines 1a-1f $	0				
	h	**Total.** Add lines 1a-1f		12,958,459			
Program Service Revenue			Business Code				
	2a	Acute Care Children's Hospital	622000	203,133,382	203,133,382	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		203,133,382			
	3	Investment income (including dividends, interest and other similar amounts)		16,354	0	0	16,354
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	319,273 / 0				
	b	Less rental expenses	289,120 / 0				
	c	Rental income or (loss)	30,153 / 0				
	d	Net rental income or (loss)		30,153	0	0	30,153
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 506,915 of contributions reported on line 1c) See Part IV, line 18	a 77,112				
	b	Less direct expenses	b 66,998				
	c	Net income or (loss) from fundraising events		10,114		0	10,114
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 212,866				
	b	Less cost of goods sold	b 129,160				
	c	Net income or (loss) from sales of inventory		83,706	0	9,245	74,461
		Miscellaneous Revenue	Business Code				
	11a	Equity Swap	525990	4,361,497	0	0	4,361,497
	b	Food Services	453000	1,079,226	0	0	1,079,226
	c	Consulting	541900	417,654	115,891	301,763	0
	d	All other revenue		834,758	0	0	834,758
	e	**Total.** Add lines 11a–11d		6,693,135			
	12	**Total revenue.** See Instructions		222,925,303	203,249,273	311,008	6,406,563

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,161,258	0	3,161,258	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	86,522,848	74,965,177	10,033,743	1,523,928
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,395,901	5,525,120	739,231	131,550
9	Other employee benefits	12,845,619	11,096,728	1,484,683	264,208
10	Payroll taxes	5,561,151	4,804,018	642,752	114,381
a	Fees for services (non-employees) Management	1,148,584	603,230	545,354	0
b	Legal	558,680	0	558,680	0
c	Accounting	265,396	0	265,396	0
d	Lobbying	0	0	0	0
e	Professional fundraising services *See Part IV, line 17*	0			0
f	Investment management fees	0	0	0	0
g	Other	37,181,466	28,927,456	8,220,033	33,977
12	Advertising and promotion	855,247	69,049	786,198	0
13	Office expenses	18,899,171	18,055,045	802,531	41,595
14	Information technology	1,194,289	1,003,203	167,201	23,885
15	Royalties	0	0	0	0
16	Occupancy	7,521,923	4,777,892	2,678,025	66,006
17	Travel	286,798	250,831	33,328	2,639
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	498,451	385,720	75,173	37,558
20	Interest	1,187,248	754,135	422,695	10,418
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	10,367,939	6,585,669	3,691,290	90,980
23	Insurance	5,412,814	5,231,392	181,422	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Indirect cost allocation	0	1,141,093	-1,141,093	0
b	Dues and Fees	1,104,711	273,329	822,945	8,437
c	Bad Debt	1,461,264	0	1,461,264	0
d	Loss on Retirement of debt	2,576,263	0	2,576,263	0
e	Miscellaneous	7,273,235	6,857,430	415,314	491
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	212,280,256	171,306,517	38,623,686	2,350,053
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,137,285	1	3,506,813
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,519,560	4	23,133,138
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		626,751	8	607,245
	9	Prepaid expenses and deferred charges		4,712,943	9	4,225,528
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 181,975,821			
	b	Less accumulated depreciation	10b 84,352,992	91,116,198	10c	97,622,829
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		103,365,828	15	98,464,351
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		221,478,565	16	227,559,904
Liabilities	17	Accounts payable and accrued expenses		47,780,634	17	50,767,711
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		32,906,457	20	41,580,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		13,253,385	23	3,983,696
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		18,803,601	25	19,809,430
	26	**Total liabilities.** Add lines 17 through 25		112,744,077	26	116,140,837
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		26,159,891	27	28,468,366
	28	Temporarily restricted net assets		12,419,785	28	15,130,184
	29	Permanently restricted net assets		70,154,812	29	67,820,517
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		108,734,488	33	111,419,067
	34	Total liabilities and net assets/fund balances		221,478,565	34	227,559,904

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	222,925,303
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,280,256
3	Revenue less expenses Subtract line 2 from line 1	3	10,645,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	108,734,488
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,960,468
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	111,419,067

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

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

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

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 06-0646755
Name: CONNECTICUT CHILDRENS MEDICAL CENTER

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Martin J Gavin CEO	40	X		X				683,017	0	40,786
Gerald J Boisvert Treasurer	40	X		X				410,277	0	50,490
Anne P Sargent Board Member	1	X						0	0	0
Cato Laurencin Board Member	1	X						0	0	0
Charles Shivery Chair	1	X		X				0	0	0
Ann Milanese Board Member	1	X						0	250,734	36,926
E Clayton Gengras III Board Member	1	X						0	0	0
H Mark Lunenburg Vice Chair	1	X		X				0	0	0
Harlan Kent Board Member	1	X						0	0	0
Jeffrey Hoffman Board Member	1	X						0	0	0
Pamela Crouch Board Member	1	X						0	0	0
Katie Nixon Board Member	1	X						0	0	0
Louis Hernandez Jr Board Member	1	X						0	0	0
Marilyn Bacon Board Member	1	X						0	0	0
Pamela Trotman Reid Board Member	1	X						0	0	0
Robert M Le Blanc Board Member	1	X						0	0	0
Robert Shanfield Secretary	1	X		X				0	0	0
Soren Torp Laursen Board Member	1	X						0	0	0
David Roth Board Member	1	X						0	0	0
Edward Lewis Board Member	1	X						0	0	0
William Popik Vice Chair	1	X		X				0	0	0
Fernando Ferrer Surgeon in Chief	20				X			0	611,027	52,086
Paul Dworkin Physician in Chief	40				X			455,104	0	40,443
Wendy Warring EVP & Chief Operating Officer	40				X			260,021	0	26,198
Robert Englander SR VP Quality Improvement	40				X			375,699	0	39,704

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ann Taylor SR VP General Council	40				X			310,567	0	48,889
Theresa Hendricksen SR VP Clinical Services	40				X			281,667	0	50,360
Elizabeth Rudden VP Human Resources	40				X			241,204	0	39,224
Kelly Styles CIO	40				X			205,968	0	33,306
Linda Groom Professional Practice RN IV OR	40					X		162,467	0	33,921
Robert Fraleigh Director Corporate Communications	40					X		156,590	0	16,489
Thomas Richardson Senior Director Strategic Planning	40					X		162,377	0	35,825
Barbara Brown Director Education-Rehab	40					X		155,633	0	38,965
Robert Leake Director Revenue - Reimbursement	40					X		152,895	0	29,030

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
CONNECTICUT CHILDRENS MEDICAL CENTER	06-0646755

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		87,986
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		237,648
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			325,634
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	Fees were paid to consulting firms to lobby on behalf of the hospital for legislation affecting children's health ($106,000) Membership and dues are paid to organizations for speeches, lectures and seminars ($87,986) Compensation is paid to employees for lobbying activities ($131,648) Volunteers Lobbying activities including phone calls, emails and letters to legislators and federal and state policy makers regarding various child related issues There was no money involved in these volunteer transactions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	73,060,047	61,271,367	57,449,645		
b	Contributions	2,243,554	6,460,674	1,497,728		
c	Investment earnings or losses	-583,773	5,328,006	2,323,994		
d	Grants or scholarships	0	0	0		
e	Other expenditures for facilities and programs	2,827,221	0	0		
f	Administrative expenses	0	0	0		
g	End of year balance	71,892,607	73,060,047	61,271,367		

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

- a Board designated or quasi-endowment ▶ 41 %
- b Permanent endowment ▶ 23 %
- c Term endowment ▶ 36 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	104,012,878	39,485,331	64,527,547
c Leasehold improvements	0	8,773,619	3,315,336	5,458,283
d Equipment	0	58,343,672	41,457,958	16,885,714
e Other	0	10,845,652	94,367	10,751,285
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				97,622,829

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

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

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

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

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

(a) Description	(b) Book value
(1) Funds held by trustee under revenue agreement	1,710,681
(2) Due from Affiliated entities	2,268,115
(3) Funds Held in Trust by Others	67,820,517
(4) Investment in Insurance Captive	22,103,155
(5) Rabbi Trust	370,078
(6) Other Assets	7,420
(7) Other Receivables	3,624,385
(8) Non Compete Agreement	560,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	98,464,351

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Due to Third Parties	1,261,943
Due to CCMC Affiliates	987,542
Other Long-Term Liabilities	17,559,945
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	19,809,430

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment and other funds are held and administered by Connecticut Children's Medical Center Foundation to be utilized to support and further the mission of Connecticut Children's Medical Center by providing funds in support of operations and capital purchases of Connecticut Children's Medical Center

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 06-0646755
Name: CONNECTICUT CHILDRENS MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Funds held by trustee under revenue agreement	1,710,681
Due from Affiliated entities	2,268,115
Funds Held in Trust by Others	67,820,517
Investment in Insurance Captive	22,103,155
Rabbi Trust	370,078
Other Assets	7,420
Other Receivables	3,624,385
Non Compete Agreement	560,000

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CCMC Friends Gala (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	584,027			584,027
	2 Less Charitable contributions	506,915			506,915
	3 Gross income (line 1 minus line 2)	77,112			77,112
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	1,171			1,171
	6 Rent/facility costs	32,779			32,779
	7 Food and beverages	362		0	362
	8 Entertainment	23,200		0	23,200
	9 Other direct expenses	9,486			9,486
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				66,998
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				10,114

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

14 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? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **2.50 %**	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other **%**	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			723,611	0	723,611	0 34 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			104,403,866	74,896,948	29,506,918	13 99 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	105,127,477	74,896,948	30,230,529	14 33 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			4,347,630	71,980	4,275,650	2 03 %
f Health professions education (from Worksheet 5)			8,212,518	1,084,534	7,127,984	3 38 %
g Subsidized health services (from Worksheet 6)			1,769,750	86,285	1,683,465	0 8 %
h Research (from Worksheet 7)			3,862,666	87,375	3,775,291	1 79 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			27,330	0	27,330	0 01 %
j **Total** Other Benefits	0	0	18,219,894	1,330,174	16,889,720	8 01 %
k **Total.** Add lines 7d and 7j	0	0	123,347,371	76,227,122	47,120,249	22 34 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			3,265,584	0	3,265,584	1 55 %
2	Economic development			0	0	0	0 %
3	Community support			2,521,699	0	2,521,699	1 2 %
4	Environmental improvements			0	0	0	0 %
5	Leadership development and training for community members			256,174	0	256,174	0 12 %
6	Coalition building			435,816	0	435,816	0 21 %
7	Community health improvement advocacy			429,486	3,486	426,000	0 2 %
8	Workforce development			0	0	0	0 %
9	Other			0	0	0	0 %
10	**Total**	0	0	6,908,759	3,486	6,905,273	3 28 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,461,264		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	81,292
6	Enter Medicare allowable costs of care relating to payments on line 5	6	88,987
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,695
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Connecticut Children's Medical Center 282 Washington Street Hartford, CT 06106	X	X	X	X		X	X		
2	Connecticut Children's Medical Center at Saint Mary's Hospital 56 Franklin Street Waterbury, CT 06706	X	X	X						
3	Connecticut Children's Medical Center NICU at John Dempsey Hospital 263 Farmington Ave Farmington, CT 06030	X	X	X	X					

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: Connecticut Children's Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: Connecticut Children's Medical Centerat Saint Mary's Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: Connecticut Children's Medical CenterNICU at John Dempsey Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (Describe)
1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SchH_P01_S00_L07	Schedule H, Part I, Line 7	Other benefits (lines 7e to 7j) were reported as true costs not using a cost to charge ratio

Identifier	ReturnReference	Explanation
SchH_P01_S00_L072f	Schedule H, Part I, Line 7, Column f	Bad Debt of 1,461,264 was removed from the total expenses line 25 of the 990 for the calculations of column (f)

Identifier	ReturnReference	Explanation
SchH_P01_S00_L07g	Schedule H, Part I, Line 7g	The Subsidized health services included on line 7g are for shared psychiatric services with the Institute of Living

Identifier	ReturnReference	Explanation
SchH_P02_S00_L00	Schedule H, Part II	Community Building Activities conducted by Connecticut Children's Medical Center promote t he health of multiple communities served by the organization The following are descriptio ns of how selections of our community building activities serve the immediate neighborhood , the city of Hartford, the state of Connecticut, and have influenced multiple states arou nd the country Southside Institutions Neighborhood Alliance (SINA) is a partnership betwe en Connecticut Children's Medical Center, Hartford Hospital, and Trinity College SINA's m ission is to make improvements to our neighborhood, one of the three poorest neighborhoods in the city The partners each pay dues to support the infrastructure of SINA, and its Bo ard of Directors is made up of three individuals from each partner There is also a REACH (Recognition, Education, Achievement, and Community Health) Committee that is made up of a combination of Board members, other hospital employees and community members During the year, employees, through SINA, were involved in community clean-ups, public safety events, activities supporting the city-wide school system, as well as some of our neighborhood sc hools, and recognition activities that support community involvement by residents of Hartf ord SINA has led neighborhood efforts to eliminate blight A housing program has identifi ed vacant, run-down housing stock, and working with city officials and other partners, dev eloped one and two family homes, all sold to individuals who plan to occupy those homes A dditionally, SINA has acted as a support to many of the local non-profit organizations, pr oviding professional development opportunities, and advocating on their behalf in order to better serve the residents of the neighborhood All these efforts are part of a public he alth approach to neighborhood improvement and development and training for community membe rs, community health improvement advocacy An example of city-wide activities in which we take a leadership role is with the Hartford Childhood Wellness Alliance, a coalition of 30 programs and organizations around the city, whose mission is aimed at preventing and decr easing childhood obesity in Hartford and improving the overall health of the city's school s, early childhood educators, local community organizations, advocacy groups, and local go vernment The goal of the alliance is to provide linkage between programs and initiative t hat are currently in place, and to develop new approaches to tackle complex issues such as childhood obesity Our work with the Alliance fits Part II of the schedule H in the areas of Community support, Leadership development and training for community members, Coalitio n building, and Community health improvement advocacy Two examples of state-wide initiati ves that fall into the Community Building category include our Injury Prevention Center an d Lead Action for Medicaid Primary Prevention Project Both have an impact at the city lev el as well The Injury Prevention Program's mission is to reduce unintentional injury and violence among Connecticut's children, adolescents, and adults The Center seeks to transl ate research into prevention programs and policies Core activities include research, comm unity safety programs, education and training, and public policy There are many individua ls programs that address issues specific to Hartford, and many which address issues on a s tate-wide basis Multiple partnerships have been created with public officials, civic lead ers, community representatives and residents This program fits Part II of Schedule H in t he areas of Community support, Leadership Development and training, Coalition building, an d Community health improvement advocacy Another community building program with a state-w ide reach is our Lead Action for Medicaid Primary Prevention (LAMPP) Project Connecticut Children's operates the project, and there are numerous partners across the state This pr oject targets 14 cities where large numbers of Medicaid enrolled children live The compon ents of the project include, Education and Risk Assessment for families whose children hav e been referred by providers as having elevated lead/blood levels, Planning for Reduction of Health Hazards in homes, Low-Level intervention to create Lead-safe housing, and Traini ng in lead-safe practices for landlords, maintenance, and low-income workers who do mainte nance, painting and repairs on rental properties This project fits Part II in Schedule H in Physical improvements and housing, Community support, Environmental improvements and Le adership development and training Help Me Grow is a project that has created a coordinate d system of early identification and referral with children at risk for developmental or b ehavioral problems It is a system that is integrated, comprehensive, and effectively conn ects families to services This project has successfully implemented system-wide changes a t the state level in order to support children at

Identifier	ReturnReference	Explanation
SchH_P02_S00_L00	Schedule H, Part II	the local level This model has been replicated in multiple states and it fits Part II of Schedule H in the areas of Community Support, Leadership Development, Coalition Building, and Community Health improvement advocacy

Identifier	ReturnReference	Explanation
SchH_P03_S0A_L04	Schedule H, Part III, Section A, Line 4	From Note 2 of the consolidated Connecticut Children's Medical Center and Subsidiaries financial statements, "The Medical Center records it provision for bad debt based upon a review of its outstanding receivables " This is effected by completing a historical collection percentage analysis of accounts written off and applying those percentages to the current receivable balance

Identifier	ReturnReference	Explanation
SchH_P03_S0B_L08	Schedule H, Part III, Section B, Line 8	These revenues and expenses relate to end stage renal disease patients who generally have nowhere else to go for treatment Accordingly we would consider any shortfall generated under this program as community benefit The source of information for line 5 and 6 is the Medicare Cost Report

Identifier	ReturnReference	Explanation
SchH_P03_S0C_L09b	Schedule H, Part III, Section C, Line 9b	Connecticut Children's Medical Center will only refer accounts to collection agencies when it has been determined that the individual has the means to pay the balance, either through insurance or with their own funds, and has chosen not to apply for or is ineligible for patient financial assistance

Identifier	ReturnReference	Explanation
SchH_P06_S00_L02	Schedule H, Part VI, Line 2	Connecticut Children's Medical Center entered into an agreement with the City of Hartford's Health and Human Services Department, Hartford Hospital, and St Francis Hospital to assess the health needs of city residents The agreed upon format included surveys with residents, surveys with Community Key Informants, and information collected by the city's Health Equity index project, a pilot project support by the Connecticut Association of the Directors of Health The assesment, was conducted in 2011, edited and released in 2012 Additional information that helps guide our community benefit activity direction comes from the following We sit on the city of Hartford's Public Health Advisory Committee, We collect information about trends from our clinics and Emergency Department, We research national and local helath related issues, We participate on neighborhood, local, state-wide, and national committees, coalitions, and networks Using those experiences to help guide our decision making, We respond to grant opportunities, which require us to assess specific needs with each specific grant proposal

Identifier	ReturnReference	Explanation
SchH_P06_S00_L03	Schedule H, Part VI, Line 3	As written in the Credits and Collections policy Posted text in general public areas and other communications (in English and Spanish) will notify patient and their guarantor of the availability of hospital-based assistance and other programs of public assistance If the hospital determines that a patient or guarantor is potentially eligible for the Medicaid or other government program, it will encourage the patient or guarantor to apply for such program and the Financial Counselors will assist patient guarantors in applying for Medicaid, hospital-based assistance, or other assistance and payment plan programs when appropriate Connecticut Children's offers hospital-based assistance for medically necessary inpatient and outpatient services for those patients unable to pay who can demonstrate financial need according to Connecticut Children's Patient Financial Assistance eligibility determination methodology It is available as a last resort after all other third party resources have been exhausted Once approved, the duration for eligibility for financial assistance is 6 (six) months

Identifier	ReturnReference	Explanation
SchH_P06_S00_L04	Schedule H, Part VI, Line 4	Connecticut Children's main campus is located in one of the poorest neighborhoods in one of the state's poorest cities Neighborhood - 2500 families reside in the 14 block SINA neighborhood 75 % are Latino 44% have household incomes below $20,000 45% of the residents 18 and older have less than a high school education (SINA Neighborhood survey 2005) Hartford - is made up of 124,512 residents, 38% of whom are African American or Black, while 40% are of Latino origin The median household income is $24,820 and 60% of the population 25 and over have a high school diploma Connecticut has a population of 3,518,288 10% of the population is African American or Black, while 9 4% are of Latino origin The median household income throughout the state is $68,294 and 84% of persons 25 and older are high school graduates

Identifier	ReturnReference	Explanation
SchH_P06_S00_L05	Schedule H, Part VI, Line 5	There are a number of additional vehicles used to promote community health Our Corporate Communications department coordinated all external communications, many of which were designed for that purpose (public service announcements and various reports) Our Annual Report informed the community of CT Children's latest advancements in caring for and curing childhood illnesses and diseases "Pediatric Matters" was a publication sent out 4 times to over 30,000 readers, and it contained information about services and programs at the medical center "Connecticut Children's Medical News" offered a more clinical perspective on activities and programs and was sent to referring providers Safe Kids sent out newsletters to hundreds of coalition members throughout the state, featuring safety tips and research based information on preventable childhood safety issues Our Continuing Medical Education office held 41 Pediatric Grand Round lectures during the year These were open to community providers, and we began a registration process for Grand Rounds online To date over 300 physicians and mid-level practitioners were registered Public Safety on a local level is promoted through our participation with Southside Institution's Neighborhood Alliance (SINA) Trough SINA we participate at our local Neighborhood Revitalization Zone (NRZ) and its Public Safety Committee which addresses many public health issues, both to inform the neighborhood, and develop strategies to address problems Our Government Relations Department participated in Advocacy efforts to ensure that the voices of children and their families were heard on healthcare issues that directly affected them The department functioned as an expert resource with regard to pediatric health care issues for policy makers Staff, Doctors, and families were able to leverage their experiences at CT Children's to provide expert testimony whenever possible

Identifier	ReturnReference	Explanation
SchH_P06_S00_L06	Schedule H, Part VI, Line 6	Not applicable

Identifier	ReturnReference	Explanation
SchH_P06_S00_L07	Schedule H, Part VI, Line 7	The State of Connecticut requires hospitals to file Community Benefit reports every other year to the Office of the Health Care Advocate This is an on-line report, and it was filed in February 2011

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Martin J Gavin	(i)	421,779	217,547	43,691	22,050	18,736	723,803	0
	(ii)	0	0	0	0	0	0	0
(2) Fernando Ferrer	(i)	0	0	0	0	0	0	0
	(ii)	593,609	0	17,418	19,600	32,486	663,113	0
(3) Paul Dworkin	(i)	334,874	98,668	21,562	24,500	15,943	495,547	0
	(ii)	0	0	0	0	0	0	0
(4) Gerald J Boisvert	(i)	298,029	88,840	23,408	22,050	28,440	460,767	0
	(ii)	0	0	0	0	0	0	0
(5) Robert Englander	(i)	261,189	80,982	33,528	19,600	20,104	415,403	0
	(ii)	0	0	0	0	0	0	0
(6) Ann Taylor	(i)	221,639	64,512	24,416	22,050	26,839	359,456	0
	(ii)	0	0	0	0	0	0	0
(7) Theresa Hendricksen	(i)	220,333	42,713	18,621	24,500	25,860	332,027	0
	(ii)	0	0	0	0	0	0	0
(8) Ann Milanese	(i)	0	0	0	0	0	0	0
	(ii)	217,522	9,571	23,641	25,006	11,920	287,660	0
(9) Wendy Warring	(i)	113,226	89,852	56,943	8,763	17,435	286,219	0
	(ii)	0	0	0	0	0	0	0
(10) Elizabeth Rudden	(i)	155,898	45,117	40,189	21,823	17,401	280,428	0
	(ii)	0	0	0	0	0	0	0
(11) Kelly Styles	(i)	182,108	0	23,860	16,254	17,052	239,274	0
	(ii)	0	0	0	0	0	0	0
(12) Robert Fraleigh	(i)	145,038	11,118	434	6,246	10,243	173,079	0
	(ii)	0	0	0	0	0	0	0
(13) Thomas Richardson	(i)	122,506	22,908	16,963	13,401	22,424	198,202	0
	(ii)	0	0	0	0	0	0	0
(14) Linda Groom	(i)	141,406	146	20,915	13,190	20,731	196,388	0
	(ii)	0	0	0	0	0	0	0
(15) Barbara Brown	(i)	120,481	11,280	23,872	17,079	21,886	194,598	0
	(ii)	0	0	0	0	0	0	0
(16) Robert Leake	(i)	142,091	10,515	289	4,665	24,365	181,925	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Each year, TowersWatson 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 TowersWatson 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
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The following participated in the 457(b) retirement plan Robert Englander $15,796, Martin Gavin $16,500, Linda Groom $4,300, Besty Rudden $16,500, Wendy Warring $5,460

Additional Data

Return to Form

Software ID: 10000077
Software Version: v1.00
EIN: 06-0646755
Name: CONNECTICUT CHILDRENS MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Martin J Gavin	(I)	421,779	217,547	43,691	22,050	18,736	723,803	0
	(II)	0	0	0	0	0	0	0
Fernando Ferrer	(I)	0	0	0	0	0	0	0
	(II)	593,609	0	17,418	19,600	32,486	663,113	0
Paul Dworkin	(I)	334,874	98,668	21,562	24,500	15,943	495,547	0
	(II)	0	0	0	0	0	0	0
Gerald J Boisvert	(I)	298,029	88,840	23,408	22,050	28,440	460,767	0
	(II)	0	0	0	0	0	0	0
Robert Englander	(I)	261,189	80,982	33,528	19,600	20,104	415,403	0
	(II)	0	0	0	0	0	0	0
Ann Taylor	(I)	221,639	64,512	24,416	22,050	26,839	359,456	0
	(II)	0	0	0	0	0	0	0
Theresa Hendricksen	(I)	220,333	42,713	18,621	24,500	25,860	332,027	0
	(II)	0	0	0	0	0	0	0
Ann Milanese	(I)	0	0	0	0	0	0	0
	(II)	217,522	9,571	23,641	25,006	11,920	287,660	0
Wendy Warring	(I)	113,226	89,852	56,943	8,763	17,435	286,219	0
	(II)	0	0	0	0	0	0	0
Elizabeth Rudden	(I)	155,898	45,117	40,189	21,823	17,401	280,428	0
	(II)	0	0	0	0	0	0	0
Kelly Styles	(I)	182,108	0	23,860	16,254	17,052	239,274	0
	(II)	0	0	0	0	0	0	0
Robert Fraleigh	(I)	145,038	11,118	434	6,246	10,243	173,079	0
	(II)	0	0	0	0	0	0	0
Thomas Richardson	(I)	122,506	22,908	16,963	13,401	22,424	198,202	0
	(II)	0	0	0	0	0	0	0
Linda Groom	(I)	141,406	146	20,915	13,190	20,731	196,388	0
	(II)	0	0	0	0	0	0	0
Barbara Brown	(I)	120,481	11,280	23,872	17,079	21,886	194,598	0
	(II)	0	0	0	0	0	0	0
Robert Leake	(I)	142,091	10,515	289	4,665	24,365	181,925	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Connecticut Health and Educational Facilities Authority	06-0806186		06-30-2011	41,580,000	Refinance Series B&C Bonds as well as certain lease financings		X		X		X
B	Connecticut Health and Educational Facilities Authority	06-0806186		10-12-2007	8,500,000	lease finance various equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	5,767,994		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	41,580,000	8,500,000		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrow	10,255,050	0		
7	Issuance costs from proceeds	689,909	31,000		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	8,469,000		
11	Other spent proceeds	30,635,041	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2011	2010		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?	X			X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 54 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	1 54 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X			X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X				
b	Name of provider	Bank of America and Deutsche Bank							
c	Term of hedge	20 8							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X	X					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SchK_P03_S00_L07	Schedule K, Part III, Line 7	Management follows specific practices and procedures to ensrue continued post-issuance compliance The organization is in the process of memorializing these practices with a written policy

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Charles Shivery	Chairman of the Board	0	Chairman, President of Connecticut Light and Power Company that provides electric service to CCMC		No
(2) Martin Gavin	CEO	0	Board member of CHS Insurance		No
(3) Martin Gavin	CEO	0	Board Member of certain ING investment funds		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493205006072

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

Identifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Pamela Reid has two CCMC officers on the board of trustees governing her college of employment Fernando Ferrer, key employee is married to Selina Ferrer, board member of Connecticut Children's Medical Center Foundation, Inc

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	CCMC Corporation is the Parent Corporation and sole member of Connecticut Children's Medical Center

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Section 1 1 of the Connecticut Children's Medical Center by-laws(the "by-laws") states that CCMC Corporation is the sole member (the "Member") of Connecticut Children's Medical Center The Board of Directors of Connecticut Children's Medical Center is the "governing body" of the organization Under section 2 2(e) of the By-laws, the Member elects the Board of Directors of Connecticut Children's Medical Center

Identifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Under Section 1 5 of the By-laws, the Member had the power to approve certain fundamental decisions of the Board of Directors of Connecticut Children's Medical Center

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The form 990 is drafted by Connecticut Children's Medical Center staff and goes through internal review Assistance by our Attorneys and Auditors is provided as needed in completing the form It is then provided to the full board of directors of CCMC Corporation via our board website for review The audit committee of the CCMC Corporation board of directors holds a committee meeting to review the return in further detail Upon review and approval of the audit committee the return is filed

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	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 form annually 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

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Each year, TowersWatson 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 TowersWatson 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

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The governing policies and conflict of interest policy are available to the public on the website, www connecticutchildrens org, or by request The consolidated Audited Financials are available upon request

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Transfer from affiliated organizations $1,359,382, Change in funded status of pension and post retirement plans $4,399,884, Change in funds help by others $2,201,202

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDRENS MEDICAL CENTER

Employer identification number
06-0646755

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CCMC Corporation 282 Washington Street Hartford, CT 06106 22-2619876	Healthcare Support	CT	501(c)(3)	11b	N/A		No
(2) Connecticut Children's Medical Center Foundation Inc 282 Washington Street Hartford, CT 06106 22-2919869	Fundraising & Investment Mgt	CT	501(c)(3)	7	N/A		No
(3) CCMC Affiliates Inc 282 Washington Street Hartford, CT 06106 22-2919870	Healthcare Services	CT	501(c)(3)	9	N/A		No
(4) Connecticut Children's Specialty Group Inc 282 Washington Street Hartford, CT 06106 06-1446900	Physician Services	CT	501(c)(3)	9	N/A		No
(5) Children's Fund of Connecticut Inc 270 Farmington Ave Farmington, CT 06032 06-1364516	Healthcare Services	CT	501(c)(3)	11a	N/A		No
(6) Child Health and Development Institute of Connecticut Inc 270 Farmington Ave Farmington, CT 06032 06-1504725	Healthcare Services	CT	501(c)(3)	7	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CCMC Ventures Inc 282 Washington Street Hartford, CT06106 22-2619873	Healthcare Services	CT	N/A	C	0	0	0 %

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Additional Data Table			
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

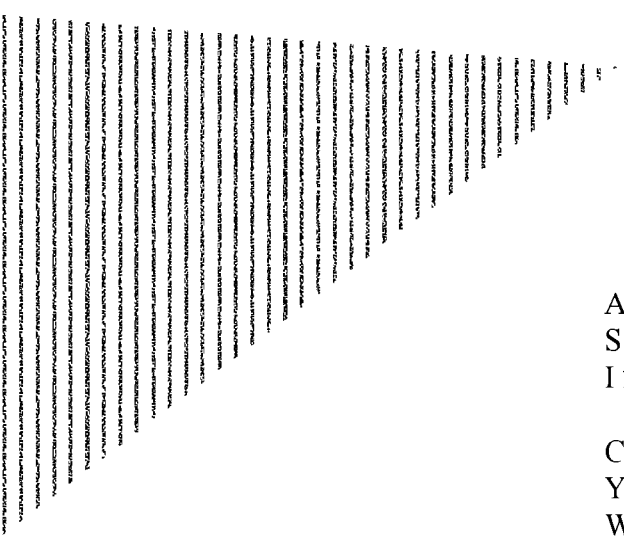
Software ID: 10000077
Software Version: v1.00
EIN: 06-0646755
Name: CONNECTICUT CHILDRENS MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CCMC Corporation 282 Washington Street Hartford, CT06106 22-2619876	Healthcare Support	CT	501(c)(3)	11b	N/A		No
Connecticut Children's Medical Center Foundation Inc 282 Washington Street Hartford, CT06106 22-2919869	Fundraising & Investment Mgt	CT	501(c)(3)	7	N/A		No
CCMC Affiliates Inc 282 Washington Street Hartford, CT06106 22-2919870	Healthcare Services	CT	501(c)(3)	9	N/A		No
Connecticut Children's Specialty Group Inc 282 Washington Street Hartford, CT06106 06-1446900	Physician Services	CT	501(c)(3)	9	N/A		No
Children's Fund of Connecticut Inc 270 Farmington Ave Farmington, CT06032 06-1364516	Healthcare Services	CT	501(c)(3)	11a	N/A		No
Child Health and Development Institute of Connecticut Inc 270 Farmington Ave Farmington, CT06032 06-1504725	Healthcare Services	CT	501(c)(3)	7	N/A		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Connecticut Children's Specialty Group Inc	i	608,034	Review of intercompany entries
(2)	Connecticut Children's Medical Center Foundation Inc	j	193,878	Review of intercompany entries
(3)	Connecticut Children's Specialty Group Inc	j	331,897	Review of intercompany entries
(4)	CCMC Affiliates Inc	n	199,062	Review of intercompany entries
(5)	Connecticut Children's Medical Center Foundation Inc	n	150,379	Review of intercompany entries
(6)	Connecticut Children's Specialty Group Inc	n	11,936,863	Review of intercompany entries
(7)	Connecticut Children's Specialty Group Inc	o	8,159,552	Review of intercompany entries
(8)	CCMC Affiliates Inc	p	1,987,883	Review of intercompany entries
(9)	Connecticut Children's Medical Center Foundation Inc	p	542,649	Review of intercompany entries
(10)	Connecticut Children's Specialty Group Inc	p	14,452,721	Review of intercompany entries
(11)	Connecticut Children's Medical Center Foundation Inc	q	402,324	Review of intercompany entries
(12)	Connecticut Children's Specialty Group Inc	q	7,087,745	Review of intercompany entries
(13)	Connecticut Children's Medical Center Foundation Inc	r	5,690,170	Review of intercompany entries



Audited Consolidated Financial Statements and Other Financial Information

Connecticut Children's Medical Center and Subsidiaries
Years Ended September 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Connecticut Children's Medical Center and Subsidiaries

Audited Consolidated Financial Statements
and Other Financial Information

Years Ended September 30, 2011 and 2010

Contents

Ernst & Young LLP
One Lafayette Plaza
Hartford, CT 06103-1300
Tel: +1 860 247 4500
Fax: +1 860 725 6240
www.ey.com

Report of Independent Auditors

Board of Directors
Connecticut Children's Medical Center

We have audited the accompanying consolidated balance sheets of Connecticut Children's Medical Center and Subsidiaries (the Medical Center) as of September 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of The Children's Fund of Connecticut, Inc., a wholly owned subsidiary, whose statements reflect total assets of $29,130,818 and $32,107,112 as of September 30, 2011 and 2010, respectively, and total revenues of $5,004,631 and $4,612,609, for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to data included for The Children's Fund of Connecticut, Inc., is based solely on the report of the other auditors.

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Medical Center's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits and the report of other auditors provide a reasonable basis for our opinion.

In our opinion, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Connecticut Children's Medical Center and Subsidiaries at September 30, 2011 and 2010, and the consolidated results of its operations and changes in net assets, and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States.

Ernst & Young LLP

January 27, 2012

Connecticut Children's Medical Center and Subsidiaries

Consolidated Balance Sheets

	September 30 2011	2010
Assets		
Current assets:		
Cash and cash equivalents	**$ 4,688,831**	$ 4,761,684
Funds held by trustee under revenue bond agreement	**1,710,681**	10,424,098
Patient accounts receivable, less allowance of approximately $7,339,475 in 2011 and $7,831,000 in 2010	**26,304,731**	21,201,681
Due from affiliated entities	**2,268,115**	3,731,723
Inventories	**600,832**	618,412
Other current assets	**7,174,720**	6,146,871
Total current assets	**42,747,910**	46,884,469
Assets whose use is limited:		
Investments	**27,352,655**	29,175,015
Funds held in trust by others	**67,820,517**	70,154,812
Interest in Foundation	**75,658,862**	75,558,434
	170,832,034	174,888,261
Property, plant and equipment:		
Buildings	**114,990,645**	113,254,487
Furniture and equipment	**59,579,096**	53,942,438
Construction in progress	**10,912,602**	2,272,562
	185,482,343	169,469,487
Less accumulated depreciation	**(85,992,089)**	(76,296,443)
	99,490,254	93,173,044
Other assets:		
Bond issuance costs	**681,696**	1,459,360
Ground lease	**2,445,974**	2,475,266
Other	**23,897,319**	17,851,034
	27,024,989	21,785,660
Total assets	**$ 340,095,187**	$ 336,731,434

	September 30	
	2011	**2010**
Liabilities and net assets		
Current liabilities:		
Current portion of bonds payable	**$ 1,050,000**	$ 2,375,000
Current portion of notes payable	**2,164,028**	4,246,490
Accounts payable and accrued expenses	**26,934,488**	27,245,932
Accrued wages	**12,195,131**	11,929,850
Due to third parties	**2,645,943**	1,654,459
Due to affiliated entities	**3,086,844**	1,026,261
Accrued interest payable and other current liabilities	**478,089**	623,163
Total current liabilities	**48,374,523**	49,101,155
Bonds payable, less current portion	**40,530,000**	30,531,457
Notes payable, less current portion	**1,959,918**	9,171,356
Accrued pension liability	**18,776,699**	15,664,920
Other long term liabilities	**21,040,979**	20,391,373
Total liabilities	**130,682,119**	124,860,261
Net assets:		
Unrestricted	**104,023,361**	106,859,691
Temporarily restricted	**21,240,609**	18,989,363
Permanently restricted	**84,149,098**	86,022,119
Total net assets	**209,413,068**	211,871,173
Total liabilities and net assets	**$ 340,095,187**	$ 336,731,434

See accompanying notes

Connecticut Children's Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2011	**2010**
Revenues:		
Net patient service revenue	**$ 244,512,368**	$ 223,198,671
Provision for bad debts	**2,365,830**	4,031,541
Net patient service revenue less provision for bad debts	**242,146,538**	219,167,130
Other revenues	**11,416,875**	10,177,472
Net assets released from restrictions for operations	**14,188,497**	12,539,812
	267,751,910	241,884,414
Expenses:		
Salaries	**133,935,648**	126,865,396
Benefits	**34,659,527**	31,018,031
Supplies and other	**89,535,493**	83,762,464
Bad debts (non-patient)	**101,818**	–
Depreciation and amortization	**11,000,584**	10,219,855
Interest	**1,231,424**	1,396,384
Loss on extinguishment of debt	**2,576,263**	–
	273,040,757	253,262,130
Loss from operations	**(5,288,847)**	(11,377,716)
Other income:		
Gain from investments, net	**6,288,744**	10,430,439
Income from trusts held by others	**2,624,198**	2,647,011
Change in equity interest in net assets of the Foundation	**2,798,727**	5,052,670
Other	**(2,323)**	(137,814)
	11,709,346	17,992,306
Excess of revenues over expenses	**6,420,499**	6,614,590

Continued on next page

Connecticut Children's Medical Center and Subsidiaries

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

	Year Ended September 30	
	2011	**2010**
Unrestricted net assets:		
Excess of revenues over expenses	**$ 6,420,499**	$ 6,614,590
Unrealized (loss) gain on investments	**(2,562,749)**	1,514,585
Net assets released from restrictions for capital	**1,064,801**	351,001
Change in funded status of pension and post-retirement plans	**(4,399,884)**	(2,058,550)
Transfer to temporarily restricted net assets	**(250,000)**	–
Change in equity interest in the net assets of the Foundation	**(3,108,995)**	3,935,905
(Decrease) increase in unrestricted net assets	**(2,836,328)**	10,357,531
Temporarily restricted net assets:		
Transfer from affiliated organization	**5,728,363**	4,244,404
Net assets released from restrictions for operations	**(14,055,113)**	(12,539,812)
Net assets released from restrictions for capital	**(1,064,801)**	(351,001)
Bequests, gifts and grants	**11,443,373**	10,878,262
Transfer from unrestricted net assets	**250,000**	–
Change in equity interest in the net assets of the Foundation	**(50,578)**	476,771
Increase in temporarily restricted net assets	**2,251,244**	2,708,624
Permanently restricted net assets:		
Change in funds held in trust by others	**(2,200,911)**	15,516,264
Assets released from restrictions by trustees	**(133,384)**	
Change in equity interest in the net assets of the Foundation	**461,274**	1,157,062
(Decrease) increase in permanently restricted net assets	**(1,873,021)**	16,673,326
(Decrease) increase in net assets	**(2,458,105)**	29,739,481
Net assets at beginning of year	**211,871,173**	182,131,692
Net assets at end of year	**$ 209,413,068**	$ 211,871,173

See accompanying notes

Connecticut Children's Medical Center and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30 2011	2010
Operating activities		
(Decrease) increase in net assets	**$ (2,458,105)**	$ 29,739,481
Adjustments to reconcile change in net assets to net cash used in operating activities and other income		
Noncash items		
Provision for bad debt	**2,467,648**	4,379,254
Provision for depreciation and amortization	**11,000,584**	10,219,855
Unrealized loss (gain) on investments	**2,562,749**	(1,514,585)
Change in funds held in trust by others	**2,334,295**	(15,516,264)
Change in funded status of pension and post-retirement plans	**4,399,884**	2,058,550
Change in interest in Foundation	**(100,428)**	(10,622,407)
Other changes in net assets		
Restricted contributions and investment income	**(11,443,373)**	(10,878,262)
Transfer from affiliated organizations, net	**(5,728,363)**	(4,244,404)
Changes in operating assets and liabilities		
Patient accounts receivable	**(7,570,698)**	(2,432,055)
Due from affiliated entities, net	**3,524,191**	(1,634,738)
Inventories	**17,580**	(33,273)
Other current assets	**(1,027,849)**	1,693,955
Accounts payable and accrued expenses	**(311,444)**	5,207,734
Accrued wages	**265,281**	(602,551)
Accrued interest payable	**(390,293)**	(157,828)
Due to third parties	**811,484**	1,240,637
Pension liability	**(1,288,105)**	(901,264)
Other long term liabilities	**649,606**	618,657
Net cash (used in) provided by operating activities and other income	**(2,285,356)**	6,620,492
Investing activities		
Purchases of property, plant and equipment, net	**(16,602,075)**	(6,722,903)
Increase in other assets	**(6,658,838)**	(11,357,480)
Decrease (increase) in funds held by trustee under revenue bond agreement	**8,713,417**	(5,239,060)
Increase in investments, net	**(740,389)**	(1,433)
Net cash used in investing activities	**(15,287,885)**	(23,320,876)
Financing activities		
Restricted contributions and investment income	**11,443,373**	10,878,262
Transfer from affiliates	**5,728,363**	4,244,404
Principal payments on bonds and notes payable	**(41,251,348)**	(5,777,048)
Proceeds from new debt issued	**41,580,000**	8,243,450
Net cash provided by financing activities	**17,500,388**	17,589,068
(Decrease) increase in cash and cash equivalents	**(72,853)**	888,684
Cash and cash equivalents at beginning of year	**4,761,684**	3,873,000
Cash and cash equivalents at end of year	**$ 4,688,831**	$ 4,761,684

See accompanying notes

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2011

1. Organization and Accounting Policies

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

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

Regulatory Matters

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

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

1. Organization and Accounting Policies (continued)

Investments

Investments, including funds held by trustee under revenue bond agreements, are measured at fair value at the balance sheet dates. Investment income (including realized gains and losses on investments, interest and dividends) is included in other income unless the income or loss is restricted by donor or law. The cost of securities sold is based on the specific identification method. Unrealized gains and losses on investments are excluded from excess of revenues over expenses unless the loss is considered to be other than temporary. Other than temporary losses are included in other income which is a component of excess of revenues over expenses. Based on recently improving market conditions, as well as the Medical Center's ability and intent to hold impaired assets to recovery, no other than temporary losses were recorded.

Inventories

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

Funds Held in Trust by Others

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

Interest in Foundation

The Interest in Foundation represents the Medical Center's interest in the net assets of Connecticut Children's Medical Center Foundation, Inc (the Foundation). This investment is accounted for in accordance with the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958-20 "*Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others*". In 2011 and 2010, the Medical Center did not require, and did not receive any unrestricted financial support from the Foundation. The Foundation will provide support in future fiscal years as necessary.

1. Organization and Accounting Policies (continued)

Bond Issuance Costs

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

Property, Plant and Equipment

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

Pension Plan

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

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are unrestricted contributions in the accompanying financial statements.

1. Organization and Accounting Policies (continued)

Interest Rate Swap Agreements

The Medical Center utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. The Medical Center is exposed to credit loss in the event of non-performance by the counterparties to its interest rate swap agreements. The Medical Center is also exposed to the risk that the swap receipts may not offset its variable rate debt service. To the extent these variable interest swap receipts do not equal variable interest payments on the bonds, there will be a net loss or net benefit to the Medical Center.

Temporarily and Permanently Restricted Net Assets

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

Medical Malpractice Insurance

Coverage for medical malpractice insurance is provided on a claims-made basis. The primary level of coverage is $10,000,000 per claim and $39,000,000 in the aggregate. The excess indemnity coverage is layered with four different insurance companies at $15,000,000 per claim and $60,000,000 in the aggregate. There are no deductibles. A portion of the primary coverage is reinsured by the carrier with CHS Insurance Limited a captive insurance company in which the Medical Center has a 26% ownership interest. The investment in CHS Insurance Limited is included in other assets in the consolidated balance sheets.

Excess of Revenues over Expenses

The statement of operations includes excess of revenues over expenses as the performance indicator. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments, permanent transfers of assets to and from affiliates, net assets released from restrictions for capital expenditures, change in the equity interest in the net assets of the Foundation and changes in the funded status of the pension and post-retirement plans.

1. Organization and Accounting Policies (continued)

Other Income

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

Advertising

The Medical Center's policy is to expense advertising costs as incurred. Total expense was $845,694 and $1,091,458 for the years ended September 30, 2011 and 2010, respectively.

Income Taxes

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

Subsequent Events

The Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued for potential recognition in the financial statements as of the balance sheet date. For the year ended September 30, 2011, the Medical Center evaluated subsequent events through January 27, 2012, which is the date the financial statements were issued. No events occurred that require disclosure or adjustment to the consolidated financial statements except for those in Note 17.

Adoption of New Accounting Standards

Recently Issued Accounting Standards

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to

1. Organization and Accounting Policies (continued)

determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until fiscal 2012, the guidance in ASU 2010-06 became effective for reporting periods beginning after December 15, 2009. The adoption of the provisions of ASU 2010-06 did not impact the Medical Center's consolidated financial statements.

In August 2010, the FASB issued Accounting Standards Codification ("ASC") 954-605, *Measuring Charity Care for Disclosure*. ASC 954-605 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. ASC 954-605 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care. ASC 954-605 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. The Hospital is evaluating the effect of ASC 954-605 on its consolidated financial statements.

In August 2010, the FASB also issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*. Under ASU 2010-24, anticipated insurance recoveries and estimated liabilities for medical malpractice claims or similar contingent liabilities will be presented separately on the balance sheet. The guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. The Hospital is evaluating the effect of ASU 2010-24 on its consolidated financial statements.

In January 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, (ASU 2010-07), which establishes accounting and disclosure requirements for how a not-for-profit entity determines whether a combination is a merger or an acquisition, how to account for each, and the required disclosures. In addition, ASU 2010-07 included amendments to FASB's Accounting Standards Codification (the Codification, or ASC) Topic 350, *Intangibles – Goodwill and Other*, (ASC Topic 350), and Topic 810, *Consolidation*, (ASC Topic 810) to make both applicable to not-for-profit entities. ASC Topic 350 clarifies the accounting for goodwill

1. Organization and Accounting Policies (continued)

and indefinite-lived identifiable intangible assets recognized in a not-for-profit entity's acquisition of a business or nonprofit activity. Such assets are not amortized and are tested for impairment at least annually. The Hospital adopted the guidance relative to ASU 2010-07 as of October 1, 2010, which had no material impact on the Medical Center's consolidated financial statements

In July 2011, FASB issued new guidance, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts*. The guidance requires certain health care entities to present the bad debt expense associated with patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) rather than as an operating expense. The guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Medical Center has chosen to adopt those provisions this fiscal year, which had no material impact on the Medical Center's consolidated financial statements aside from the required changes in presentation.

Reclassification

Certain 2010 amounts have been reclassified to conform with the 2011 presentation.

2. Net Revenues from Services to Patients and Charity Care

The Medical Center provides health care services primarily to residents of the region. Revenues from the Medicaid program accounted for approximately 41% of the Medical Center's net patient service revenues for the years ended September 30, 2011 and 2010. Laws and regulations governing the Medicaid programs are complex and subject to interpretation. The Medical Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicaid program. Changes in the Medicaid program and the reduction of funding levels could have an adverse impact on the Medical Center.

2. Net Revenues from Services to Patients and Charity Care (continued)

The following table summarizes net revenues from services to patients:

	Year Ended September 30	
	2011	**2010**
Total gross revenues from patients	**$ 522,099,003**	$ 448,026,177
Less total contractual allowances	**268,258,541**	215,758,711
Less charity care and other allowances	**8,632,763**	9,068,795
Total allowances	**276,891,304**	224,827,506
Net patient service revenue	**245,207,699**	223,198,671
Less provision for doubtful accounts	**3,061,161**	4,031,541
Net patient service revenue less provision for bad debts	**$ 242,146,538**	$ 219,167,130

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

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services rendered. Revenue under third-party payor agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payor settlements and adjustments are estimated in the period the related services are rendered and adjusted in future periods as final settlements are determined.

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

2. Net Revenues from Services to Patients and Charity Care (continued)

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

3. Related Party Transactions

Certain Medical Center employees render management and other services to affiliated entities for which the Medical Center is reimbursed. The amount of such reimbursement was $211,500 and $197,769 for the years ended September 30, 2011 and 2010, respectively.

4. Contributions Receivable

Contributions receivable are expected to be realized in the following periods:

	September 30	
	2011	**2010**
Contributions receivable in one year or less	**$ 813,732**	$ 1,448,121
Contributions receivable in one to five years	**263,000**	336,809
Less discount	–	(2,000)
Net contributions receivable	**$ 1,076,732**	$ 1,782,930

The discount recognizes the estimated uncollectible portion of the contributions receivable and the discount of contributions receivable to net present value.

5. Concentrations of Credit Risk

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

5. Concentrations of Credit Risk (continued)

The Medical Center's cash and cash equivalents are placed with high credit quality financial institutions. The Medical Center's investment policy limits its exposure to concentrations of credit risk. In the normal course of business, the Medical Center maintains cash balances in excess of the Federal Deposit Insurance Corporation's (FDIC) insurance limit. Cash balances exceeded FDIC limits by approximately $5.1 million and $4.6 million at September 30, 2011 and 2010, respectively.

The Medical Center provides health care services and grants credit without collateral to its patients, most of whom are Connecticut residents and are insured under third-party payor agreements. An estimated allowance for doubtful accounts as well as contractual allowances is maintained at levels considered adequate to reduce the account balances to net realizable value. The mix of receivables from patients and third-party payors at September 30, 2011 and 2010, was as follows:

	2011	2010
Medicaid	**6%**	8%
Medicaid Managed Care	**39**	39
Commercial/Managed Care – Contracted	**44**	38
Commercial/Managed – Non-Contracted	**2**	3
Patients and other	**9**	12
	100%	100%

6. Investments

The composition of investments is set forth in the following table. Investments are stated at fair value:

	September 30			
	2011		2010	
	Cost	Fair Value	Cost	Fair Value
Short-term investments	**$ 25,253**	**$ 25,253**	$ 30,091	$ 30,091
Marketable equity securities	**294,259**	**324,694**	467,758	545,020
Fixed income securities	**159,948**	**169,908**	238,115	253,451
Institutional managed equity funds	**16,988,161**	**16,217,845**	16,755,277	17,759,816
Institutional managed bond fund	**10,009,517**	**10,244,003**	9,301,397	10,256,463
Other	**305,237**	**370,952**	249,351	330,174
	$ 27,782,375	**$ 27,352,655**	$ 27,041,989	$ 29,175,015

Investments consisted of mutual funds and individual securities that comprised approximately 62% equity securities and 38% fixed income investments at September 30, 2011, and 63% equity securities and 37% fixed income investments at September 30, 2010.

The following table summarizes the unrealized losses on investments held at September 30, 2011:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Marketable equity securities	**$ 70,208**	**$ 22,244**	**$ 18,278**	**$ 10,552**	**$ 88,486**	**$ 32,796**
Institutional managed equity funds	**4,031,378**	**1,046,818**	**1,119,911**	**274,328**	**5,151,289**	**1,321,146**
Mutual funds	**104,009**	**3,216**	**38,124**	**5,171**	**142,133**	**8,387**
Fixed income securities	**12,568**	**374**	**–**	**–**	**12,568**	**374**
Total investments	**$ 4,218,163**	**$ 1,072,652**	**$ 1,176,313**	**$ 290,051**	**$ 5,394,476**	**$ 1,362,703**

6. Investments (continued)

The following table summarizes the unrealized losses on investments held at September 30, 2010:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Marketable equity securities	$ 43,706	$ 6,043	$ 31,128	$ 6,308	$ 74,834	$ 12,351
Institutional managed equity funds	4,667,237	807,738	2,177,095	436,743	6,844,332	1,244,481
Mutual funds	–	–	53,631	1,514	53,631	1,514
Fixed income securities	–	–	11,495	19,098	11,495	19,098
Total investments	$ 4,701,943	$ 813,781	$ 2,273,349	$ 463,663	$ 6,984,292	$ 1,277,444

Management continually reviews its investment portfolio and evaluates whether declines in the fair value of securities should be considered other-than-temporary. Factored into this evaluation are the general market conditions, the issuer's financial condition and near-term prospects, conditions in the issuer's industry, the recommendation of advisors and the length of time and extent to which the market value has been less than cost along with the Medical Center's intent and ability to hold the investments. During the years ended September 30, 2011 and 2010, the Medical Center has not recorded any other-than-temporary declines in the fair value of investments, as the Corporation has the ability and intent to hold the securities to recovery.

Investment returns for the years ended September 30, 2011 and 2010 are as follows:

	2011	2010
Interest and dividend income	**$ 1,307,896**	$ 945,619
Realized gain	**762,177**	773,415
Gain on CHS Insurance Limited	**6,653,659**	10,212,038
Net swap activity	**(2,196,842)**	(1,365,313)
Investment fees and other	**(238,146)**	(135,320)
	$ 6,288,744	$10,430,439

7. Restricted Net Assets

Endowments

The Medical Center's endowment consists of approximately seven individual donor-restricted funds established for a variety of purposes which are held and controlled by the Foundation. As required by GAAP, net assets associated with endowment funds are classified and reported based on donor-imposed restrictions. At September 30, 2011 and 2010, the Medical Center had approximately $17,602,539 and $16,552,294 in endowments held at the Foundation, respectively.

Interpretation of Relevant Law

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

(1) The duration and preservation of the fund.

(2) The purposes of the organization and the donor-restricted endowment fund.

(3) General economic conditions.

(4) The possible effect of inflation and deflation.

(5) The expected total return from income and the appreciation of investments.

(6) Other resources of the organization.

(7) The investment policies of the organization.

7. Restricted Net Assets (continued)

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Foundation to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets as of September 30, 2011. Deficiencies at September 30, 2011 and 2010 were immaterial.

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

Endowment Net Asset Composition by Type of Fund

All endowment net assets are donor-restricted endowment funds.

7. Restricted Net Assets (continued)

Changes in Endowment Net Assets for the Fiscal Year Ended September 30, 2011

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning balance	**$ 684,987**	**$ 15,867,307**	**$ 16,552,294**
Contributions	**–**	**461,274**	**461,274**
Investment return	**442,531**	**–**	**442,531**
Net appreciation (realized and unrealized)	**338,168**	**–**	**338,168**
Appropriation of endowment assets for expenditure	**(191,728)**	**–**	**(191,728)**
Endowment net assets, ending balance	**$ 1,273,958**	**$ 16,328,581**	**$ 17,602,539**

Changes in Endowment Net Assets for the Fiscal Year Ended September 30, 2010

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning balance	$ 449,760	$ 14,710,245	$ 15,160,005
Contributions	–	1,157,062	1,157,062
Investment return	412,738	–	412,738
Net appreciation (realized and unrealized)	–	–	–
Appropriation of endowment assets for expenditure	(177,511)	–	(177,511)
Endowment net assets, ending balance	$ 684,987	$ 15,867,307	$ 16,552,294

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

7. Restricted Net Assets (continued)

Temporarily Restricted

Temporarily restricted net assets are available for the following purposes as of September 30, 2011 and 2010:

	2011	2010
Equipment purchases	**2%**	3%
Education	**7**	6
Other health care services	**91**	91
	100%	100%

Permanently Restricted

Permanently restricted net assets at September 30, 2011 and 2010 are restricted to:

	2011	2010
Health care and children's services	**81%**	82%
Other health care services	**14**	13
Education	**5**	5
	100%	100%

8. Pension Plan

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

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

8. Pension Plan (continued)

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

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

Included in unrestricted net assets at September 30, 2011 and 2010 are unrecognized actuarial losses of $25,964,020 and $21,965,854, respectively. The actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2012 is $1,655,222.

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

	Year Ended September 30	
Change in benefit obligation:	**2011**	**2010**
Benefit obligation at beginning of year	**$ 72,044,652**	$ 66,212,816
Interest cost	**3,318,337**	3,494,299
Actuarial loss, including the effects of any assumption changes	**2,064,570**	4,860,027
Benefits paid	**(2,295,871)**	(2,522,490)
Benefit obligation at end of year	**$ 75,131,688**	$ 72,044,652

8. Pension Plan (continued)

Change in plan assets:	Year Ended September 30 2011	2010
Fair value of plan assets at beginning of year	**$ 56,379,732**	$ 51,705,182
Contributions	**1,516,000**	2,125,000
Actual return on plan assets	**755,128**	5,072,040
Benefits paid	**(2,295,871)**	(2,522,490)
Fair value of plan assets at end of year	**$ 56,354,989**	$ 56,379,732
Funded status of the plan	**$ (18,776,699)**	$ (15,664,920)

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

	2011	2010
Measurement date	**September 30, 2011**	September 30, 2010
Discount rate	**4.60%**	4.85%
Rate of compensation	**N/A**	N/A
Cash balance interest credit	**5.50**	5.50
Return on plan assets	**6.75**	6.75

	2011	2010
Components of net periodic benefit costs		
Interest cost	**$ 3,318,337**	$ 3,494,299
Expected return on plan assets	**(3,858,278)**	(4,072,545)
Net amortization:		
Net actuarial loss	**1,169,554**	472,014
Net periodic benefit costs	**$ 629,613**	$ (106,232)

8. Pension Plan (continued)

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

	2011	2010
Discount rate	**4.85%**	5.50%
Cash balance interest credit	**5.50**	5.50
Expected long-term rate of return on plan assets	**6.75**	7.25
Rate of compensation	**N/A**	N/A

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

The accumulated benefit obligation at September 30, 2011 and 2010 was $75,131,688 and $72,044,652, respectively.

Plan Assets

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

8. Pension Plan (continued)

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

Asset Category	Percentage of Plan Assets at Year-End 2011	2010
Domestic equities	**32%**	33%
International equities	**16**	14
Debt securities	**51**	50
Other	**1**	3
Total	**100%**	100%

The fair values of Connecticut Children's pension plan assets at September 30, 2011, by asset category are as follows:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	**$ 66,231**	**$ –**	**$ –**	**$ 66,231**
Money market mutual funds [a]	**144,284**	**–**	**–**	**144,284**
Fixed income securities				
U S Government bonds [b]	**836,213**	**–**	**–**	**836,213**
Municipal bonds [c]	**578,747**	**–**	**–**	**578,747**
Corporate bonds [d]	**5,595,661**	**–**	**–**	**5,595,661**
Foreign bonds [e]	**374,895**	**–**	**–**	**374,895**
Fixed income mutual funds [f]	**44,457**	**15,254,335**	**–**	**15,298,792**
Equity mutual funds [g]	**24,725,060**	**–**	**–**	**24,725,060**
Multi-asset balanced mutual funds [h]	**4,442,062**	**4,293,044**	**–**	**8,735,106**
Total	**$ 36,807,610**	**$ 19,547,379**	**$ –**	**$ 56,354,989**

8. Pension Plan (continued)

The fair values of Connecticut Children's pension plan assets at September 30, 2010, by asset category are as follows:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 31,395	$ –	$ –	$ 31,395
Money market mutual funds [a]	974,487	–	–	974,487
Fixed income securities				
U S Government bonds [b]	808,294	–	–	808,294
Municipal bonds [c]	499,959	–	–	499,959
Corporate bonds [d]	4,970,885	–	–	4,970,885
Foreign bonds [e]	299,018	–	–	299,018
Fixed income mutual funds [f]	843,371	15,935,373	–	16,778,744
Equity mutual funds [g]	25,211,611	–	–	25,211,611
Multi-asset balanced mutual funds [h]	3,572,729	3,232,610	–	6,805,339
Total	$ 37,211,749	$ 19,167,983	$ –	$ 56,379,732

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

(b) Includes investments in publicly traded U S Government and U S Agency bonds

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

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

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

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

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

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

The Medical Center expects to contribute $2,277,000 to its pension plan in 2012.

8. Pension Plan (continued)

The following benefit payments are expected to be paid:

	Pension Benefits
Fiscal year:	
2012	$ 8,619,028
2013	13,711,913
2014	3,172,223
2015	3,691,089
2016	2,863,707
Years 2017 – 2021	20,879,473

9. Postretirement Benefit Plan

The Medical Center sponsors the Connecticut Children's Medical Center Postretirement Welfare Plan ("the PRW Plan"), an unfunded plan which provides postretirement medical benefits to retired employees who meet the specific criteria identified in the PRW Plan document. The Medical Center shares the coverage obligation for transferred employees with Hartford Hospital. The Medical Center's contribution toward cost of medical coverage varies by years of pension credited service at retirement, ranging from 25% for employees with 10 years of credited service to 100% for those employees with 25 plus years of credited service. The Medical Center's maximum fixed dollar commitment is $2,280 per year per retiree.

Included in unrestricted net assets at September 30, 2011 and 2010, respectively are $984,094 and $1,385,812 of net unrecognized actuarial gains that have not yet been recognized in net periodic benefit cost. The actuarial gain included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2012 is $43,181.

9. Postretirement Benefit Plan (continued)

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

	Year Ended September 30	
	2011	**2010**
Change in benefit obligation		
Benefit obligation at beginning of year	**$ 4,923,050**	$ 5,630,141
Service cost	**279,616**	342,470
Interest cost	**269,407**	334,257
Actuarial loss (gain), including the effects of any assumption changes	**308,486**	(1,329,968)
Benefits paid	**(27,934)**	(53,850)
Benefit obligation at end of year	**$ 5,752,625**	$ 4,923,050

	Year Ended September 30	
	2011	**2010**
Change in plan assets		
Fair value of plan assets at beginning of year	**$ –**	$ –
Contributions	**27,934**	53,850
Benefits paid	**(27,934)**	(53,850)
Fair value of plan assets at end of year	**$ –**	$ –
Accrued postretirement obligation included in other long-term liabilities	**$(5,752,625)**	$(4,923,050)

9. Postretirement Benefit Plan (continued)

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

	2011	2010
Measurement date	**September 30**	September 30
Discount rate	**4.90%**	5.20%
Healthcare cost trend rate:		
Current year	**8.50**	9.00
Ultimate	**5.00**	5.00
Number of years to reach ultimate	**7**	8

	2011	2010
Components of net periodic benefit cost		
Service cost	**$ 279,616**	$ 342,470
Interest cost	**269,407**	334,257
Net amortization:		
Net actuarial gain	**(93,232)**	–
Net periodic benefit cost	**$ 455,791**	$ 676,727

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

	2011	2010
Discount rate	**5.20%**	5.50%
Health care cost trend rate		
Initial rate	**9.00**	8.00
Ultimate rate	**5.00**	5.00
Years to ultimate	**8**	6

9. Postretirement Benefit Plan (continued)

A one percent point change in assumed health care cost trend rates would have the following effect on the postretirement benefit plan:

	One-percentage Point Increase	One-percentage Point Decrease
Effect on postretirement benefit obligation	321,484	(279,226)
Effect on total of service and interest cost	34,764	(30,268)

The Medical Center expects to contribute $64,897 to its postretirement benefit plan in 2012.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

	Postretirement Benefits
Fiscal year:	
2012	$ 64,897
2013	118,181
2014	160,255
2015	202,856
2016	244,241
Years 2017 – 2021	2,026,500

10. Bonds Payable

A summary of long-term debt is as follows (in thousands):

	September 30	
	2011	**2010**
Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority (CHEFA)		
Series D (4.13% effective interest rate)	**$ 41,580**	$ –
Series B (effective fixed interest rate of 5.00%)	–	9,075
Series C (3.70% effective interest rate)	–	23,700
	41,580	
Add premium	–	131
Less current portion	**(1,050)**	(2,375)
	$ 40,530	$ 30,531

In May 2004, the Medical Center and the Foundation (the Obligated Group) refinanced their existing Series A State of Connecticut Health and Educational Facilities Authority (CHEFA) bonds with fixed interest rate bonds (Series B Bonds) with a principal amount of $21,285,000 and with variable interest rate bonds (Series C Bonds) with a principle amount of $23,700,000, net of original issue premium of $131,457 at September 30, 2010. The bonds were set to mature in varying amounts through 2021, with interest rates varying from 4.00% to 5.00%. The fair value of the Series B Bonds and Series C Bonds was $32,988,989 at September 30, 2010. The Series B and Series C Bonds were refunded during the year by the issuance of the Series D Bonds. The carrying value of the Series D bonds approximates fair value.

The Series C bonds are auction rate securities, in the event that the weekly auctions fail to clear, the interest rate associated with these securities defaults to a formula, as described in the bond documents. The formula used to calculate the interest rate for the auctions that fail is a percentage of one month-LIBOR based on the current ratings of the Series C Bonds, which ranges from 125% to 275% in the event any rating falls below investment grade. During 2011 and 2010, the Obligated Group's auctions failed to clear, resulting in incremental interest rates ranging from 0.47% to 0.66% in 2011 and 0.57% to 0.89% in 2010.

10. Bonds Payable (continued)

In June of 2011, the Obligated Group issued hospital revenue bonds (Series D Bonds) with a principal amount of $41,580,000, issued at par and directly placed with one investor. The investor has committed to holding the bonds for a ten year period, at the end of which, the investor may put the bonds back to the Medical Center or extend their holding period at their discretion. The bonds mature in varying amounts through 2032, with interest rates based on 65% of LIBOR plus a spread of 1.52%, ranging from 1.64% to 1.66% in the current year.

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

Under the terms of the Indenture, the Obligated Group is required to meet certain covenants including a days cash on hand, debt to capitalization and a debt service coverage ratio requirement. At September 30, 2011 and 2010, the Medical Center was in compliance with the covenants.

The Obligated Group is required to make monthly interest and semi-annual principal repayments of the Bonds for the Series D Bonds. The next principal payment due for the Series D bonds is due on January 1, 2012. Interest paid for 2011 and 2010 was $642,885 and $724,283, respectively.

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

Years Ended September 30:	
2012	$ 1,050
2013	1,215
2014	1,280
2015	1,350
2016	1,415
Aggregate thereafter	35,270
	$ 41,580

10. Bonds Payable (continued)

The outstanding principal balance of Series B revenue bonds, approximately $9.1 million at September 30, 2011, was defeased and retired from the accompanying balance sheet in 2011. Funds in an amount necessary to satisfy the obligation were placed in an irrevocable trust.

In November 2005, the Medical Center entered into an interest rate swap agreement (the 2005 swap) effectively converting $23,700,000 of its variable-rate debt (Series C) to a fixed-rate basis of 3.704% through June, 2018. The fair value of the swap (a liability of $2,271,626 and $2,721,995 at September 30, 2011 and 2010, respectively) is reported in other long term liabilities. The increase (decline) in value of $450,369 and ($534,053) is reported as a component of income from investments in the years ended September 30, 2011 and 2010, respectively. The swap, while serving as an economic hedge, does not qualify for hedge accounting.

Upon the refunding of the Series C debt, the Medical Center applied the 2005 swap against the newly issued Series D debt, and entered into a new swap agreement (the 2011 swap), which along with the existing swap, effectively converts all of its outstanding Series D debt to a fixed-rate basis. The interest rate on the new swap is 4.6138%. The fair value of the 2011 swap (a liability of $1,641,066 as of September 30, 2011) is reported in other long term liabilities. The decline in value of $1,641,066 is reported as a component of income from investments in the year ended September 30, 2011. The swap, while serving as an economic hedge, does not qualify for hedge accounting.

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

The following table summarizes the Hospital's interest rate swap agreements (in thousands):

Swap Type	Expiration Date	Medical Center Receives	Medical Center Pays	Notional Amount at September 30 2011	2010
Series C – Fixed to Floating	July 1, 2018	70% of LIBOR	3.704%	$ 21,325	$ 23,700
Series D – Fixed to Floating	July 1, 2032	65% LIBOR + 1 52%	4.6138%	18,929	–
				$ 40,254	$ 23,700

10. Bonds Payable (continued)

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

11. Notes Payable

Notes payable at September 30, 2011 and 2010 consists of the following:

	2011	2010
Notes payable to a healthcare financing company payable in monthly installments of $28,846 through October 2011, at 5.77% interest. Secured by certain equipment.	**$ 28,708**	$ 362,666
Notes payable to a healthcare equipment manufacturing company in monthly installments of $18,392 through December 2015, at 4.15% interest. Secured by certain equipment.	**858,094**	–
Notes payable to a bank in monthly installments of $86,105 through October 2012 at 6.52% interest. Secured by certain equipment.	–	1,652,591
Notes payable to a bank in bi-annual installments of $947,956 through October 2012 at 4.09% interest. Secured by certain equipment.	**2,732,006**	4,393,776
Notes payable to a bank in monthly installments of $82,317 through April 2017 at 4.11% interest. Secured by certain equipment.	–	5,689,042
Notes payable to a facilities management company payable in monthly installments of $18,319 in principal and interest at 8% through July 2013. Unsecured.	–	677,818
Note payable to landlord for leasehold improvements payable in monthly installments of $1,431 through August 2019 at 6%. Unsecured.	**107,992**	118,343
Note payable to a hospital association payable in monthly installments of $6,529, interest free.	**326,450**	391,740
Other notes	**70,696**	131,870
	4,123,946	13,417,846
Less current portion	**2,164,028**	4,246,490
	$ 1,959,918	$ 9,171,356

The carrying value of the notes payable approximates fair value.

11. Notes Payable (continued)

Interest paid on the notes was $494,759 and $535,978 for September 30, 2011 and 2010, respectively.

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

2012	$ 2,164,028
2013	1,229,870
2014	296,372
2015	305,834
2016	82,006
Aggregate thereafter	45,836
	$ 4,054,816

12. Contingencies

There have been malpractice claims that fall within the Medical Center's malpractice insurance which have been asserted against the Medical Center. In addition, there are known incidents that have occurred through September 30, 2011 that may result in the assertion of claims. Refer to Note 1.

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

The Medical Center and CCSG, in consultation with its actuary, records as a liability an estimate of incurred but not reported claims. Such liability, discounted at 2.49%, totaled $5,726,000 and $5,216,000 at September 30, 2011 and 2010, respectively.

The Medical Center, in consultation with its actuary, records as a liability an estimate of workers compensation claims. Such liability, discounted at 3.00%, totaled $1,927,000 and $1,759,000 at September 30, 2011 and 2010, respectively.

13. Commitments

Ground Lease

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

The Ground Lease was recorded as a prepaid asset in the original amount of $2,900,000 and is amortized over the term of the lease. The net asset is recorded at $2,445,974 and $2,475,266 as of September 30, 2011 and 2010, respectively. The lease includes certain covenants which restrict, among other things, the Medical Center's ability to be a party to mergers.

Parking Agreement

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

14. Operating Leases

Rental and lease expense amounted to $7,450,295 and $6,743,376 for the years ended September 30, 2011 and 2010, respectively.

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

Fiscal years ending September 30:	
2012	$ 8,616,631
2013	8,222,224
2014	8,561,767
2015	8,579,207
2016	7,364,921
	$ 41,344,750

15. Functional Expenses

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

	Year Ended September 30	
	2011	**2010**
Health care services	**$ 229,380,066**	$ 217,448,185
General and administrative	**43,660,691**	39,845,486
	$ 273,040,757	$ 257,293,671

16. Fair Value of Financial Instruments

As defined in ASC 820-10, fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, ASC 820-10 establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described as follows:

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

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

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

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

16. Fair Value of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2011 are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 4,688,831	$ –	$ –	$ 4,688,831
Fixed income securities [a]	169,908	–	–	169,908
Domestic fixed	19,084,559	–	–	19,084,559
International fixed	1,462,167	–	–	1,462,167
Marketable equity securities [b]	324,694	–	–	324,694
Domestic equity				
	19,105,519	–	–	19,105,519
International equity	1,614,551	–	–	1,614,551
Mutual Funds		–	–	
Domestic	3,615,485	–	–	3,615,485
International	3,087,088	–	–	3,087,088
Equity				
Domestic growth [c]	7,335,771	–	–	7,335,771
Domestic value [c]	865,907	15,618	–	881,525
International [c]	5,183,233	–	–	5,183,233
Real estate, small cap and other [c]	400,553	–	–	400,553
International equity common trust fund	–	2,368,313	–	2,368,313
Domestic equity common trust fund	–	6,982,032	–	6,982,032
Fixed income				
International	378,251	–	–	378,251
Domestic	2,033,785	–	–	2,033,785
Intermediate term [c]	7,581,663	–	–	7,581,663
Global [c]	1,451,760	–	–	1,451,760
Inflation protected [c]	1,273,810	–	–	1,273,810
Common Trust Fund [d]	–	2,724,485	–	2,724,485
Domestic fixed Common Trust Fund	–	4,831,926	–	4,831,926
Funds held by trustee under revenue bond agreement [e]	1,710,681	–	–	1,710,681
Fund of funds	611,586	–	–	611,586
Real estate investments	427,246	–	–	427,246
Foundation held funds and miscellaneous other investments	2,218,009	–	–	2,218,009
Total	84,625,057	16,922,374		101,547,431
Liabilities				
Interest rate swap agreement [f]	–	3,912,692	–	3,912,692

16. Fair Value of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2010 are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 4,761,684	$ –	$ –	$ 4,761,684
Fixed income securities [a]	253,451	–	–	253,451
Domestic fixed	19,741,425	–	–	19,741,425
International fixed	1,512,493	–	–	1,512,493
Marketable equity securities [b]	380,090	–	–	380,090
Domestic equity	19,763,106	–	–	19,763,106
International equity	1,670,122	–	–	1,670,122
Mutual Funds				
Domestic	3,739,925	–	–	3,739,925
International	3,193,342	–	–	3,193,342
Equity				
Domestic growth [c]	5,130,500	–	–	5,130,500
Domestic value [c]	4,470,617	19,845	–	4,490,462
International [c]	4,383,541	–	–	4,383,541
Real estate, small cap and other [c]	351,084	–	–	351,084
International equity common trust fund	–	2,449,827	–	2,449,827
Domestic equity common trust fund	–	7,222,345	–	7,222,345
Fixed income				
International	391,270	–	–	391,270
Domestic	2,103,785	–	–	2,103,785
Long term [c]	15,015	–	–	15,015
Intermediate term [c]	8,130,336	–	–	8,130,336
Global [c]	1,482,914	–	–	1,482,914
Inflation protected [c]	643,213	–	–	643,213
Common Trust Fund [d]	–	3,884,318	–	3,884,318
Domestic fixed Common Trust Fund		4,998,235	–	4,998,235
Funds held by trustee under revenue bond agreement [e]	10,424,098	–	–	10,424,098
Fund of funds	632,636	–	–	632,636
Real estate investments	441,951	–	–	441,951
Foundation held funds and miscellaneous other investments	2,249,350	–	–	2,249,350
Total	95,865,948	18,547,570		114,44,518

16. Fair Value of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Liabilities				
Interest rate swap agreement [g]	–	2,721,995	–	2,721,995

(a) Includes investments in publicly traded fixed income invests, which may include government, municipal or corporate bonds of varied duration

(b) Includes investments in publicly traded stock of domestic corporations

(c) Includes investments in domestic and international equity mutual funds and exchange traded funds Investments are broken out into the underlying funds' asset type and investment goals

(d) The common trust fund seeks to gain exposure to large cap U S companies by replicating the S&P 500 Tobacco Free Index, which excludes any company for which tobacco is one of its top five revenue producing industries There are no liquidity restrictions as the redemption frequency and notice period is daily

(e) These funds reflect proceeds from borrowings that are held in trust for the Medical Center's use Funds are generally invested in money market mutual funds and may be drawn on by the Medical Center to purchase capital assets

(f) These funds reflect the value of the Medical Center's interest in funds held in trust for the Medical Center's benefit The Medical Center receives statements and records its portion of the trusts' statement value

(g) The value of the Medical Center's swaps is determined by examining the present value of the future cash flows among other factors The Medical Center utilizes an independent third party to calculate the value of the swaps based on all of the relevant factors

The following is a description of the Medical Center's valuation methodologies for assets measured at fair value:

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

The amounts reported in the table above exclude assets invested in the Medical Center's defined benefit pension plan (Note 8).

17. Subsequent Event

On October 18, 2011 the Medical Center entered into a new financing arrangement for $11.2 million. The proceeds will be used to fund the implementation of an electronic medical record system. Interest on the loan is at a rate of 2.91%. Monthly payments of approximately $147,000 will be paid over eighty four months. This did not impact the September 30, 2011 financial statements.

Other Financial Information

Ernst & Young LLP
One Lafayette Plaza
Hartford, CT 06103-1300
Tel: +1 860 247 4900
Fax: +1 860 725 6940
www.ey.com

Report of Independent Auditors on Other Financial Information

Board of Directors
Connecticut Children's Medical Center

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating details appearing in conjunction with the consolidated financial statements are presented for purposes of additional analysis and is not a required part of the consolidated financial statements of the Medical Center. Such information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and, in our opinion, based on our audits and the report of other auditors is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole. We did not audit the financial statements of The Children's Fund of Connecticut, Inc., a wholly owned subsidiary, whose statements reflect total assets of $29,130,818 and $32,107,112 as of September 30, 2011 and 2010, respectively, and total revenues of $5,004,631 and $4,612,609, for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to data included for The Children's Fund of Connecticut, Inc., is based solely on the report of the other auditors.

Ernst & Young LLP

January 27, 2012

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets

September 30, 2011

	Connecticut Children's Medical	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Assets							
Current assets							
Cash and cash equivalents	$ 3,472,044		$ 3,472,044		$ 1,216,787		$ 4,688,831
Funds held by trustee under revenue bond agreement	1,710,681		1,710,681				1,710,681
Patient accounts receivable, less allowance of 5,753,427 for the Medical Center and $890,717 for Specialty Group	23,133,138		23,133,138	$ 3,171,593			26,304,731
Due from affiliated entities	2,268,115		2,268,115	769,150		$ (769,150)	2,268,115
Inventories	574,503		574,503	26,329			600,832
Other current assets	4,722,243		4,722,243	1,192,236	1,260,241		7,174,720
Total current assets	35,880,724		35,880,724	5,159,308	2,477,028	(769,150)	42,747,910
Assets whose use is limited							
Investments				728,805	26,623,850		27,352,655
Funds held in trust by others	67,820,517		67,820,517				67,820,517
Interest in Foundation		$ 75,658,862	75,658,862				75,658,862
	67,820,517	75,658,862	143,479,379	728,805	26,623,850		170,832,034
Property, plant and equipment							
Buildings	112,786,497		112,786,497	2,204,148			114,990,645
Furniture and equipment	58,343,672		58,343,672	1,130,155	105,269		59,579,096
Construction in progress	10,845,652		10,845,652	66,950			10,912,602
	181,975,821		181,975,821	3,401,253	105,269		185,482,343
Less accumulated depreciation	(84,352,993)		(84,352,993)	(1,558,274)	(80,822)		(85,992,089)
	97,622,828		97,622,828	1,842,979	24,447		99,490,254
Other assets							
Bond issuance costs	681,696		681,696				681,696
Ground lease	2,445,974		2,445,974				2,445,974
Other	23,040,653		23,040,653	851,173	5,493		23,897,319
	26,168,323		26,168,323	851,173	5,493		27,024,989
Total assets	$ 227,492,392	$ 75,658,862	$ 303,151,254	$ 8,582,265	$ 29,130,818	$ (769,150)	$ 340,095,187

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets (continued)

September 30, 2011

	Connecticut Children's Medical	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Liabilities and net assets							
Current liabilities							
Current portion of bonds payable	$ 1,050,000		$ 1,050,000				$ 1,050,000
Current portion of notes payable	2,137,718		2,137,718	$ 26,310			2,164,028
Accounts payable and accrued expenses	23,190,193		23,190,193	3,504,149	$ 240,146		26,934,488
Accrued wages	8,583,461		8,583,461	3,611,670			12,195,131
Due to third parties	1,261,943		1,261,943	1,204,000			2,465,943
Due to affiliated entities	987,542		987,542	2,868,452		$ (769,150)	3,086,844
Accrued interest payable and other current liabilities	217,358		217,358	260,731			478,089
Total current liabilities	37,428,215		37,428,215	11,475,312	240,146	(769,150)	48,374,523
Bonds payable, less current portion	40,530,000		40,530,000				40,530,000
Notes payable, less current portion	1,845,978		1,845,978	113,940			1,959,918
Accrued pension liability	18,776,699		18,776,699				18,776,699
Other long term liabilities	17,559,945		17,559,945	3,481,034			21,040,979
Total liabilities	116,140,837		116,140,837	15,070,286	240,146	(769,150)	130,682,119
Net assets							
Unrestricted	28,400,854	$ 54,517,145	82,917,999	(6,488,021)	27,593,383		104,023,361
Temporarily restricted	15,130,184	4,813,136	19,943,320		1,297,289		21,240,609
Permanently restricted	67,820,517	16,328,581	84,149,098				84,149,098
Total net assets	111,351,555	75,658,862	187,010,417	(6,488,021)	28,890,672		209,413,068
Total net assets and liabilities	$ 227,492,392	$ 75,658,862	$ 303,151,254	$ 8,582,265	$ 29,130,818	$ (769,150)	$ 340,095,187

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets

September 30, 2010

	Connecticut Children's Medical	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Assets							
Current assets							
Cash and cash equivalents	$ 3,100,022		$ 3,100,022		$ 1,661,662		$ 4,761,684
Funds held by trustee under revenue bond agreement	10,424,098		10,424,098				10,424,098
Patient accounts receivable, less allowance of $7,304,540 for the Medical Center and $526,269 for Specialty Group	18,519,560		18,519,560	$ 2,682,121			21,201,681
Due from affiliated entities	3,731,723		3,731,723				3,731,723
Inventories	593,080		593,080	25,332			618,412
Other current assets	3,061,188		3,061,188	1,027,241	2,058,442		6,146,871
Total current assets	39,429,671		39,429,671	3,734,694	3,720,104	–	46,884,469
Assets whose use is limited							
Investments				828,562	28,346,453		29,175,015
Funds held in trust by others	70,154,812		70,154,812				70,154,812
Interest in Foundation		$ 75,558,434	75,558,434				75,558,434
	70,154,812	75,558,434	145,713,246	828,562	28,346,453	–	174,888,261
Property, plant and equipment							
Buildings	111,094,902		111,094,902	2,159,585			113,254,487
Furniture and equipment	52,819,691		52,819,691	1,016,153	106,594		53,942,438
Construction in progress	2,238,237		2,238,237	34,325			2,272,562
	166,152,830		166,152,830	3,210,063	106,594	–	169,469,487
Less accumulated depreciation	(75,036,631)		(75,036,631)	(1,188,280)	(71,532)		(76,296,443)
	91,116,199		91,116,199	2,021,783	35,062	–	93,173,044
Other assets							
Bond issuance costs	1,459,360		1,459,360				1,459,360
Ground lease	2,475,266		2,475,266				2,475,266
Other	16,772,323		16,772,323	1,073,218	5,493		17,851,034
	20,706,949		20,706,949	1,073,218	5,493	–	21,785,660
Total assets	$ 221,407,631	$ 75,558,434	$ 296,966,065	$ 7,658,257	$ 32,107,112	$	$ 336,731,434

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets (continued)

September 30, 2010

	Connecticut Children's Medical	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Liabilities and net assets							
Current liabilities							
Current portion of bonds payable	$ 2,375,000		$ 2,375,000				$ 2,375,000
Current portion of notes payable	4,222,279		4,222,279	$ 24,211			4,246,490
Accounts payable and accrued expenses	23,010,263		23,010,263	3,371,090	$ 864,579		27,245,932
Accrued wages	8,491,932		8,491,932	3,437,918			11,929,850
Due to third parties	1,654,459		1,654,459				1,654,459
Due to affiliated entities	642,915		642,915	383,346			1,026,261
Accrued interest payable and other current liabilities	613,519		613,519	9,644			623,163
Total current liabilities	41,010,367		41,010,367	7,226,209	864,579	–	49,101,155
Bonds payable, less current portion	30,531,457		30,531,457				30,531,457
Notes payable, less current portion	9,031,106		9,031,106	140,250			9,171,356
Accrued pension liability	15,664,920		15,664,920				15,664,920
Other long term liabilities	16,506,227		16,506,227	3,885,146			20,391,373
Total liabilities	112,744,077		112,744,077	11,251,605	864,579	–	124,860,261
Net assets							
Unrestricted	26,088,957	$ 54,827,413	80,916,370	(3,593,348)	29,536,669		106,859,691
Temporarily restricted	12,419,785	4,863,714	17,283,499		1,705,864		18,989,363
Permanently restricted	70,154,812	15,867,307	86,022,119				86,022,119
Total net assets	108,663,554	75,558,434	184,221,988	(3,593,348)	31,242,533	–	211,871,173
Total net assets and liabilities	$ 221,407,631	$ 75,558,434	$ 296,966,065	$ 7,658,257	$ 32,107,112	–	$ 336,731,434

Connecticut Children's Medical Center and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets

Year Ended September 30, 2011

	Connecticut Children's Medical Center	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Revenues							
Net patient service revenue	$ 202,447,507		$ 202,447,507	$ 42,064,861			$ 244,512,368
Provision for bad debt	(1,147,790)		(1,147,790)	(1,218,040)			(2,365,830)
Net patient service revenue less provision for bad debts	201,299,717		201,299,717	40,846,821			242,146,538
Other revenues	3,247,061		3,247,061	7,960,562	$ 1,690,861	$ (1,481,609)	11,416,875
Net assets released from restrictions	12,747,922		12,747,922		1,440,575		14,188,497
	217,294,700		217,294,700	48,807,383	3,131,436	(1,481,609)	267,751,910
Expenses							
Salaries	89,812,090		89,812,090	38,637,666	1,074,296	4,411,596	133,935,648
Benefits	25,506,983		25,506,983	7,776,019	361,859	1,014,666	34,659,527
Supplies and other	81,830,350		81,830,350	11,622,168	2,990,846	(6,907,871)	89,535,493
Bad debts (non-patient)				101,818			101,818
Depreciation and amortization	10,397,231		10,397,231	592,738	10,615		11,000,584
Interest	1,187,248		1,187,248	44,176			1,231,424
Loss on retirement of debt	2,576,263		2,576,263				2,576,263
	211,310,165		211,310,165	58,774,585	4,437,616	(1,481,609)	273,040,757
Gain (loss) from operations	5,984,535		5,984,535	(9,967,202)	(1,306,180)	–	(5,288,847)
Other income							
Gain from investments	4,377,851		4,377,851	37,698	1,873,195		6,288,744
Income from trusts held by others	2,624,198		2,624,198				2,624,198
Change in equity interest in net assets of the Foundation		$ 2,798,727	2,798,727				2,798,727
Other	(1,857)		(1,857)	(466)			(2,323)
	7,000,192	2,798,727	9,798,919	37,232	1,873,195	–	11,709,346
Excess (deficiency) of revenues over expenses	12,984,727	2,798,727	15,783,454	(9,929,970)	567,015	–	6,420,499

Continued on next page

Connecticut Children's Medical Center and Subsidiaries

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

Year Ended September 30, 2011

	Connecticut Children's Medical	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Unrestricted net assets							
Excess of revenues over expenses	12,984,727	2,798,727	15,783,454	(9,929,970)	567,015		6,420,499
Transfer from affiliated organizations, net	(7,087,745)		(7,087,745)	7,087,745			–
Unrealized gain on investments				(52,448)	(2,510,301)		(2,562,749)
Net assets released from restrictions for capital	1,064,801		1,064,801				1,064,801
Change in funded status of pension and post-retirement plans	(4,399,884)		(4,399,884)				(4,399,884)
Transfer to temp restricted funds	(250,000)		(250,000)				(250,000)
Change in market value of swap							–
Change in equity interest in the net assets of the Foundation		(3,108,995)	(3,108,995)				(3,108,995)
Increase in unrestricted net assets	2,311,899	(310,268)	2,001,631	(2,894,673)	(1,943,286)		(2,836,328)
Temporarily restricted net assets							
Transfer from affiliated organization	5,728,363		5,728,363				5,728,363
Net assets released from restrictions for operations	(12,614,538)		(12,614,538)		(1,440,575)		(14,055,113)
Net assets released from restrictions for capital	(1,064,801)		(1,064,801)				(1,064,801)
Bequests, gifts and grants	10,411,373		10,411,373		1,032,000		11,443,373
Transfers from unrestricted funds	250,000		250,000				250,000
Change in equity interest in the net assets of the Foundation		(50,578)	(50,578)				(50,578)
Increase in temporarily restricted net assets	2,710,397	(50,578)	2,659,819		(408,575)		2,251,244
Permanently restricted net assets							
Change in funds held by others	(2,200,911)		(2,200,911)				(2,200,911)
Assets released from restrictions by trustees	(133,384)		(133,384)				(133,384)
Change in equity interest in the net assets of the Foundation		461,274	461,274				461,274
Increase in permanently restricted net assets	(2,334,295)	461,274	(1,873,021)	–	–		(1,873,021)
Increase in net assets	2,688,001	100,428	2,788,429	(2,894,673)	(2,351,861)		(2,458,105)
Net assets at beginning of year	108,663,554	75,558,434	184,221,988	(3,593,348)	31,242,533		211,871,173
Net assets at end of year	$ 111,351,555	$ 75,658,862	$ 187,010,417	$ (6,488,021)	$ 28,890,672		$ 209,413,068

Connecticut Children's Medical Center and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets

Year Ended September 30, 2010

	Connecticut Children's Medical	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Revenues							
Net patient service revenue	$ 185,228,029		$ 185,228,029	$ 37,970,642			$ 223,198,671
Provision for bad debt	(2,954,639)		(2,954,639)	(1,076,902)			(4,031,541)
Net patient service revenue less provision for bad debts	182,273,390		182,273,390	36,893,740			219,167,130
Other revenues	2,901,151		2,901,151	7,529,488	$ 1,389,952	$ (1,643,119)	10,177,472
Net assets released from restrictions	10,727,674		10,727,674		1,812,138		12,539,812
	195,902,215		195,902,215	44,423,228	3,202,090	(1,643,119)	241,884,414
Expenses							
Salaries	87,562,032		87,562,032	34,729,270	1,072,117	3,501,977	126,865,396
Benefits	22,943,046		22,943,046	6,892,116	377,414	805,455	31,018,031
Supplies and other	75,462,710		75,462,710	11,236,374	3,013,931	(5,950,551)	83,762,464
Bad debts (non-patient)							-
Depreciation and amortization	9,805,033		9,805,033	399,923	14,899		10,219,855
Interest	1,388,163		1,388,163	8,221			1,396,384
	197,160,984		197,160,984	53,265,904	4,478,361	(1,643,119)	253,262,130
Loss from operations	(1,258,769)		(1,258,769)	(8,842,676)	(1,276,271)	–	(11,377,716)
Other income							
Gain from investments	8,973,743		8,973,743	46,177	1,410,519		10,430,439
Income from trusts held by others	2,647,011		2,647,011				2,647,011
Change in equity interest in net assets of the Foundation		$ 5,052,670	5,052,670				5,052,670
Other	(137,555)		(137,555)	(259)			(137,814)
	11,483,199	5,052,670	16,535,869	45,918	1,410,519	–	17,992,306
Excess (deficiency) of revenues over expenses	10,224,430	5,052,670	15,277,100	(8,796,758)	134,248	–	6,614,590

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Connecticut Children's Medical Center and Subsidiaries

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

Year Ended September 30, 2010

	Connecticut Children's Medical	Effect of Adoption of FAS 136	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Unrestricted net assets							
Excess of revenues over expenses	10,224,430	5,052,670	15,277,100	(8,796,758)	134,248		6,614,590
Transfer from affiliated organizations, net	(6,197,507)		(6,197,507)	6,197,507			–
Unrealized gain on investments				19,494	1,495,091		1,514,585
Net assets released from restrictions for capital	351,001		351,001				351,001
Change in funded status of pension and post-retirement plans	(2,058,550)		(2,058,550)				(2,058,550)
Adoption of new accounting principle							–
Change in equity interest in the net assets of the Foundation		3,935,905	3,935,905				3,935,905
Increase in unrestricted net assets	2,319,374	8,988,575	11,307,949	(2,579,757)	1,629,339		10,357,531
Temporarily restricted net assets							
Transfer from affiliated organization	4,244,404		4,244,404				4,244,404
Net assets released from restrictions for operations	(10,727,674)		(10,727,674)		(1,812,138)		(12,539,812)
Net assets released from restrictions for capital	(351,001)		(351,001)				(351,001)
Bequests, gifts and grants	10,620,962		10,620,962		257,301		10,878,263
Change in equity interest in the net assets of the Foundation		476,770	476,770				476,770
Increase in temporarily restricted net assets	3,786,691	476,770	4,263,461		(1,554,837)		2,708,624
Permanently restricted net assets							
Change in funds held by others	15,516,264		15,516,264				15,516,264
Change in equity interest in the net assets of the Foundation		1,157,062	1,157,062				1,157,062
Increase in permanently restricted net assets	15,516,264	1,157,062	16,673,326	–	–		16,673,326
Increase in net assets	21,622,329	10,622,407	32,244,736	(2,579,757)	74,502		29,739,481
Net assets at beginning of year	87,041,225	64,936,027	151,977,252	(1,013,591)	31,168,031		182,131,692
Net assets at end of year	$ 108,663,554	$ 75,558,434	$ 184,221,988	$ (3,593,348)	$ 31,242,533		$ 211,871,173

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