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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?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 192,214,504 including grants of \$ 0) (Revenue \$ 238,902,208)

ACUTE CARE CHILDREN'S HOSPITAL TO PROVIDE ACUTE CARE INPATIENT AND OUTPATIENT SERVICES TO CHILDREN FROM CONNECTICUT AND THE SURROUNDING AREA, IN FISCAL YEAR 2012 THERE WERE 6,569 ADMISSIONS AND 161,936 OUTPATIENT VISITS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 192,214,504

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.	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.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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, line 10? If "Yes," complete Schedule D, Part VI.	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.		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.	Yes	
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.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.		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.		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.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
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, Part II and IV.		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, Part III and IV.		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.		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.	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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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. .			286	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				
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. .			1,655	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.				3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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	
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	
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	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.				13a	
b Enter the aggregate 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 aggregate 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 made 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 made 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

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	3,178,237	1,037,660	490,658

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 83

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY OF CONNECTICUT HEALTH CE 270 MIDDLE TURNPIKE UNIT 5210 STORRS, CT 06268	MEDICAL	24,543,291
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 061025037	MEDICAL	15,603,809
ARAMARK HEALTHCARE SUPPORT SYSTEMS PO BOX 651009 CHARLOTTE, NC 28265	HEALTHCARE SUPPORT	1,952,743
VALET PARK OF AMERICA 185 SPRING STREET SPRINGFIELD, MA 01105	VALET PARKING	675,685
CROSS COUNTRY STAFFING PO BOX 404674 ATLANTA, GA 30384	STAFFING	546,269

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

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					
	b	Membership dues	1b					
	c	Fundraising events	1c	478,324				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	11,132,328				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,788,143				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		17,398,795				
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE REVENUE	541900	226,648,855	226,648,855			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		226,648,855				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,957,658			1,957,658	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
		Gross rents	326,090					
		b Less rental expenses	289,120					
		c Rental income or (loss)	36,970					
	d	Net rental income or (loss)		36,970			36,970	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	14,897,852					
		b Less cost or other basis and sales expenses		84,403				
		c Gain or (loss)	14,897,852	-84,403				
	d	Net gain or (loss)		14,813,449			14,813,449	
	8a	Gross income from fundraising events (not including \$ 478,324 of contributions reported on line 1c) See Part IV, line 18						
	a	188,146						
	b	Less direct expenses	b	188,146				
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19						
	a	4,780						
	b	Less direct expenses	b	0				
	c	Net income or (loss) from gaming activities . .		4,780			4,780	
	10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	FOOD SERVICES	453000	1,149,333			1,149,333		
b	CONSULTING	541900	827,946			827,946		
c	MISCELLANEOUS REVENUE	900099	323,473			323,473		
d	All other revenue		761,840			761,840		
e	Total. Add lines 11a-11d		3,062,592					
12	Total revenue. See Instructions		263,923,099	226,648,855		19,875,449		

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,477,459	0	3,477,459	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	93,231,445	79,369,749	12,191,374	1,670,322
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,568,294	6,443,037	989,665	135,592
9	Other employee benefits	11,604,858	9,879,442	1,517,505	207,911
10	Payroll taxes	6,322,365	5,382,353	826,741	113,271
11	Fees for services (non-employees)				
a	Management	1,340,130	809,322	530,630	178
b	Legal	549,741		549,741	
c	Accounting	340,809	10,500	330,309	
d	Lobbying	240,217		240,217	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	58,153,457	47,510,731	10,608,877	33,849
12	Advertising and promotion	1,065,877	29,329	1,036,548	
13	Office expenses	21,383,521	20,305,031	1,043,831	34,659
14	Information technology	1,405,216	1,162,246	218,511	24,459
15	Royalties	0			
16	Occupancy	10,179,478	6,465,960	3,624,192	89,326
17	Travel	353,868	292,448	56,328	5,092
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	673,089	472,597	158,064	42,428
20	Interest	910,866	578,578	324,295	7,993
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,408,276	6,621,977	3,695,222	91,077
23	Insurance	5,402,529	5,193,358	209,171	
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	DUES & SUBSCRIPTIONS	1,168,567	330,231	829,426	8,910
b	FAMILY ASSISTANCE	776,083	776,083	0	0
c	COLLECTION AGENCY FEES	641,431	0	641,431	0
d	EDUCATIONAL SUPPORT	256,286	256,286	0	0
e					
f	All other expenses	9,324,049	325,246	8,997,905	898
25	Total functional expenses. Add lines 1 through 24f	246,777,911	192,214,504	52,097,442	2,465,965
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,472,044	1	482,737
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			23,133,138	4	29,412,780
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			2,268,115	7	4,899,895
	8	Inventories for sale or use			574,503	8	655,745
	9	Prepaid expenses and deferred charges			4,225,528	9	4,283,032
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	201,923,905			
	b	Less accumulated depreciation	10b	93,582,827	97,622,828	10c	108,341,078
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			143,479,379	13	176,797,884
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			28,375,719	15	35,354,479
16	Total assets. Add lines 1 through 15 (must equal line 34)			303,151,254	16	360,227,630	
Liabilities	17	Accounts payable and accrued expenses			50,767,711	17	56,931,692
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			41,580,000	20	59,187,166
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			3,983,696	23	1,845,978
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			19,809,430	25	32,924,869
	26	Total liabilities. Add lines 17 through 25			116,140,837	26	150,889,705
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			82,917,999	27	96,684,590
	28	Temporarily restricted net assets			19,943,320	28	20,313,398
	29	Permanently restricted net assets			84,149,098	29	92,339,937
	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			187,010,417	33	209,337,925
	34	Total liabilities and net assets/fund balances			303,151,254	34	360,227,630

Part XI Reconciliation 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	263,923,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	246,777,911
3	Revenue less expenses Subtract line 2 from line 1	3	17,145,188
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	187,010,417
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,182,320
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	209,337,925

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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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?	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	Yes	

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

2011

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

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

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

1

☐

A church, convention of churches, or association of churches **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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, 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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

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, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)		(b)
		Yes	No	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		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		132,822
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		260,183
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			393,005
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
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINES 1A, 1B, 1F & 1G	MEMBERSHIP DUES ARE PAID TO ORGANIZATIONS FOR SPEECHES, LECTURES AND SEMINARS IN THE AMOUNT OF \$132,822. FEES WERE PAID TO CONSULTING FIRM TO LOBBY ON BEHALF OF THE HOSPITAL FOR LEGISLATION AFFECTING CHILDREN'S HEALTH IN THE AMOUNT OF \$107,395. A PORTION OF CONNECTICUT CHILDREN'S MEDICAL CENTER EMPLOYEES' COMPENSATION IS ALLOCATED FOR LOBBYING ACTIVITIES, FOR THIS FISCAL YEAR FORM 990 THIS TOTALLED \$152,788. PLEASE NOTE THAT THIS AMOUNT IS SHOWN ON PART IX, LINES 5 AND 7 AS SALARIES EXPENSES. VOLUNTEERS PARTICIPATE IN LOBBYING ACTIVITIES INCLUDING PHONE CALLS, EMAILS AND LETTERS TO LEGISLATORS AND FEDERAL AND STATE POLICY MAKERS REGARDING VARIOUS CHILD-RELATED ISSUES. THERE WAS NO MONEY INVOLVED IN THESE VOLUNTEER TRANSACTIONS.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization CONNECTICUT CHILDREN'S MEDICAL CENTER	Employer identification number 06-0646755
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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
1c	
1d	
1e	
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	71,892,607	73,060,047	61,271,367	57,449,645
b	Contributions	6,398,969	2,243,554	6,460,674	1,497,728
c	Investment earnings or losses	11,942,366	-583,773	5,328,006	2,323,994
d	Grants or scholarships				
e	Other expenditures for facilities and programs		2,827,221		
f	Administrative expenses				
g	End of year balance	90,233,942	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 ▶ 54 000 %

b

Permanent endowment ▶ 29 000 %

c

Term endowment ▶ 17 000 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		107,424,132	43,072,357	64,351,775
c Leasehold improvements		11,038,023	4,410,109	6,627,914
d Equipment		63,710,820	45,943,083	17,767,737
e Other		19,750,930	157,278	19,593,652
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				108,341,078

Schedule D (Form 990) 2011

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
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT AND FURTHER THE MISSION OF CONNECTICUT CHILDREN'S MEDICAL CENTER BY PROVIDING FUNDS IN SUPPORT OF OPERATIONS AND CAPITAL PURCHASES OF CONNECTICUT CHILDREN'S MEDICAL CENTER

[illegible]

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
FORM 5471	SCHEDULE F, PART IV	THIS ORGANIZATION DID NOT FILE A SEPARATE FORM 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS. RATHER, HARTFORD HOSPITAL FILED A COMBINED FORM 5471 REFLECTING ALL FINANCIAL INFORMATION FOR BOTH HARTFORD HOSPITAL AND THIS ORGANIZATION. THIS IS CONSISTENT WITH PRIOR YEARS.

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

2011

Open to Public
Inspection

Name of the organization
CONNECTICUT CHILDREN'S 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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	(b) Event #2	(c) Other Events	(d) Total Events
		GALA (event type)	(event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	666,470		666,470
	2	Less Charitable contributions	478,324		478,324
	3	Gross income (line 1 minus line 2)	188,146		188,146
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	135,881		135,881
	7	Food and beverages			
	8	Entertainment	28,043		28,043
	9	Other direct expenses	24,222		24,222
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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

Schedule G (Form 990 or 990-EZ) 2011

- 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

2011

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☒ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100%☐ 150%☐ 200%☒ Other <u>250. %</u>	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200%☐ 250%☐ 300%☐ 350%☒ 400%☐ Other <u>%</u>	3b	Yes	
c	If the organization did 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 policy provide 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 charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did 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

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			326,806	0	326,806	0 130 %
b Medicaid (from Worksheet 3, column a)			122,954,668	85,691,090	37,263,578	15 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			123,281,474	85,691,090	37,590,384	15 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,150,536	151,625	4,998,911	2 020 %
f Health professions education (from Worksheet 5)			10,279,592	1,157,920	9,121,672	3 690 %
g Subsidized health services (from Worksheet 6)			1,805,742	158,145	1,647,597	0 670 %
h Research (from Worksheet 7)			4,569,262	27,219	4,542,043	1 840 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			38,900	0	38,900	0 020 %
j Total Other Benefits			21,844,032	1,494,909	20,349,123	8 240 %
k Total. Add lines 7d and 7j			145,125,506	87,185,999	57,939,507	23 460 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing			1,067,610	0	1,067,610	0 430 %
2Economic development						
3Community support			3,018,135	125	3,018,010	1 220 %
4Environmental improvements						
5Leadership development and training for community members			201,268	0	201,268	0 080 %
6Coalition building			609,240	0	609,240	0 250 %
7Community health improvement advocacy			425,975	7,372	418,603	0 170 %
8Workforce development						
9Other						
10Total			5,322,228	7,497	5,314,731	2 150 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2Enter the amount of the organization's bad debt expense	2	4,548,780	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	588,211	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	27,768	
6Enter Medicare allowable costs of care relating to payments on line 5	6	128,288	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-100,520	
8Describe 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

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

Part IVManagement Companies and Joint Ventures (see instructions)

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

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 4

Name and address

[illegible]

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)

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of Hospital Facility:

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 2011)		
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 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 those 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 the community's health needs j ☐ Other (describe in Part VI)	1	
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? 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)	5	
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 ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? 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)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) 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)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14		No
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
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)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☒ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

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)

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of Hospital Facility:

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 2011)		
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 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 those 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 the community's health needs j ☐ Other (describe in Part VI)	1	
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? 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)	5	
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 ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? 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)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) 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)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14		No
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
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)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☒ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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)

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of Hospital Facility:

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 2011)		
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 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 those 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 the community's health needs j ☐ Other (describe in Part VI)	1	
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? 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)	5	
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 ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? 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)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) 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)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14		No
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
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)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☒ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

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)

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):4

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
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 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 those 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 the community's health needs j ☐ Other (describe in Part VI)	1	
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? 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)	5	
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 ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? 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)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) 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)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14		No
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
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)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☒ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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 from largest to smallest)

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

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

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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
CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COST	SCHEDULE H, PART I, QUESTION 7	LINES 7A AND 7B WERE DETERMINED USING A RATIO OF COST TO CHARGES LINES 7E THROUGH 7I WERE ALL REPORTED AT TRUE COST, NOT USING A COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
SUBSIDIZED HEALTH SERVICES	SCHEDULE H, PART I, QUESTION 7G	THE SUBSIDIZED HEALTH SERVICE REPORTED ON LINE 7G ARE FOR SHARED PSYCHIATRIC SERVICES WITH THE INSTITUTE OF LIVING

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	SCHEDULE H, PART II	CONNECTICUT CHILDREN'S CORE MISSION IS TO IMPROVE THE PHYSICAL AND EMOTIONAL HEALTH OF CHI LDREN ACROSS THE STATE OF CONNECTICUT WE RECOGNIZE THAT CHILDREN DO NOT LIVE IN ISOLATION THEY ARE A PART OF FAMILIES AND COMMUNITIES IN ORDER TO FULFILL OUR MISSION, WE PROVIDE LEADERSHIP AND PARTICIPATE IN COMMUNITY BASED PROGRAMS THAT HELP BUILD HEALTHIER COMMUNIT IES TO THAT END, WE HAVE ADOPTED, AS ONE OF OUR FIVE KEY ORGANIZATIONAL STRATEGIES, THE C REATION OF THE OFFICE OF CHILD COMMUNITY HEALTH (OCCH) THE OCCH WILL SERVE AS OUR COORDIN ATING ENTITY FOR OUR COMMUNITY-ORIENTED PROGRAMS IT WILL OVERSEE TWELVE COMMUNITY PROGRAM S CO-MANAGEMENT PROGRAM, EASY BREATHING, EDUCATING PRACTICES IN THE COMMUNITY (EPIC), HEL P ME GROW NATIONAL CENTER, HARTFORD CHILDHOOD WELLNESS ALLIANCE, HARTFORD YOUTH HIV IDENTI FICATION AND LINKAGE GROUP (HYHIL), THE INJURY PREVENTION CENTER, LEAD ACTION FOR MEDICAID PRIMARY PREVENTION (LAMPP), MAINTENANCE OF CERTIFICATION, THE PRIMARY CARE CENTER/CHARTER OAK PARTNERSHIP, RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH (REACH), AND THE SPE CIAL KIDS SUPPORT CENTER/HARTFORD AREA ARE COORDINATION COLLABORATIVE ALL TWELVE PROGRAMS HAVE ELEMENTS OF COMMUNITY BUILDING IN THEIR PURPOSE, SOME WORKING WITH LOCAL COMMUNITIES , SOME WITH STATE-WIDE COMMUNITIES, AND SOME WORKING WITH COMMUNITIES ON A NATIONAL LEVEL THE OCCH WILL HELP THESE EXISTING PROGRAMS PROGRESS AND EVOLVE, WHILE ALSO ACTING AN AS I NCUBATOR FOR NEW, INNOVATIVE COMMUNITY-ORIENTED PROGRAMS THE GOAL OF THE OFFICE IS TO MAX IMIZE OUR IMPACT IN THE COMMUNITY AND HELP MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN T HE COUNTRY ADDITIONAL COMMUNITY BUILDING ACTIVITIES INCLUDE OUR WORK WITH A NEIGHBORHOOD PARTNERSHIP CALLED SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE AND THE UNITED WAY SOUTHS IDE INSTITUTIONS NEIGHBORHOOD ALLIANCE (SINA) IS A PARTNERSHIP BETWEEN CONNECTICUT CHILDR E N'S MEDICAL CENTER, HARTFORD HOSPITAL AND TRINITY COLLEGE WE SHARE ONE OF HARTFORD'S POOR EST NEIGHBORHOODS EACH INSTITUTION PAYS DUES THAT ACT AS THE FOUNDATION FOR SINA'S ANNUAL OPERATING BUDGET THREE EMPLOYEES OF CT CHILDREN'S ARE ON SINA'S BOARD OF DIRECTORS, AND IN 2012, 30 EMPLOYEES PARTICIPATED IN COMMITTEES AND ACTIVITIES THAT PROMOTED EDUCATION, I MPROVED HOUSING, AND PUBLIC SAFETY IN OUR SURROUNDING NEIGHBORHOODS A FEW OF THE WAYS THA T WE SUPPORTED EDUCATION THROUGH SINA INCLUDED THE SPONSORSHIP OF THE CITY-WIDE SCIENCE FA IR OUR GOAL WAS TO SUPPORT THE HARTFORD BOARD OF EDUCATION IN THEIR ENCOURAGEMENT OF PROM OTING STUDENT INTEREST IN THE SCIENCES ALONG WITH A FINANCIAL SPONSORSHIP, 17 EMPLOYEES A CTED AS JUDGES FOR THE EVENT AND 4 ADDITIONAL EMPLOYEES SERVED AS VOLUNTEERS TO HELP WITH THE EVENT COORDINATION WE DEVELOPED A COMPLIMENTARY ROLE MODELING PROGRAM WHEREBY STAFF F ROM THE INSTITUTIONS VISITED A LOCAL SCHOOL TO TALK TO CLASSROOMS ABOUT HOW SCIENCE HAS BE EN USED IN THEIR JOBS SINA HAS ALSO SET UP TWO SCHOLARSHIP PROGRAMS IN 2012, THREE GRADU ATES FROM THE LOCAL HIGH SCHOOL RECEIVED SCHOLARSHIPS FOR THEIR COMMUNITY SERVICE CONTRIBU TIONS, AND THREE ADULTS FROM THE NEIGHBORHOOD WHO ATTEND CAPITAL COMMUNITY COLLEGE RECEIVE D A "SINA STUDENT SUPPORT SCHOLARSHIP" TO SUPPORT THEIR EFFORTS IN GETTING INTO A CAREER I N EITHER HEALTHCARE OR EDUCATION SINA'S HOUSING PROGRAM HAS FOCUSED ON TAKING BLIGHTED BU ILDINGS, RAZING THEM, AND THEN BUILDING NEW SINGLE AND TWO-FAMILY HOMES SINA HAS BEEN ABL E TO BRING TOGETHER FEDERAL, STATE, AND CITY FINANCIAL SUPPORT TO CONSTRUCT OVER 50 HOMES DURING THE PAST 6 YEARS, 6 OF THEM COMPLETED IN 2012 ASIDE FROM IMPROVING THE NEIGHBORHOO D WITH 50 FIRST TIME HOMEOWNERS, WE ESTIMATE THAT THIS HAD ADDED MORE THAN \$250,000 TO THE TAX ROLL FOR THE CITY SINA CONTINUES TO OWN RENTAL PROPERTIES THAT WERE OBTAINED SOME YE ARS AGO TO ADDRESS THE NEED OF INADEQUATE QUALITY LOW-COST HOUSING FOR THE NEIGHBORHOOD, A ND THROUGH SINA, WE CONTINUE TO DIALOGUE WITH THE COMMUNITY ON STRATEGIES TO BALANCE ALL O F OUR HOUSING EFFORTS TO MEET THE GREATEST COMMUNITY NEED PUBLIC SAFETY IS PROMOTED IN A NUMBER OF WAYS SINA STAFF AND STAFF FROM CT CHILDREN'S PARTICIPATE IN ONE OF HARTFORD'S N EIGHBORHOOD REVITALIZATION ZONE (NRZ) MEETINGS WE PARTICIPATE ON THE NRZ'S PUBLIC SAFETY COMMITTEE SUPPORTING BLOCK WATCH PROGRAMS SINA ORGANIZES REGULAR MEETINGS WITH THE HARTFO RD POLICE DEPARTMENT AND THE CAMPUS SAFETY MANAGERS OF THE THREE INSTITUTIONS TO DISCUSS C OLLABORATIVE EFFORTS FOR PATROLLING THE NEIGHBORHOOD IN 2012 SINA DONATED SPECIAL BIKES T O THE HARTFORD POLICE DEPARTMENT TO SUPPORT THEIR EFFORTS IN COMMUNITY POLICING IN OUR NEI GHBORHOOD OUR WORK WITH THE UNITED WAY EXTENDS BEYOND A YEARLY EMPLOYEE CAMPAIGN TO RAISE MONEY THAT IS INVESTED IN THE COMMUNITY IN SEPTEMBER OF 2012, MORE THAN 50 EMPLOYEES WER E INVOLVED IN "DAY OF CARING" ACTIVITIES THAT INCLUDED CREATING AND SERVING A MEAL AT A LO CAL HOMELESS SHELTER, CLEANING UP ONE OF HARTFORD'S HIGHLY VISIBLE PARKS, AND HELPING WITH CLEANING AND MAINTENANCE PROJECTS AT A LOCAL BOYS

Identifier	ReturnReference	Explanation
COMMUNITY BUILDING ACTIVITIES	SCHEDULE H, PART II	AND GIRLS CLUB FOR THESE ACTIVITIES, EMPLOYEES PARTICIPATING WERE ABLE TO USE AN EMPLOYEE BENEFIT ALLOWING FOR 8 HOURS OF PAID TIME TO CONTRIBUTE TOWARD THE COMMUNITY CT CHILDREN'S WAS ALSO REPRESENTED IN THE UNITED WAY'S COMMUNITY INVESTMENT PROCESS, HELPING TO EVALUATE COMMUNITY PROGRAMS RECEIVING UNITED WAY FUNDS

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	SCHEDULE H, PART III, SECTION A, QUESTION 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES CONNECTICUT CHILDREN'S MEDICAL CENTER ("CCMC") AND ITS SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CCMC'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL FACILITIES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF CCMC AND SUBSIDIARIES PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE AND REVENUES ARE RECORDED WHEN PATIENT SERVICES ARE PERFORMED AMOUNTS RECEIVED FROM CERTAIN PAYORS ARE DIFFERENT FROM ESTABLISHED BILLING RATES OF THE MEDICAL CENTER, AND THE DIFFERENCE IS ACCOUNTED FOR AS ALLOWANCES THE MEDICAL CENTER RECORDS ITS PROVISION FOR BAD DEBTS BASED UPON A REVIEW OF ALL OF ITS OUTSTANDING RECEIVABLES WRITE-OFFS OF RECEIVABLE BALANCES ARE RELATED TO ITS POPULATION OF UNDERINSURED PATIENTS AN UNDERINSURED PATIENT IS ONE WHO HAS COMMERCIAL INSURANCE WHICH LEAVES A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S REIMBURSEMENT TO BE PAID BY THE PATIENT, EITHER THROUGH LARGE DEDUCTIBLES OR CO-PAY REQUIREMENTS SELF-PAY PATIENTS ARE RARE IN THE PEDIATRIC ENVIRONMENT, AS MEDICAID IS READILY AVAILABLE TO CHILDREN SELF-PAY NET REVENUE APPROXIMATED \$4,380,000 IN THE FISCAL YEAR CHARITY CARE THE MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE MEDICAL CENTER ESSENTIALLY, THOSE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S INABILITY TO PAY, THE MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES THE COSTS OF CHARITY CARE INCURRED WERE APPROXIMATELY \$346,815 AND \$847,525 FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY THE COSTS OF CHARITY CARE ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE MEDICAL CENTER'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT	SCHEDULE H, PART III, SECTION B, QUESTION 8	MEDICARE COSTS WERE DERIVED FROM THE 2011 MEDICARE COST REPORT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHED ULE H, PART I THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PA RT I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELAT ED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WI TH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NE CESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGAR D TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDAR D IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE OR GANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THE RE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITAB LE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF C HARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOC IAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXP LICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGUL ATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IR S TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORG ANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WA S REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD C HARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE RE QUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF T HESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIE NTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A H OSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL AB ILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPIT ALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMU NITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WA S DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDAR D IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COS T " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNIT Y BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CL ASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED IND IVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGR AMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEA LTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE " GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501 (C) (3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POV ERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUD E ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT T HE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCL UDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CAR E TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHL

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT	SCHEDULE H, PART III, SECTION B, QUESTION 8	IGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS COUNTERCLAIMED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR OR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO-CALLED "DUAL ELIGIBLES." THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, "NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS," CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE." - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEDUCTIBLE CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS." ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPENSE

Identifier	ReturnReference	Explanation
COLLECTION POLICY	SCHEDULE H, PART III, SECTION B, QUESTION 9B	CONNECTICUT CHILDREN'S MEDICAL CENTER WILL ONLY REFER THOSE ACCOUNTS TO COLLECTION AGENCIES WHEN IT HAS BEEN DETERMINED THAT THE PATIENT/GUARANTOR HAS THE MEANS TO PAY THE BALANCE AND HAS CHOSEN NOT TO APPLY FOR PATIENT FINANCIAL ASSISTANCE

Identifier	ReturnReference	Explanation
FACILITY INFORMATION	SCHEDULE H, PART V, SECTION B, QUESTIONS 1J, 3, 4, 5C, 6I & 7	NOT APPLICABLE

Identifier	ReturnReference	Explanation
FACILITY INFORMATION	SCHEDULE H, PART V, SECTION B, QUESTIONS 9, 10, 11 H, 15 E, 16 E, 17 E, 18 D, 19 D, 20 & 21	NOT APPLICABLE

Identifier	ReturnReference	Explanation
FACILITY INFORMATION	SCHEDULE H, PART V, SECTION B, QUESTION 13G	ON THE BOTTOM OF ALL BILLING INVOICES THERE IS A STANDARD NOTE INDICATING THE PATIENT FINANCIAL ASSISTANCE POLICY IS AVAILABLE ALONG WITH A PHONE NUMBER TO OBTAIN THE POLICY ALSO, THE POLICY IS POSTED ON THE HOSPITAL'S INTERNET WEBSITE

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	SCHEDULE H, PART VI, QUESTION 2	IN MARCH OF 2012, THE COLLABORATIVE MADE UP OF CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL, ST FRANCIS HOSPITAL, UNIVERSITY OF CONNECTICUT HEALTH CENTER AND THE CITY OF HARTFORD'S HEALTH AND HUMAN SERVICES DEPARTMENT RELEASED A COMMUNITY HEALTH NEEDS ASSESSMENT THE ASSESSMENT FOCUSED SPECIFICALLY ON HARTFORD USING DATA FROM THE CITY'S HEALTH EQUITY INDEX, SURVEYS FROM AREA KEY INFORMANTS, THE HARTFORD SURVEY PROJECT, AND SECONDARY DATA, MUCH OF WHICH CAME FROM CONNECTICUT'S DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS AND HEALTH OUTCOMES ADDITIONALLY, WE HAVE OPPORTUNITIES TO ASSESS NEEDS THROUGH A NUMBER OF OTHER VEHICLES THAT ALLOW US TO LOOK DEEPER INTO HARTFORD, BUT ALSO THE HEALTH OF CHILDREN THROUGHOUT THE STATE SOME OF THOSE VEHICLES INCLUDE WE SIT ON THE CITY'S PUBLIC HEALTH ADVISORY COMMITTEE, WE COLLECT INFORMATION ABOUT HEALTH TRENDS FROM OUR CLINICS AND EMERGENCY DEPARTMENT, WE RESEARCH LOCAL AND NATIONAL HEALTH RELATED ISSUES, WE PARTICIPATE ON NEIGHBORHOOD, LOCAL, STATEWIDE AND NATIONAL COMMITTEES, COALITIONS, NETWORKS AND BOARDS OF DIRECTORS USING THOSE OPPORTUNITIES TO GUIDE OUR DECISION MAKING, AND WE RESPOND TO GRANT OPPORTUNITIES WHICH REQUIRE US TO ASSESS SPECIFIC NEEDS AS THEY RELATE TO A SPECIFIC GRANT OUR STATE HOSPITAL ASSOCIATION HAS DEVELOPED A NETWORK OF COMMUNITY BENEFIT REPORTERS WHO SHARE THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS WE ARE ABLE TO LOOK TO SEE WHAT THEY HAVE IDENTIFIED AS NEEDS IN PEDIATRICS AT THEIR LOCAL LEVELS

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	SCHEDULE H, PART VI, QUESTION 3	AS WRITTEN IN THE CREDITS AND COLLECTIONS POLICY POSTED TEXT IN GENERAL PUBLIC AREAS AND OTHER COMMUNICATIONS (IN ENGLISH AND SPANISH) WILL NOTIFY PATIENTS AND THEIR GUARANTORS OF THE AVAILABILITY OF HOSPITAL-BASED ASSISTANCE AND OTHER PROGRAMS OF PUBLIC ASSISTANCE IF THE HOSPITAL DETERMINES THAT A PATIENT OR GUARANTOR IS POTENTIALLY ELIGIBLE FOR MEDICAID OR OTHER GOVERNMENT PROGRAM, IT WILL ENCOURAGE THE PATIENT OR GUARANTOR TO APPLY FOR SUCH PROGRAM AND THE FINANCIAL COUNSELORS WILL ASSIST PATIENT GUARANTORS IN APPLYING FOR MEDICAID, HOSPITAL-BASED ASSISTANCE, OR OTHER ASSISTANCE AND PAYMENT PLAN PROGRAMS WHEN APPROPRIATE CONNECTICUT CHILDREN'S MEDICAL CENTER OFFERS HOSPITAL-BASED ASSISTANCE FOR MEDICALLY NECESSARY INPATIENT AND OUTPATIENT SERVICES FOR THOSE PATIENTS UNABLE TO PAY WHO CAN DEMONSTRATE FINANCIAL NEED ACCORDING TO CONNECTICUT CHILDREN'S MEDICAL CENTER'S PATIENT FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION METHODOLOGY IT IS AVAILABLE AS A LAST RESORT AFTER ALL OTHER THIRD PARTY RESOURCES HAVE BEEN EXHAUSTED ONCE APPROVED, THE DURATION FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE IS SIX MONTHS

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, QUESTION 4	CONNECTICUT CHILDREN'S MEDICAL CENTER'S MAIN CAMPUS IS LOCATED IN ONE OF THE POOREST NEIGHBORHOODS IN ONE OF THE STATE'S POOREST CITIES. THOUGH WE SERVE CHILDREN AND FAMILIES THROUGHOUT THE ENTIRE STATE, WE WORK WITH OUR PARTNERS AT SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE ("SINA") TO IMPROVE LIVING CONDITIONS FOR ABOUT 2,500 HOUSEHOLDS IN OUR IMMEDIATE 14 BLOCK NEIGHBORHOOD, AND WORK WITH OTHER PARTNERS ON HEALTH IMPROVEMENT PROGRAMS IN THE CITY OF HARTFORD AND THROUGHOUT CONNECTICUT. CONNECTICUT CHILDREN'S MEDICAL CENTER OPERATES AN INPATIENT UNIT IN WATERBURY. CONNECTICUT AT ST MARY'S HOSPITAL. SOME INFORMATION DESCRIBING THE NEIGHBORHOOD, HARTFORD, WATERBURY AND THE STATE: NEIGHBORHOOD - 2,500 HOUSEHOLDS, 75% LATINO, 44% WITH HOUSEHOLD INCOMES UNDER \$25,000, 45% OF THE RESIDENTS 18 AND OLDER HAVE LESS THAN A HIGH SCHOOL DEGREE. HARTFORD - POPULATION OF 124,817, 54,635 HOUSEHOLDS, 37% AFRICAN AMERICAN/BLACK, 42% LATINO, MEDIAN HOUSEHOLD INCOME OF \$29,107. WATERBURY - POPULATION OF 110,075, 48,426 HOUSEHOLDS, 19% AFRICAN AMERICAN/BLACK, 30% LATINO, MEDIAN HOUSEHOLD INCOME OF \$41,499. CONNECTICUT - POPULATION OF 3,558,172, 1,482,798 HOUSEHOLDS, 9.8% AFRICAN AMERICAN/BLACK, 13% LATINO, MEDIAN HOUSEHOLD INCOME OF \$69,243.

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, QUESTION 5	CONNECTICUT CHILDREN'S MEDICAL CENTER HAS A VISION TO MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE NATION WHILE WE PROVIDE LEADING MEDICAL CARE, TREATMENT, AND FOLLOW-UP SUPPORT WITHIN OUR FACILITIES, SOME OF THE BEST WORK WE DO TO PROMOTE CHILDREN'S HEALTH HAPPENS WITHIN CONNECTICUT'S COMMUNITIES. THE OFFICE OF COMMUNITY CHILD HEALTH IS DEDICATED TO DEVELOPING AND SUPPORTING COMMUNITY-BASED PROGRAMS THAT PROMOTE CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. THIS UNIQUE APPROACH AMONG CHILDREN'S HOSPITALS BRINGS TOGETHER INTERNAL, LOCAL, STATE AND NATIONAL STAKEHOLDERS TO PROVIDE SPECIFIC PROGRAMS WHICH AIM TO PREVENT ILLNESS, INJURY, AND OTHER HARM AND ENSURE THAT ALL CHILDREN IN ALL COMMUNITIES RECEIVE THE BEST CARE POSSIBLE. THERE ARE CURRENTLY TWELVE COMMUNITY CHILD HEALTH PROGRAMS IN PROGRESS IN COMMUNITIES THROUGHOUT THE STATE. IN ADDITION TO THE OFFICE, THERE ARE A NUMBER OF OTHER VEHICLES IN PLACE THAT ARE USED TO PROMOTE COMMUNITY HEALTH. OUR CORPORATE COMMUNICATIONS OFFICE COORDINATES ALL EXTERNAL COMMUNICATIONS, MANY OF WHICH ARE DESIGNED FOR THE PURPOSE OF PROMOTING COMMUNITY HEALTH. OUR ANNUAL REPORT INFORMS THE COMMUNITY OF THE LATEST ADVANCES IN THE CARING FOR AND CURING OF CHILDHOOD ILLNESS AND DISEASES. OTHER PUBLICATIONS DESCRIBING THE PROGRAMS AND SERVICES AT CONNECTICUT CHILDREN'S MEDICAL CENTER ARE SENT OUT TO THE COMMUNITY THROUGHOUT THE YEAR. OUR CONTINUING MEDICAL EDUCATION OFFICE HOLDS PEDIATRIC GRAND ROUNDS THROUGHOUT THE YEAR WITH MANY OF THE ATTENDEES BEING COMMUNITY PROVIDERS. ADDITIONALLY, MANY OF OUR EMPLOYEES PARTICIPATE IN THE BOARDS OF DIRECTORS AND ADVISORY BOARDS AT THE LOCAL AND STATE-WIDE LEVEL.

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM	SCHEDULE H, PART VI, QUESTION 6	OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE CCMC CORPORATION AND SUBSIDIARIES NOT FOR-PROFIT ENTITIES CCMC CORPORATION CCMC CORPORATION IS THE TAX-EXEMPT PARENT OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THIS ORGANIZATION IS THE SOLE MEMBER OR STOCKHOLDER OF EACH AFFILIATED ENTITY CCMC CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) AS THE PARENT ORGANIZATION, CCMC CORPORATION STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF CONNECTICUT AND SURROUNDING COMMUNITIES CCMC CORPORATION ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES CONNECTICUT CHILDREN'S MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 IT OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF THE HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF CCMC CORPORATION BOTH BOARDS ARE COMPRISED OF A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY CCMC AFFILIATES, INC CCMC AFFILIATES, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY CONNECTICUT CHILDREN'S SPECIALTY GROUP CONNECTICUT CHILDREN'S SPECIALTY GROUP IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY CHILDREN'S FUND OF CONNECTICUT, INC CHILDREN'S FUND OF CONNECTICUT, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NORTHEAST PEDIATRIC SPECIALISTS, INC NORTHEAST PEDIATRIC SPECIALISTS, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFF

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM	SCHEDULE H, PART VI, QUESTION 6	ILIATES PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY CAPITAL AREA HEALTH CONSORTIUM, INC CAPITAL AREA HEALTH CONSORTIUM, INC IS AN ORGANIZATION RECOGNIZED BY TH E INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND A S A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION S UPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES PROVIDING MEDICALLY NECESSARY HEALTHCAR E SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELI GION OR ABILITY TO PAY FOR-PROFIT ENTITIES CCMC VENTURES, INC A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION THE ORGANIZATION IS LOCATED IN HARTFORD, CONNECTICU T THIS ENTITY IS CURRENTLY INACTIVE

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, QUESTION 7	THE STATE OF CONNECTICUT REQUIRES HOSPITALS TO FILE A COMMUNITY BENEFIT REPORT WITH CONNECTICUT'S OFFICE OF THE HEALTHCARE ADVOCATE THE REPORT IS SUBMITTED EVERY OTHER YEAR A REPORT FOR FISCAL YEARS 2010 AND 2011 WERE SUBMITTED IN 2012

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ 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)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		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		
5a The organization?		No
5b Any related organization?		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		
6a The organization?		No
6b Any related organization?		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	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

(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) GERALD J BOISVERT JR	(i)	309,097	60,748	1,408	22,050	20,254	413,557	0
	(ii)	0	0	0	0	0	0	0
(2) MARTIN J GAVIN	(i)	411,271	25,041	21,768	22,050	9,178	489,308	0
	(ii)	0	0	0	0	0	0	0
(3) RICHARD G WEISS MD	(i)	0	0	0	0	0	0	0
	(ii)	379,995	43,830	23,885	24,500	21,535	493,745	0
(4) THERESA M HENDRICKSEN	(i)	255,738	34,423	1,270	24,500	21,415	337,346	0
	(ii)	0	0	0	0	0	0	0
(5) KELLY STYLES	(i)	204,587	25,000	1,879	18,539	9,883	259,888	0
	(ii)	0	0	0	0	0	0	0
(6) ANN TAYLOR	(i)	219,289	6,168	18,728	22,050	20,571	286,806	0
	(ii)	0	0	0	0	0	0	0
(7) ROBERT ENGLANDER	(i)	56,940	8,653	89,780	4,303	4,290	163,966	0
	(ii)	0	0	0	0	0	0	0
(8) ELIZABETH RUDDEN	(i)	168,717	0	18,184	16,852	9,528	213,281	0
	(ii)	0	0	0	0	0	0	0
(9) FERNANDO FERRER MD	(i)	0	0	0	0	0	0	0
	(ii)	467,028	103,822	19,100	19,600	24,685	634,235	0
(10) PAUL H DWORKIN MD	(i)	343,073	81,730	4,039	24,500	4,474	457,816	0
	(ii)	0	0	0	0	0	0	0
(11) ELIZABETH CROUCH	(i)	139,731	0	62,739	13,800	11,120	227,390	0
	(ii)	0	0	0	0	0	0	0
(12) LINDA A GROOM	(i)	162,256	78	9,565	13,989	19,685	205,573	0
	(ii)	0	0	0	0	0	0	0
(13) WILLIAM A AGOSTINUCCI	(i)	142,812	3,113	652	16,354	15,857	178,788	0
	(ii)	0	0	0	0	0	0	0
(14) BARBARA E BROWN	(i)	143,294	0	1,872	15,950	14,599	175,715	0
	(ii)	0	0	0	0	0	0	0
(15) ROBERT W LEAKE	(i)	144,304	0	290	4,434	20,113	169,141	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
COMPENSATION INFORMATION	PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2011 FORMS W-2 AND 1099 (IF APPLICABLE)
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 3	EACH YEAR, TOWERS WATSON CONDUCTS A MARKET ANALYSIS OF CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("CCMC") CEO, OFFICERS AND OTHER KEY EMPLOYEES TO AUGMENT THEIR PROPRIETARY DATA AND OTHER DATA TO WHICH THEY HAVE ACCESS. CCMC PROVIDES THE RESULTS DATA FROM SALARY SURVEYS IN WHICH WE PARTICIPATE. THE ANALYSIS AND PRESENTATION OF THE DATA IS PERFORMED BY THE TOWERS WATSON REPRESENTATIVE TO THE CEO AND THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ANNUALLY THE CEO AND THE BOARD THEN DISCUSS SALARY RECOMMENDATIONS FOR THE OFFICERS AND OTHER KEY EMPLOYEES AND SIGN OFF ON THE FINAL RECOMMENDATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS INDEPENDENTLY WITH THE CEO TO DISCUSS HIS INDIVIDUAL PERFORMANCE. FOLLOWING THE PERFORMANCE EVALUATION, A SALARY RECOMMENDATION IS MADE AND COMMUNICATED TO THE VICE PRESIDENT OF HUMAN RESOURCES TO AUTHORIZE PROCESSING.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. MARTIN J. GAVIN, \$16,500; ANN TAYLOR, \$16,500; ROBERT ENGLANDER, \$6,821; ELIZABETH RUDDEN, \$16,500 AND LINDA A. GROOM, \$9,500.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2011 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

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

2011

Open to Public Inspection

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	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		06-30-2011	41,580,000	REFINANCE SERIES B&C BOND AND LEAS		X		X		X
B	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-12-2007	8,500,000	LEASE FINNACE VARIOUS EQUIPMENT		X		X		X
C	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		09-28-2012	8,800,000	ELECTRONIC MEDICAL RECORDS		X		X		X
D	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-18-2011	11,200,000	ELECTRONIC MEDICAL RECORDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,050,000		7,570,933		0		1,342,834	
2	Amount of bonds defeased	0		0		0		0	
3	Total proceeds of issue	41,580,000		8,500,000		8,800,000		11,200,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrow	10,255,050		0		0		0	
7	Issuance costs from proceeds	689,909		31,000		31,338		49,582	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		8,469,000		0		9,510,500	
11	Other spent proceeds	30,635,041		0		0		0	
12	Other unspent proceeds	0		0		8,768,662		1,639,912	
13	Year of substantial completion	2011		2010		2014		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X	X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 540 %		0 %		0 %		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 %		0 %		0 %	
6	Total of lines 4 and 5	1 540 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		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		X		X
2	Is the bond issue a variable rate issue?	X			X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	BANK OF AMERICA		0		0			
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		X		X
b	Name of provider	0		0		0		0	
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		X		X
6	Did the bond issue qualify for an exception to rebate?		X	X		X		X	

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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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

2011

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	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) THE CONNECTICUT LIGHT AND POWER COM	TRUSTEE - SHIVERY		UTILITIES		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
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	CHARLES W SHIVERY, DIRECTOR OF THIS ORGANIZATION IS THE PRESIDENT OF THE CONNECTICUT LIGHT AND POWER COMPANY, A SUBSIDIARY OF NORTHEAST UTILITES THIS ORGANIZATION UTILIZED THE SERVICES OF THE CONNECTICUT LIGHT AND POWER COMPANY DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2012 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS

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

2011

Open to Public
Inspection

Name of the organization CONNECTICUT CHILDREN'S MEDICAL CENTER	Employer identification number 06-0646755
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Identifier	Return Reference	Explanation
BEGINNING BALANCE RESTATEMENT	CORE FORM, PARTS I AND X	THE BEGINNING BALANCES WERE RESTATED TO INCORPORATE THE ADOPTION OF ASC 958-20 WHICH INCLUDES THE CHANGE IN EQUITY INTEREST IN NET ASSETS OF THE FOUNDATION AND TO BE CONSISTENT WITH THE ENDING BALANCES

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BACKGROUND ===== CONNECTICUT CHILDREN'S MEDICAL CENTER ("CCMC") IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, CCMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. MOREOVER, CCMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. CCMC PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. CCMC OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. CCMC MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL OF CCMC RESTS WITH ITS BOARD OF TRUSTEES. ITS BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. THE OPERATIONS OF CCMC, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF CCMC IS FOR THE BENEFIT OF THE PUBLIC, AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. HISTORY ===== CCMC IS A NATIONALLY RECOGNIZED, 187-BED NOT-FOR-PROFIT CHILDREN'S HOSPITAL SERVING AS THE PRIMARY TEACHING HOSPITAL FOR THE UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS. CCMC IS CONSISTENTLY NAMED AMONG THE BEST IN THE NATION FOR SEVERAL OF ITS PEDIATRIC SPECIALTIES IN THE ANNUAL U.S. NEWS & WORLD REPORT "BEST CHILDREN'S HOSPITALS" RANKINGS. THE HISTORY OF CONNECTICUT CHILDREN'S SPANS MORE THAN 100 YEARS. FOUNDED AS A 10-BED HOSPITAL FOR CHILDREN WHO SUFFERED INCURABLE CONDITIONS SUCH AS CEREBRAL PALSY, SPINA BIFIDA AND POLIO, CCMC IS NOW ONE OF ONLY TWO FREESTANDING CHILDREN'S HOSPITALS IN NEW ENGLAND-THE ONLY FREESTANDING CHILDREN'S HOSPITAL IN CONNECTICUT-THAT OFFERS COMPREHENSIVE, WORLD-CLASS HEALTHCARE TO CHILDREN AND ADOLESCENTS IN A PATIENT- AND FAMILY-CENTERED ENVIRONMENT WITH A FOCUS ON RESEARCH, EDUCATION AND ADVOCACY. CCMC HAS APPROXIMATELY 1,700 EMPLOYEES WITH A MEDICAL STAFF OF NEARLY 1,100, PRACTICING IN MORE THAN 30 SPECIALTIES. CCMC IS A TERTIARY REFERRAL CENTER AND PROVIDES OUTSTANDING CARE TO CHILDREN OF ALL AGES AFFECTED BY A WIDE RANGE OF CONDITIONS. CCMC PROVIDES A COMPREHENSIVE ARRAY OF PEDIATRIC SERVICES IN 19 LOCATIONS ACROSS CONNECTICUT AND MASSACHUSETTS, INCLUDING ITS HOSPITALS IN HARTFORD AND WATERBURY, NEONATAL INTENSIVE CARE UNITS IN HARTFORD AND FARMINGTON, FIVE SPECIALTY CARE CENTERS IN DANBURY, HARTFORD, FARMINGTON, GLASTONBURY AND SHELTON, AND SEVERAL PRACTICES CONVENIENTLY LOCATED THROUGHOUT THE STATE. ITS LEVEL 1 PEDIATRIC TRAUMA CENTER AND PRIMARY CARE CENTER ARE THE BUSIEST BETWEEN BOSTON AND NEW YORK. MISSION ===== CCMC IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED CARE, RESEARCH, EDUCATION AND ADVOCACY. CCMC EMBRACES DISCOVERY, TEAMWORK, INTEGRITY AND EXCELLENCE IN ALL THAT IT DOES. PROGRAMS OF EXCELLENCE ===== CCMC OFFERS THE HIGHEST LEVEL OF CARE TO CHILDREN AND HAS BEEN CONSISTENTLY RECOGNIZED BY U.S. NEWS & WORLD REPORT IN ITS ANNUAL "BEST CHILDREN'S HOSPITALS" RANKINGS. FOR 2013-14, SIX OF ITS SPECIALTIES WERE RANKED AMONG THE BEST IN THE NATION: DIABETES & ENDOCRINOLOGY (#35), GASTROENTEROLOGY & GI SURGERY (#49), NEONATOLOGY (#43), ORTHOPEDICS (#41), PULMONOLOGY (#39), AND UROLOGY (#25). THE RANKINGS ARE BASED ON THREE MAJOR COMPONENTS, EACH OF WHICH COUNTS AS ONE-THIRD OF A HOSPITAL'S SCORE: OUTCOMES, NOTHING MATTERS MORE THAN OUTCOMES-KEEPING KIDS HEALTHY, PROTECTING THEM FROM SURGICAL COMPLICATIONS, AND IMPROVING THE QUALITY OF LIFE OF THOSE WITH CHRONIC CONDITIONS; PROCESS OF CARE. IN THE PAST, THIS COMPONENT MEANT ONE THING: A HOSPITAL'S REPUTATIONAL SCORE BASED ON A RANDOM SURVEY OF 150 BOARD-CERTIFIED PEDIATRIC PHYSICIANS IN EACH OF THE 10 RANKED SPECIALTIES. NOW, SEVERAL ELEMENTS ARE CONSIDERED, INCLUDING HOSPITAL COMPLIANCE WITH BEST PRACTICES AND A COMMITMENT TO INFECTION CONTROL. MIX OF CARE-RELATED INDICATORS. CONDITION-SPECIFIC PROGRAMS, SURGICAL VOLUME AND NURSE/PATIENT RATIO ARE JUST A FEW EXAMPLES OF AN ASSORTED 38 MEASURES AND SUB-MEASURES USED IN THE SPECIALTY RANKINGS. IN ADDITION TO CCMC'S NATIONALLY RANKED SPECIALTIES, THERE ARE SEVERAL PROGRAMS OF EXCELLENCE AT THE MEDICAL CENTER THAT HAVE TIME AND AGAIN EARNED NATIONAL AND INTERNATIONAL HONORS AND ACCOLADES: DIABETES & ENDOCRINOLOGY, GASTROENTEROLOGY, NEONATOLOGY, ORTHOPAEDICS, RECONSTRUCTIVE.

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AND SOLID TUMOR SURGERY, SURGERY, AND UROLOGY EACH OF OUR PROGRAMS OF EXCELLENCE OFFERS SUPERIOR PEDIATRIC CLINICAL CARE AND HAS DEMONSTRATED THE ABILITY TO - EXPAND ACCESS TO SERVICES TO MEET THE GROWING NEEDS OF CHILDREN AND FAMILIES - INTEGRATE VARIOUS DISCIPLINES OF CLINICAL PRACTICE TO PROVIDE EXPANDED, ADVANCED CARE - DEVELOP OPPORTUNITIES TO EXPAND BASIC AND CLINICAL RESEARCH - CREATE OPPORTUNITIES TO BE AN INNOVATIVE LEADER IN EDUCATION AND TRAINING RESEARCH ===== COMMITTED TO MAKING CHILDREN AND FAMILIES HEALTHIER, CCMC'S TALENTED MEDICAL PROFESSIONALS ARE AT THE FOREFRONT OF RESEARCH AND CLINICAL TRIALS SUCH SCIENTIFIC INQUIRIES CHANGE THE FUTURE OF CHILDREN'S HEALTHCARE FROM FUNDAMENTAL MOLECULAR SCIENCE THAT HELPS US UNDERSTAND DISEASES AT THE MOST BASIC LEVEL, TO MOTION STUDIES DESIGNED TO DISCOVER NEW WAYS FOR YOUNG ATHLETES TO AVOID INJURIES AND CLINICAL TRIALS THAT ESTABLISH THE MOST EFFECTIVE AND EFFICIENT PROTOCOLS FOR TREATING CHILDREN, CCMC IS A RESEARCH LEADER FOR EXAMPLE, CONNECTICUT CHILDREN'S DIVISION OF HEMATOLOGY & ONCOLOGY IS ENGAGED IN CONDUCTING 173 ACTIVE CLINICAL TRIALS THROUGH THE CHILDREN'S ONCOLOGY GROUP THIS NUMBER OF OPEN PROTOCOLS DISTINGUISHES CONNECTICUT CHILDREN'S HEMATOLOGY & ONCOLOGY DIVISION AMONG THE TOP ONE PERCENT OF ITS PEERS, WORLDWIDE ADDITIONALLY, THE DIVISION IS IN THE TOP THIRD PERCENTILE FOR TOTAL PEDIATRIC CANCER PATIENTS ENROLLED IN TRIALS THIS IS ESPECIALLY IMPRESSIVE GIVEN THAT CCMC IS CONSIDERED ONE OF THE SMALLER FREE-STANDING CHILDREN'S HOSPITALS IN THE COUNTRY

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT (CONTINUED)	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AWARDS AND RECOGNITION ===== CCMC NAMED AMONG TOP WORKPLACES IN CONNECTICUT CCMC WAS NAMED AS THE #4 BEST PLACE TO WORK IN CONNECTICUT BY THE HARTFORD COURANT AND FOX61 TV ONE OF CONNECTICUT'S TOP 10 LARGE WORKPLACES, CONNECTICUT CHILDREN'S IS THE ONLY HOSPITAL IN THE STATE TO EARN THIS DESIGNATION U S NEWS & WORLD REPORT RANKED CCMC AMONG THE 2012-13 "BEST CHILDREN'S HOSPITALS" CCMC WAS RANKED AMONG THE BEST IN THE NATION ACCORDING TO THE U S NEWS & WORLD REPORT 2012-13 "BEST CHILDREN'S HOSPITALS" SURVEY FOR TWO OF ITS SPECIALTIES, DIABETES & ENDOCRINOLOGY (#37) AND NEONATOLOGY (#51) THIS IS THE THIRD CONSECUTIVE YEAR THAT CONNECTICUT CHILDREN'S HAS BEEN NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE CCMC AWARDED STATE'S 2012 KEEP KIDS SAFE GRANT THE INJURY PREVENTION CENTER AT CONNECTICUT CHILDREN'S WAS AWARDED A \$45,150 GRANT FROM THE STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT AS PART OF THE CONNECTICUT KEEP KIDS SAFE GRANT PROGRAM THE GRANT WILL HELP CCMC'S INJURY PREVENTION CENTER DEVELOP AND DISSEMINATE INJURY PREVENTION INFORMATION FOR CHILDREN AND THEIR PARENTS VIA THE PEDIATRIC E-NETWORK, A COMPUTER TABLET-BASED SYSTEM BUILT FOR PROVIDING PRECISELY THIS KIND OF SAFETY INFORMATION CCMC AWARDED \$2M GRANT FROM NATIONAL INSTITUTES OF HEALTH CCMC WAS AWARDED A \$2M GRANT FROM THE NATIONAL INSTITUTE OF HEALTH- NATIONAL CANCER INSTITUTE FOR A FIVE-YEAR STUDY, "SPHINGOSINE-1- PHOSPHATE PATHWAY BASED THERAPY FOR NEUROBLASTOMA " THE STUDY, LED BY FERNANDO FERRER, M D , EXECUTIVE VICE PRESIDENT AND SURGEON-IN-CHIEF AT CCMC, WILL INVESTIGATE A NOVEL APPROACH TO TREATING NEUROBLASTOMA, A DEADLY CHILDHOOD TUMOR, BY TARGETING A LIPID SIGNALING PATHWAY ESSENTIAL TO TUMOR GROWTH INFECTIOUS DISEASES RECEIVED HIV PREVENTION GRANT CCMC'S INFECTIOUS DISEASES DEPARTMENT RECEIVED APPROVAL OF A HIV PREVENTION GRANT FOR THE NEXT THREE YEARS, THE \$140,000 DEPARTMENT OF PUBLIC HEALTH HIV PREVENTION GRANT WILL BE USED TO IMPLEMENT TWO CENTERS FOR DISEASE CONTROL (CDC) EVIDENCE-BASED INTERVENTIONS TARGETING AT-RISK YOUNG MEN HAVING SEX WITH MEN AND HIV-POSITIVE AFRICAN AMERICAN AND HISPANIC WOMEN TEEN PREGNANCY PREVENTION GRANT THE HARTFORD HEALTH DEPARTMENT'S TEEN PREGNANCY PREVENTION INITIATIVE GRANTED CCMC \$14,000 FOR THE IMPLEMENTATION OF MAKING PROUD CHOICES, AN EVIDENCE-BASED INTERVENTION WHICH TARGETS YOUTH YOUNGER THE AGE OF 19 THAT LIVE IN TARGETED HARTFORD NEIGHBORHOODS WITH HIGH TEEN PREGNANCY RATES BOYS & GIRLS CLUBS AWARD OUR INJURY PREVENTION CENTER'S INJURY FREE COALITION FOR KIDS OF HARTFORD WAS AWARDED THE "PROGRAM EXCELLENCE AWARD' BY THE BOYS & GIRLS CLUBS OF HARTFORD THE INJURY FREE COALITION FOR KIDS IS AMONG THE COUNTRY'S FASTEST GROWING AND MOST EFFECTIVE INJURY PREVENTION PROGRAMS, WORKING TO CHANGE THE WAY COMMUNITIES THINK ABOUT SAFETY AND INJURY PREVENTION U S ENVIRONMENTAL PROTECTION AGENCY RECOGNIZED LEADERSHIP IN ASTHMA MANAGEMENT CCMC WAS SELECTED TO RECEIVE THE U S ENVIRONMENTAL PROTECTION AGENCY'S (EPA) 2012 NATIONAL ENVIRONMENTAL LEADERSHIP AWARD IN ASTHMA MANAGEMENT THE AWARD RECOGNIZES 14 YEARS OF DEDICATED WORK, LED BY MICHELLE CLOUTIER, M D , DIRECTOR OF CCMC'S ASTHMA CENTER, TO IMPROVE ASTHMA MANAGEMENT AND OUTCOMES FOR CHILDREN RECENTLY, OUR EASY BREATHING PROGRAM, CREATED BY DR CLOUTIER, ENROLLED ITS 100,000TH CHILD IN THE PROGRAM CCMC AWARDED \$10.5M NIH GRANT FOR FIRST OF ITS KIND ULCERATIVE COLITIS STUDY JEFFERY S HYAMS, M D , DIVISION HEAD OF DIGESTIVE DISEASES, HEPATOLOGY & NUTRITION AT CCMC, ALONG WITH LEE "TED" DENSON, M D , FROM CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, RECEIVED A \$10.5M NIH GRANT FOR THE PREDICTING RESPONSE TO STANDARDIZED PEDIATRIC COLITIS THERAPY (PROTECT) STUDY, A FIVE YEAR PROJECT THAT WILL EXAMINE THE EFFECTS OF STANDARDIZED THERAPY FOR CHILDREN WITH ULCERATIVE COLITIS THE STUDY TEAM, LED BY DR HYAMS WILL INCLUDE 25 PRESTIGIOUS PEDIATRIC INSTITUTIONS FROM ACROSS THE UNITED STATES AND CANADA

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	CCMC CORPORATION IS THE SOLE MEMBER OF THIS ORGANIZATION. CCMC CORPORATION HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE OF CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY (ITS BOARD OF DIRECTORS) PRIOR TO THE FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL, INCLUDING THE CHIEF FINANCIAL OFFICER, DIRECTOR OF ACCOUNTING AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, INCLUDING THOSE INDIVIDUALS OUTLINED ABOVE FOR THEIR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY, AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S FINANCE COMMITTEE PRIOR TO FILING. FOLLOWING THIS, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING OF THE TAX RETURN WITH THE IRS.

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE OF CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE SYSTEM REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY, ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER FOR REVIEW. THEREAFTER, THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS. THEREAFTER, THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER PRESENTS THIS SUMMARY TO THE ORGANIZATION'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION.

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE OF CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("CCMC") BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF CCMC'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. CERTAIN CCMC SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER ALSO SERVE AS OFFICERS OF THIS ORGANIZATION. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE, INCLUDING COMPLEXITY OF SERVICES. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 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 FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Identifier	Return Reference	Explanation
RELATED HOURS DISCLOSURE	CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE OF CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. CERTAIN BOARD OF DIRECTOR MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER RELATED AFFILIATES. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY AND PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF ALL RELATED ORGANIZATIONS AND THIS ORGANIZATION, IN TOTAL.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - NET ASSETS RELEASED FROM RESTRICTIONS - \$12,253,353, - NET TRANSFER FROM AFFILIATED ORGANIZATIONS - (\$15,699,924), - NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL - \$3,078,733, - CHANGE IN FUNDED STATUS OF PENSION AND POST-RETIREMENT PLANS - (\$1,377,255), - CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF THE FOUNDATION - \$8,856,142, - TEMPORARILY RESTRICTED NET TRANSFER FROM AFFILIATED ORGANIZATIONS - \$4,251,318, - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS - (\$12,253,353), - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL - (\$3,078,733), - TEMPORARILY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF THE FOUNDATION - \$961,200, - PERMANENTLY RESTRICTED CHANGE IN FUNDS HELD BY OTHERS - \$7,884,564, AND - PERMANENTLY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF THE FOUNDATION - \$306,275

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S MEDICAL CENTER AND SUBSIDIARIES, FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINED CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS CONNECTICUT CHILDREN'S MEDICAL CENTER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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

2011

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I

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

(a) Name, address, and EIN 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
See Additional Data Table							

Part III

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

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

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, CT 06106 22-2619873	HEALTHCARE SVCS	CT	NA	C CORP			

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

Yes

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

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)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R, PART V	THIS ORGANIZATION IS AN AFFILIATE IN A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM COMPRISED OF CCMC CORPORATION AND SUBSIDIARIES IN THE ORDINARY COURSE OF BUSINESS, THIS ORGANIZATION MAY PAY EXPENSES OR TRANSFER FUNDS AMONGST AND FOR VARIOUS AFFILIATES THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Software ID:

Software Version:

EIN: 06-0646755

Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
CCMC CORPORATION 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619876	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	NA		No
CONNECTICUT CHILDREN'S MEDICAL CTR FDN 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619869	FUNDRAISING	CT	501(C)(3)	509(A)(1)	CCMC CORP		No
CCMC AFFILIATES INC 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619870	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CCMC CORP		No
CONNECTICUT CHILDREN'S SPECIALTY GROUP 282 WASHINGTON STREET HARTFORD, CT 06106 06-1446900	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CCMC	Yes	
CHILDREN'S FUND OF CONNECTICUT INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1364513	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CCMC	Yes	
CHILDREN'S HEALTH & DEVEL INSTITUTE INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1504725	HLTHCARE SVCS	CT	501(C)(3)	509(A)(1)	CFCT		No
NORTHEAST PEDIATRIC SPECIALISTS INC 282 WASHINGTON STREET HARTFORD, CT 06106 45-4092557	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CCMC	Yes	
CAPITAL AREA HEALTH CONSORTIUM INC 270 FARMINGTON AVENUE FARMINGTON, CT 060321909 51-0173264	SUPPORT SVCS	CT	501(C)(3)	509(A)(3)	CCMC	Yes	

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	I	667,437	COST
(2)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	N	14,797,376	COST
(3)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	O	12,006,297	COST
(4)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	P	19,215,449	COST
(5)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	Q	15,699,924	COST
(6)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	R	3,215,605	COST
(7)	CHILDREN'S FUND OF CONNECTICUT INC	C	107,844	COST
(8)	CAPITAL AREA HEALTH CONSORTIUM INC	P	336,190	COST

AUDITED CONSOLIDATED FINANCIAL
STATEMENTS AND SUPPLEMENTARY
INFORMATION

Connecticut Children's Medical Center and Subsidiaries
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP



Connecticut Children's Medical Center and Subsidiaries

Audited Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2012 and 2011

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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, 2012 and 2011, 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 \$33,897,082 and \$29,130,818 as of September 30, 2012 and 2011, respectively, and total revenues of \$5,293,523 and \$5,004,631, 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. 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, 2012 and 2011, 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.

As discussed in Note 1 to the accompanying consolidated financial statements, in 2012 the Medical Center changed its method of reporting estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update No. 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*.

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

Ernst & Young LLP

January 28, 2013

Connecticut Children's Medical Center and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2012	2011
Assets		
Current assets		
Cash and cash equivalents	\$ 2,360,811	\$ 4,688,831
Funds held by trustee under revenue bond agreement	10,408,581	1,710,681
Patient accounts receivable, less allowance of approximately \$7,409,000 in 2012 and \$6,644,000 in 2011	32,905,777	26,304,731
Due from affiliated entities	6,701,228	2,268,115
Due from third parties	4,899,895	—
Inventories	692,725	600,832
Other current assets	13,490,330	7,174,720
Total current assets	71,459,347	42,747,910
Assets whose use is limited		
Investments	31,294,271	27,352,655
Funds held in trust by others	75,705,081	67,820,517
Interest in Foundation	87,705,125	75,658,862
	194,704,477	170,832,034
Property, plant and equipment		
Buildings	121,350,082	114,990,645
Furniture and equipment	65,196,820	59,579,096
Construction in progress	19,750,929	10,912,602
	206,297,831	185,482,343
Less accumulated depreciation	(95,636,445)	(85,992,089)
	110,661,386	99,490,254
Other assets		
Bond issuance costs	730,892	681,696
Ground lease	2,416,682	2,445,974
Other	31,026,009	23,897,319
	34,173,583	27,024,989
Total assets	\$ 410,998,793	\$ 340,095,187

See accompanying notes.

Connecticut Children's Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2012	2011
Revenues		
Net patient service revenue	\$ 277,604,755	\$ 244,512,368
Provision for bad debts	(5,875,039)	(2,365,830)
Net patient service revenue less provision for bad debts	271,729,716	242,146,538
Other revenues	14,738,860	11,416,875
Net assets released from restrictions for operations	14,383,803	14,188,497
	300,852,379	267,751,910
Expenses		
Salaries	151,816,547	133,935,648
Benefits	36,552,982	34,659,527
Supplies and other	117,229,088	89,535,493
Bad debts (non-patient)	—	101,818
Depreciation and amortization	11,094,179	11,000,584
Interest	940,592	1,231,424
Loss on extinguishment of debt	—	2,576,263
	317,633,388	273,040,757
Loss from operations	(16,781,009)	(5,288,847)
Other income		
Gain from investments, net	16,634,729	6,288,744
Income from trusts held by others	2,826,208	2,624,198
Change in equity interest in net assets of the Foundation	1,922,646	2,798,727
Other	(84,403)	(2,323)
	21,299,180	11,709,346
Excess of revenues over expenses	4,518,171	6,420,499

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	
	2012	2011
Unrestricted net assets		
Excess of revenues over expenses	\$ 4,518,171	\$ 6,420,499
Unrealized gain (loss) on investments	3,687,051	(2,562,749)
Net assets released from restrictions for capital	3,078,733	1,064,801
Change in funded status of pension and post-retirement plans	(1,377,255)	(4,399,884)
Transfer to temporarily restricted net assets	—	(250,000)
Change in equity interest in the net assets of the Foundation	8,856,142	(3,108,995)
Increase (decrease) in unrestricted net assets	18,762,842	(2,836,328)
Temporarily restricted net assets		
Transfer from affiliated organization	4,251,318	5,728,363
Net assets released from restrictions for operations	(14,383,803)	(14,055,113)
Net assets released from restrictions for capital	(3,078,733)	(1,064,801)
Bequests, gifts and grants	12,929,868	11,443,373
Transfer from unrestricted net assets	—	250,000
Change in equity interest in the net assets of the Foundation	961,200	(50,578)
Increase in temporarily restricted net assets	679,850	2,251,244
Permanently restricted net assets		
Change in funds held in trust by others	7,884,564	(2,200,911)
Assets released from restrictions by trustees	—	(133,384)
Change in equity interest in the net assets of the Foundation	306,275	461,274
Increase (decrease) in permanently restricted net assets	8,190,839	(1,873,021)
Increase (decrease) in net assets	27,633,531	(2,458,105)
Net assets at beginning of year	209,413,068	211,871,173
Net assets at end of year	<u>\$ 237,046,599</u>	<u>\$ 209,413,068</u>

See accompanying notes.

Connecticut Children's Medical Center and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2012	2011
Operating activities		
Change in net assets	\$ 27,633,531	\$ (2,458,105)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities and other income		
Noncash items		
Provision for bad debt	5,875,039	2,467,648
Provision for depreciation and amortization	11,094,179	11,000,584
Unrealized loss (gain) on investments	(3,687,051)	2,562,749
Unrealized loss (gain) on funds held by others	(7,884,564)	2,334,295
Change in funded status of pension and post-retirement plans	1,377,255	4,399,884
Change in interest in Foundation	(12,046,263)	(100,428)
Other changes in net assets		
Restricted contributions and investment income	(12,929,868)	(11,443,373)
Transfer from affiliated organizations, net	(4,251,318)	(5,728,363)
Changes in operating assets and liabilities		
Patient accounts receivable	(12,476,085)	(7,570,698)
Due from affiliated entities, net	(6,776,526)	3,524,191
Due from third parties	(4,899,895)	—
Inventories	(91,893)	17,580
Other current assets	(6,315,610)	(1,027,849)
Investment in CHS Insurance Limited	(16,352,899)	(6,653,659)
Other long term assets	(17,094,214)	(5,179)
Accounts payable and accrued expenses	5,670,326	(311,444)
Accrued wages	4,130,024	265,281
Accrued interest payable and other current liabilities	(147,374)	(390,293)
Due to third parties	2,060,485	811,484
Pension liability	(1,127,056)	(1,288,105)
Other long term liabilities	18,206,692	649,606
Net cash used in operating activities and other income	(30,033,085)	(8,944,194)
Investing activities		
Purchases of property, plant and equipment, net	(21,663,292)	(16,602,075)
Distribution from CHS Insurance Limited	25,696,500	—
(Increase) decrease in funds held by trustee under revenue bond agreement	(8,697,900)	8,713,417
Increase in investments	(254,565)	(740,389)
Net cash used in investing activities	(4,919,257)	(8,629,047)
Financing activities		
Restricted contributions and investment income	12,929,868	11,443,373
Transfer from affiliates	4,251,318	5,728,363
Principal payments on bonds and notes payable	(4,556,864)	(41,251,348)
New debt issued	20,000,000	41,580,000
Net cash provided by financing activities	32,624,322	17,500,388
Decrease in cash and cash equivalents	(2,328,020)	(72,853)
Cash and cash equivalents at beginning of year	4,688,831	4,761,684
Cash and cash equivalents at end of year	\$ 2,360,811	\$ 4,688,831

See accompanying notes

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2012

1. Organization and Accounting Policies

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

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

Regulatory Matters

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

Use of Estimates

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

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.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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 (see Note 16). Investment income (including realized gains and losses on investments, interest and dividends) is included in other income unless the income or loss is restricted by donor or law. The cost of securities sold is based on the specific identification method. Unrealized gains and losses on investments are excluded from 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 and changes in net assets. The Medical Center's interest in the fair value of the trust assets is included in assets whose use is limited. Changes in the market value of 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 2012 and 2011, 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.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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 the straight-line method and the effective-interest method is immaterial.

Property, Plant and Equipment

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

Pension Plan

The Medical Center has a noncontributory 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 and changes in net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Interest Rate Swap Agreements

The Medical Center utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. The Medical Center is exposed to credit loss in the event of non-performance by the counterparties to its interest rate swap agreements. The Medical Center is

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

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 (CHS), a captive insurance company in which the Medical Center has a 26% ownership interest. The investment in CHS is reported using the equity method of accounting and is included in other assets in the consolidated balance sheets. See Note 17 for changes to the Medical Center's medical malpractice insurance coverage effective October 1, 2012.

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 postretirement plans.

Other Income

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

Advertising

The Medical Center's policy is to expense advertising costs as incurred. Total advertising expense was \$1,058,681 and \$846,392 for the years ended September 30, 2012 and 2011, respectively.

Income Taxes

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

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

Subsequent Events

The Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the financial statements as of the balance sheet date. For the year ended September 30, 2012, the Medical Center evaluated subsequent events through January 28, 2013, 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.

Change in Accounting Principle

In August 2010, the FASB issued Accounting Standards Update No. (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 should be presented separately on the balance sheet and not presented on a net basis. ASU 2010-24 became effective for the Medical Center as of October 1, 2011. The adoption of the new guidance resulted in an increase to other current assets and accounts payable and accrued expenses of \$5.0 million and an increase in other assets and other long-term liabilities of approximately \$16.7 million as of September 30, 2012, in the accompanying consolidated balance sheets (see Note 12). The adoption did not affect the Medical Center's financial condition, net results of operations or cash flows.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Organization and Accounting Policies (continued)

Recently Issued Accounting Standards

In August 2010, the FASB issued 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, with retrospective application required. The new disclosure requirements became effective for the Medical Center on October 1, 2011, and are included in the accompanying consolidated financial statements for all periods presented (see Note 2).

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820, *Fair Value Measurement*, to converge the fair value measurement guidance in US GAAP and International Financial Reporting Standards. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. The Medical Center is currently evaluating the effect that the provisions of ASU 2011-04 will have on its financial statements.

Reclassification

Certain 2011 amounts have been reclassified to conform with the 2012 presentation. The change in the investment in CHS has been reclassified on the accompanying statements of cash flows from investing activities to operating activities.

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 40% of the Medical Center's net patient service revenues for both years ended September 30, 2012 and 2011. 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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

in the Medicaid program and the reduction of funding levels could have an adverse impact on the Medical Center

On January 1, 2012, the State of Connecticut shifted its Medicaid Managed Care population to true Medicaid through an Administrative Services Organization model (ASO). The ASO is responsible for enrolling participants, reviewing claims and approving payments under the Medicaid program. The Medical Center, as a result of this change, lost beneficial rate agreements that were in place with the Managed Care organizations. In connection with this change, the State of Connecticut agreed to provide a supplementary payment to the Medical Center to alleviate the change in payment rates. Accordingly, the Medical Center has recorded a due from third parties of approximately \$4.8 million in relation to this change for both the Medical Center and CCSG.

The following table summarizes net revenues from services to patients:

	Year Ended September 30	
	2012	2011
Total gross revenues from patients	\$ 600,972,991	\$ 522,099,003
Less total contractual allowances	317,878,153	268,953,872
Less charity care	753,946	1,661,814
Less administrative and other allowances	4,736,137	6,970,949
Total allowances	323,368,236	277,586,635
Net patient service revenue	277,604,755	244,512,368
Less provision for bad debts	5,875,039	2,365,830
Net patient service revenue less provision for bad debts	\$ 271,729,716	\$ 242,146,538

Patient accounts receivable and revenues are recorded when patient services are performed. Amounts received from certain payors are different from established billing rates of the Medical Center, and the difference is accounted for as allowances. The Medical Center records its provision for bad debts based upon a review of all of its outstanding receivables. Write-offs of receivable balances are related to its population of underinsured patients. An underinsured patient is one who has commercial insurance which leaves a significant portion of the Medical Center's reimbursement to be paid by the patient, either through large deductibles or co-pay requirements. Self-pay patients are rare in the pediatric environment, as Medicaid is readily available to children. Self-pay net revenue approximated \$4,380,000 in the fiscal year.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

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.

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

The costs of charity care incurred were approximately \$346,815 and \$847,525 for the years ended September 30, 2012 and 2011, respectively. The costs of charity care are derived from both estimated and actual data. The estimated cost of charity care includes the direct and indirect cost of providing such services and is estimated utilizing the Medical Center's ratio of cost to gross charges, which is then multiplied by the gross uncompensated charges associated with providing care to charity patients.

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 \$216,624 and \$211,500 for the years ended September 30, 2012 and 2011, respectively.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Contributions Receivable

Contributions receivable are expected to be realized in the following periods

	September 30	
	2012	2011
Contributions receivable in one year or less	\$ 1,419,295	\$ 813,732
Contributions receivable in one to five years	53,120	263,000
Less discount	—	—
Net contributions receivable	<u>\$ 1,472,415</u>	<u>\$ 1,076,732</u>

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 equivalents, short-term investments and patient accounts receivable

The Medical Center's cash and cash equivalents are placed with high credit quality financial institutions. The Medical Center's investment policy limits its exposure to concentrations of credit risk. In the normal course of business, the Medical Center maintains cash balances in excess of the Federal Deposit Insurance Corporation's (FDIC) insurance limit. Cash balances exceeded FDIC limits by approximately \$2.4 million and \$5.1 million at September 30, 2012 and 2011, respectively.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Concentrations of Credit Risk (continued)

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, 2012 and 2011, was as follows:

	2012	2011
Medicaid	33%	6%
Medicaid Managed Care	1	39
Commercial/Managed Care – Contracted	51	44
Commercial/Managed – Non-Contracted	2	2
Patients and other	13	9
	100%	100%

6. Investments

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

	September 30			
	2012		2011	
	Cost	Fair Value	Cost	Fair Value
Short-term investments	\$ 34,452	\$ 34,452	\$ 25,253	\$ 25,253
Marketable equity securities	284,111	384,452	294,259	324,694
Fixed income securities	107,447	116,625	159,948	169,908
Institutional managed equity funds	17,311,237	19,524,960	16,988,160	16,217,845
Institutional managed bond fund	10,212,527	11,129,725	10,009,517	10,244,003
Other	87,167	104,057	305,237	370,952
	\$ 28,036,941	\$ 31,294,271	\$ 27,782,374	\$ 27,352,655

Investments consisted of mutual funds and individual securities that comprised approximately 64% equity securities and 36% fixed income investments at September 30, 2012, and 62% equity securities and 38% fixed income investments at September 30, 2011.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Investments (continued)

The following table summarizes the unrealized losses on investments held at September 30, 2012

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Marketable equity securities	\$ —	\$ —	\$ 65,231	\$ 17,599	\$ 65,231	\$ 17,599
Institutional managed equity funds	666,803	64,193	3,019,499	1,026,043	3,686,302	1,090,236
Mutual funds	—	—	42,971	324	42,971	324
Other	19,185	409	—	—	19,185	409
Total investments	\$ 685,988	\$ 64,602	\$ 3,127,701	\$ 1,043,966	\$ 3,813,689	\$ 1,108,568

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

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, 2012 and 2011, 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.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Investments (continued)

Investment returns for the years ended September 30, 2012 and 2011, are as follows

	<u>2012</u>	<u>2011</u>
Interest and dividend income	\$ 873,650	\$ 1,307,896
Realized gain	996,406	762,177
Gain on interest in CHS	16,352,899	6,653,659
Net swap activity	(1,455,047)	(2,196,842)
Investment fees and other	(133,179)	(238,146)
	<u>\$16,634,729</u>	<u>\$ 6,288,744</u>

7. Restricted Net Assets

Endowments

The 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, 2012 and 2011, the Medical Center had approximately \$18,169,769 and \$17,602,539, respectively, in endowments held at the Foundation which are recorded by the Medical Center through its interest in the Foundation.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Restricted Net Assets (continued)

Interpretation of Relevant Law

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

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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 Medical Center to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. Deficiencies at September 30, 2012 and 2011, were immaterial.

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

Endowment Net Asset Composition by Type of Fund

All endowment net assets are donor-restricted endowment funds.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Restricted Net Assets (continued)

Changes in endowment net assets for the fiscal years ended September 30, 2012 and 2011, consisted of the following

	September 30, 2012		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning balance	\$ 1,273,958	\$ 16,328,581	\$ 17,602,539
Contributions	—	306,275	306,275
Investment return	474,812	—	474,812
Net appreciation (realized and unrealized)	157,910	—	157,910
Appropriation of endowment assets for expenditure	(371,767)	—	(371,767)
Endowment net assets, ending balance	<u>\$ 1,534,913</u>	<u>\$ 16,634,856</u>	<u>\$ 18,169,769</u>

	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	<u>\$ 1,273,958</u>	<u>\$ 16,328,581</u>	<u>\$ 17,602,539</u>

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Restricted Net Assets (continued)

Temporarily Restricted

Temporarily restricted net assets are available for the following purposes as of September 30, 2012 and 2011

	2012	2011
Equipment purchases	2%	2%
Education	7	7
Other health care services	91	91
	100%	100%

Permanently Restricted

Permanently restricted net assets at September 30, 2012 and 2011, are restricted to

	2012	2011
Health care and children's services	82%	81%
Other health care services	13	14
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.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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 participants based on a percentage of compensation (ranging from 2.5% to 12.5%) associated with years of service. Plan participants earn a return based on an interest rate established annually at the beginning of the pay year. Plan participants vest in their benefits after three years of service.

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

Included in unrestricted net assets at September 30, 2012 and 2011, are unrecognized actuarial losses of \$26,595,053 and \$25,964,020, 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 \$2,307,651.

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

	Year Ended September 30	
	2012	2011
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 75,131,688	\$ 72,044,652
Interest cost	3,260,049	3,318,337
Actuarial loss, including the effects of any assumption changes	7,941,856	2,064,570
Benefits paid	(1,344,411)	(2,295,871)
Benefit obligation at end of year	<u>\$ 84,989,182</u>	<u>\$ 75,131,688</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pension Plan (continued)

	Year Ended September 30	
	2012	2011
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 56,354,989	\$ 56,379,732
Contributions	1,480,000	1,516,000
Actual return on plan assets	9,471,706	755,128
Benefits paid	(1,344,411)	(2,295,871)
Fair value of plan assets at end of year	<u>\$ 65,962,284</u>	<u>\$ 56,354,989</u>
 Funded status of the plan	 <u>\$ (19,026,898)</u>	 <u>\$ (18,776,699)</u>

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

	2012	2011
Measurement date	September 30, 2012	September 30, 2011
Discount rate	3.60%	4.60%
Rate of compensation	N/A	N/A
Cash balance interest credit	5.50	5.50
Return on plan assets	6.75	6.75

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

	2012	2011
Interest cost	\$ 3,260,049	\$ 3,318,337
Expected return on plan assets	(3,816,105)	(3,858,278)
Net amortization		
Net actuarial loss	1,655,222	1,169,554
Net periodic benefit costs	<u>\$ 1,099,166</u>	<u>\$ 629,613</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pension Plan (continued)

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

	2012	2011
Discount rate	4.60%	4.85%
Cash balance interest credit	5.50	5.50
Expected long-term rate of return on plan assets	6.75	6.75
Rate of compensation	N/A	N/A

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

The accumulated benefit obligation at September 30, 2012 and 2011, was \$84,989,182 and \$75,131,688, respectively.

Plan Assets

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pension Plan (continued)

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

Asset Category	Percentage of Plan Assets at Year-End	
	2012	2011
Domestic equities	34%	32%
International equities	16	16
Debt securities	48	51
Other	2	1
Total	100%	100%

The fair values of the Plan assets at September 30, 2012, by asset category, are as follows

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 116,120	\$ —	\$ —	\$ 116,120
Money market mutual funds ^(a)	414,910	—	—	414,910
Fixed income securities				
U S government bonds ^(b)	1,896,913	—	—	1,896,913
Municipal bonds ^(c)	629,216	—	—	629,216
Corporate bonds ^(d)	5,193,637	—	—	5,193,637
Foreign bonds ^(e)	501,138	—	—	501,138
Fixed income mutual funds ^(f)	45,444	16,417,177	—	16,462,621
Equity mutual funds ^(g)	30,620,071	—	—	30,620,071
Multi-asset balanced mutual funds ^(h)	5,164,985	4,962,673	—	10,127,658
Total	\$ 44,582,434	\$ 21,379,850	\$ —	\$ 65,962,284

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pension Plan (continued)

The fair values of the 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

(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 \$550,000 to its pension plan in fiscal 2013

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Pension Plan (continued)

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

	<u>Pension Benefits</u>
Fiscal year	
2013	\$ 9,683,948
2014	13,291,536
2015	3,327,725
2016	2,988,152
2017	3,792,919
Years 2018 – 2022	21,362,046

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. Historically, the Medical Center shared the coverage obligation for transferred employees with Hartford Hospital. At the end of 2012, this arrangement was reevaluated, and both parties agreed to end the co-obligation for transferred employees. Each organization would take responsibility for those employees it hired as a transfer from the other party. This resulted in the Medical Center recording an additional liability of \$772,000 for all transferred employees which Hartford Hospital reimbursed them for as part of the agreement. The Medical Center's contribution toward cost of medical coverage varies by years of pension credited service at retirement, ranging from 25% for employees with ten years of credited service to 100% for those employees with 25 plus years of credited service. The Medical Center's maximum fixed dollar commitment is \$2,280 per year per retiree.

Included in unrestricted net assets at September 30, 2012 and 2011, respectively, are \$237,872 and \$984,094 of net unrecognized actuarial gains that have not yet been recognized in net periodic benefit cost. There is no actuarial gain included in unrestricted net assets that is expected to be recognized in net periodic pension cost during the year ending September 30, 2013.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Postretirement Benefit Plan (continued)

The following table presents a reconciliation of the beginning and ending balances of the PRW 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	
	2012	2011
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 5,752,625	\$ 4,923,050
Service cost	316,704	279,616
Interest cost	295,826	269,407
Actuarial loss including the effects of any assumption changes	703,041	308,486
Benefits paid	748,045	(27,934)
Benefit obligation at end of year	<u>\$ 7,816,241</u>	<u>\$ 5,752,625</u>
	Year Ended September 30	
	2012	2011
Change in plan assets		
Fair value of plan assets at beginning of year	\$ —	\$ —
Contributions	(748,045)	27,934
Benefits paid	748,045	(27,934)
Fair value of plan assets at end of year	<u>\$ —</u>	<u>\$ —</u>
Accrued postretirement obligation included in other long-term liabilities	<u>\$ (7,816,241)</u>	<u>\$ (5,752,625)</u>

Benefits paid is net of the additional liability of \$772,000 recorded based on the change in obligation for employees transferring from Hartford Hospital discussed above

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Postretirement Benefit Plan (continued)

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

	2012	2011
Measurement date	September 30	September 30
Discount rate	3.85%	4.90%
Healthcare cost trend rate		
Current year	8.00	8.50
Ultimate	5.00	5.00
Number of years to reach ultimate	6	7

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

	2012	2011
Service cost	\$ 316,704	\$ 279,616
Interest cost	295,826	269,407
Net amortization		
Net actuarial gain	(43,181)	(93,232)
Net periodic benefit cost	\$ 569,349	\$ 455,791

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

	2012	2011
Discount rate	4.90%	5.20%
Health care cost trend rate		
Initial rate	8.50	9.00
Ultimate rate	5.00	5.00
Years to ultimate	7	8

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Postretirement Benefit Plan (continued)

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

	One-percentage Point Increase	Decrease
Effect on postretirement benefit obligation	\$ 318,652	\$ (279,350)
Effect on total of service and interest cost	34,026	(29,727)

The Medical Center expects to contribute \$199,533 to its postretirement benefit plan in fiscal 2013

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

	Postretirement Benefits
Fiscal year	
2013	\$ 199,533
2014	215,360
2015	251,781
2016	288,716
2017	321,991
Years 2018 – 2022	2,422,466

10. Bonds Payable

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

	September 30 2012	2011
Hospital revenue bonds financed with the State of Connecticut Health and Educational Facilities Authority (CHEFA)		
Series D (4 19% effective interest rate)	\$ 40,530	\$ 41,580
	40,530	41,580
Less current portion	1,215	(1,050)
	\$ 39,315	\$ 40,530

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Bonds Payable (continued)

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

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

Pursuant to the mortgage agreement and related documents, the Obligated Group is required to meet certain covenants including a days cash on hand, debt to capitalization and a debt service coverage ratio requirement. At September 30, 2012 and 2011, the Medical Center was in compliance with the covenants.

The Medical Center is required to make monthly interest and semi-annual principal repayments for the Series D Bonds. The next principal payment for the Series D bonds is due on January 1, 2013. Interest paid for 2012 and 2011 was \$694,150 and \$642,885, respectively.

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

Years Ended September 30	
2013	\$ 1,215,000
2014	1,280,000
2015	1,350,000
2016	1,415,000
2017	1,500,000
Aggregate thereafter	33,770,000
	<u>\$ 40,530,000</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Bonds Payable (continued)

In November 2005, the Medical Center entered into an interest rate swap agreement (the 2005 swap) effectively converting \$23,700,000 of its existing variable-rate debt (Series C debt) to a fixed-rate basis of 3.704% through June 2018. The fair value of the swap (a liability of \$1,968,851 and \$2,271,626 at September 30, 2012 and 2011, respectively) is reported in other long term liabilities. The increase in value of \$302,775 and \$450,369 is reported as a component of income from investments for the years ended September 30, 2012 and 2011, respectively. The swap, while serving as an economic hedge, does not qualify for hedge accounting.

Upon the refunding of the Series C debt in June 2011, the Medical Center applied the 2005 swap against the newly issued Series D debt and entered into a new swap agreement (the 2011 swap), which along with the 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 \$2,107,558 and \$1,641,066 as of September 30, 2012 and 2011, respectively) is reported in other long term liabilities. The decline in value of \$466,492 and \$1,641,066 is reported as a component of income from investments for the year ended September 30, 2012 and 2011, respectively. The swap, while serving as an economic hedge, does not qualify for hedge accounting.

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

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

Swap Type	Expiration Date	Medical Center Receives	Medical Center Pays	Notional Amount at September 30	
				2012	2011
Series C – Fixed to Floating (2005 Swap)	July 1, 2018	70% of LIBOR	3.704%	\$ 18,550	\$ 21,325
Series D – Fixed to Floating (2011 Swap)	July 1, 2032	65% LIBOR + 1.52%	4.6138%	20,827	18,929
				<u>\$ 39,377</u>	<u>\$ 40,254</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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, 2012 and 2011, consists of the following:

	<u>2012</u>	<u>2011</u>
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
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	668,809	858,094
Notes payable to a bank in bi-annual installments of \$947,956 through October 2012 at 4.09% interest. Secured by certain equipment	929,067	2,732,006
Notes payable to a bank in monthly installments of \$147,233 through October 2018 at 2.85% interest. Secured by certain equipment	9,857,166	—
Notes payable to a bank in monthly installments of \$114,385 through September 2019 at 2.52% interest. Secured by certain equipment	8,800,000	—
Note payable to landlord for leasehold improvements payable in monthly installments of \$1,431 through August 2019 at 6%. Unsecured	97,003	107,992
Note payable to a hospital association payable in monthly installments of \$6,529. Interest free	248,102	326,450
Other notes	16,935	70,696
	<u>20,617,082</u>	<u>4,123,946</u>
Less current portion	<u>3,902,944</u>	<u>2,164,028</u>
	<u><u>\$ 16,714,138</u></u>	<u><u>\$ 1,959,918</u></u>

The carrying value of the notes payable approximates fair value.

Interest paid on the notes was \$390,009 and \$494,759 for the years ended September 30, 2012 and 2011, respectively.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

11. Notes Payable (continued)

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

2013	\$ 3,902,944
2014	3,039,162
2015	3,123,791
2016	2,973,756
2017	2,989,374
Aggregate thereafter	4,588,055
	<u>\$ 20,617,082</u>

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, 2012, 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 their actuaries, record as a liability the estimate for claims-made malpractice liabilities and the estimate for incurred but not reported claims. The estimate for incurred but not reported claims, discounted at 2.49%, totaled \$6,031,000 and \$5,726,000 at September 30, 2012 and 2011, respectively. The Medical Center has recorded related insurance recoveries receivable of approximately \$21,724,242 at September 30, 2012, in consideration for the expected insurance recoveries for the total claims-made insurance.

The Medical Center, in consultation with its actuary, records as a liability an estimate of workers' compensation claims. Such liability, discounted at 2.16%, totaled \$2,239,000 and \$1,927,000 at September 30, 2012 and 2011, respectively.

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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 99 years beginning November 1, 1993 with an optional extension for an additional 99-year term.

The Ground Lease was recorded as a prepaid asset in the original amount of \$2,900,000 and is amortized over the term of the lease. The net asset is recorded at \$2,416,682 and \$2,445,974 as of September 30, 2012 and 2011, 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 \$9,870,230 and \$6,764,420 for the years ended September 30, 2012 and 2011, 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	
2013	\$ 8,671,255
2014	9,036,450
2015	9,057,573
2016	8,151,369
2017	7,991,571
	<u>\$ 42,908,218</u>

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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	
	2012	2011
Health care services	\$ 261,157,525	\$ 229,380,066
General and administrative	56,475,863	43,660,691
	<u>\$ 317,633,388</u>	<u>\$ 273,040,757</u>

16. Fair Value of Financial Instruments

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

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

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

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

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

16. Fair Value of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2012, 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	\$ 2,360,811	\$ —	\$ —	\$ 2,360,811
Fixed income securities ^(a)	116,625	—	—	116,625
Domestic fixed	16,843,653	—	—	16,843,653
International fixed	1,113,280	—	—	1,113,280
Marketable equity securities ^(b)	384,452	—	—	384,452
Domestic equity	14,206,651	—	—	14,206,651
International equity	1,618,266	—	—	1,618,266
Mutual Funds				
Domestic	10,219,849	—	—	10,219,849
International	5,207,625	—	—	5,207,625
Multi-Strategy	1,090,899	—	—	1,090,899
Equity				
Domestic growth ^(c)	9,124,355	—	—	9,124,355
Domestic value ^(c)	1,261,127	—	—	1,261,127
International ^(c)	5,907,757	—	—	5,907,757
Real estate, small cap and other ^(c)	150,008	—	—	150,008
International equity common trust fund	—	2,897,088	—	2,897,088
Domestic equity common trust fund	—	8,566,520	—	8,566,520
Fixed income				
International	681,054	—	—	681,054
Domestic	5,589,697	—	—	5,589,697
Intermediate term ^(c)	8,184,672	—	—	8,184,672
Global ^(c)	166,339	—	—	166,339
Short-term ^(c)	1,583,873	—	—	1,583,873
Inflation protected ^(c)	1,229,293	—	—	1,229,293
Common Trust Fund ^(d)	—	3,185,770	—	3,185,770
Domestic fixed Common Trust Fund	—	4,484,440	—	4,484,440
Funds held by trustee under revenue bond agreement ^(e)	10,408,581	—	—	10,408,581
Fund of funds	—	1,182,225	—	1,182,225
Real estate investments	—	127,362	—	127,362
Foundation held funds and miscellaneous other investments ^(f)	—	1,876,472	—	1,876,472
Total	\$ 97,448,867	\$ 22,319,877	\$ —	\$ 119,768,744
Liabilities				
Interest rate swap agreement ^(g)	\$ —	\$ 4,173,109	\$ —	\$ 4,173,109

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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
Short-term	25,253	—	—	25,253
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 ^(f)	—	2,218,009	—	2,218,009
Total	\$ 82,432,301	\$ 19,140,383	\$ —	\$ 101,572,684
Liabilities				
Interest rate swap agreement ^(g)	\$ —	\$ 3,912,692	\$ —	\$ 3,912,692

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

16. Fair Value of Financial Instruments (continued)

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

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

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

Connecticut Children's Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

17. Subsequent Events

The Medical Center evaluated subsequent events through January 28, 2013, which is the date the financial statements were issued

Effective October 1, 2012, the Medical Center's ownership interest in CHS was transferred to Hartford Health Care Corporation (HHCC) as a result of HHCC becoming the sole owner of CHS. As a result of the transaction, the Medical Center reevaluated its malpractice coverage and has enacted a new program. CHS will continue to be the primary insurer for malpractice claims.

Under the new program, the primary level of coverage is \$4,000,000 per claim and \$12,000,000 in the aggregate. There is an additional \$6,000,000 of professional liability purchased through an external insurance company which was utilized to reduce the primary layer with CHS to the \$4,000,000/\$12,000,000 levels. In addition, there are four layers of excess indemnity coverage with four different insurance companies at \$10,000,000 per claim on the first three layers and \$15,000,000 on the fourth layer, totaling \$45,000,000 in the aggregate. The reduction in overall coverage is deemed acceptable, as this coverage is solely for the Medical Center's claim activity. Historically, all of the claim activity of CHS, which includes several other hospitals, was covered by the primary and excess layers. There are no deductibles. Additionally, the Medical Center purchased a loss capping policy to limit the exposure to existing claims as of September 30, 2012. Under this policy, any existing claim that settles for greater than the amount reserved by CHS for this claim is covered and paid by the insurance company, limiting the Medical Center's liability for increases in claims up to \$10,000,000 per claim and \$20,000,000 in the aggregate. Should claims settle for greater than the amount already reserved and the \$20,000,000 loss capping policy, the Medical Center is fully liable for the excess.

No other events occurred that require disclosure or adjustment to the consolidated financial statements, except as noted above.

Supplementary Information

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets

September 30, 2012

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Assets							
Current assets							
Cash and cash equivalents	\$ 482,737	\$ -	\$ 482,737	\$ 47,161	\$ 1,830,913	\$ -	\$ 2,360,811
Funds held by trustee under revenue bond agreement	10,408,581	-	10,408,581	-	-	-	10,408,581
Patient accounts receivable, less allowance of approximately \$6,149,000 for the Medical Center and \$1,260,000 for Specialty Group	29,412,780	-	29,412,780	3,492,997	-	-	32,905,777
Due from affiliated entities	6,701,228	-	6,701,228	61,449	-	(61,449)	6,701,228
Inventories	655,745	-	655,745	36,980	-	-	692,725
Due from third parties	4,899,895	-	4,899,895	-	-	-	4,899,895
Other current assets	8,432,268	-	8,432,268	3,392,685	1,665,377	-	13,490,330
Total current assets	60,993,234	-	60,993,234	7,031,272	3,496,290	(61,449)	71,459,347
Assets whose use is limited							
Investments	-	-	-	951,162	30,343,109	-	31,294,271
Funds held in trust by others	75,705,081	-	75,705,081	-	-	-	75,705,081
Interest in Foundation	-	87,705,125	87,705,125	-	-	-	87,705,125
	75,705,081	87,705,125	163,410,206	951,162	30,343,109	-	194,704,477
Property, plant and equipment							
Buildings	118,462,156	-	118,462,156	2,887,926	-	-	121,350,082
Furniture and equipment	63,710,820	-	63,710,820	1,339,739	146,261	-	65,196,820
Construction in progress	19,750,929	-	19,750,929	-	-	-	19,750,929
	201,923,905	-	201,923,905	4,227,665	146,261	-	206,297,831
Less accumulated depreciation	(93,582,827)	-	(93,582,827)	(1,959,547)	(94,071)	-	(95,636,445)
	108,341,078	-	108,341,078	2,268,118	52,190	-	110,661,386
Other assets							
Bond issuance costs	730,892	-	730,892	-	-	-	730,892
Ground lease	2,416,682	-	2,416,682	-	-	-	2,416,682
Other	24,335,538	-	24,335,538	6,684,978	5,493	-	31,026,009
	27,483,112	-	27,483,112	6,684,978	5,493	-	34,173,583
Total assets	\$ 272,522,505	\$ 87,705,125	\$ 360,227,630	\$ 16,935,530	\$ 33,897,082	\$ (61,449)	\$ 410,998,793

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets (continued)

September 30, 2012

	Connecticut Children's Medical	Effect of Adoption of ASC 958-20	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Liabilities and net assets						
Current liabilities						
Current portion of bonds payable	\$ 1,215,000	\$ -	\$ -	\$ -	\$ -	\$ 1,215,000
Current portion of notes payable	3,874,342	-	28,602	-	-	3,902,944
Accounts payable and accrued expenses	26,273,345	-	5,366,793	964,676	-	32,604,814
Accrued wages	11,564,942	-	4,760,213	-	-	16,325,155
Due to third parties	2,965,182	-	1,561,246	-	-	4,526,428
Due to affiliated entities	61,449	-	743,431	-	(61,449)	743,431
Accrued interest payable and other current liabilities	66,507	-	264,208	-	-	330,715
Total current liabilities	46,020,767	-	12,724,493	964,676	(61,449)	59,648,487
Bonds payable, less current portion	39,315,000	-	-	-	-	39,315,000
Notes payable, less current portion	16,628,802	-	85,336	-	-	16,714,138
Accrued pension liability	19,026,898	-	-	-	-	19,026,898
Other long term liabilities	29,898,238	-	9,349,433	-	-	39,247,671
Total liabilities	150,889,705	-	22,159,262	964,676	(61,449)	173,952,194
Net assets						
Unrestricted	31,388,657	65,295,933	(5,223,732)	31,325,345	-	122,786,203
Temporarily restricted	14,539,062	5,774,336	-	1,607,061	-	21,920,459
Permanently restricted	75,705,081	16,634,856	-	-	-	92,339,937
Total net assets	121,632,800	87,705,125	(5,223,732)	32,932,406	-	237,046,599
Total net assets and liabilities	\$ 272,522,505	\$ 87,705,125	\$ 16,935,530	\$ 33,897,082	\$ (61,449)	\$ 410,998,793

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets

September 30, 2011

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Assets							
Current assets							
Cash and cash equivalents	\$ 3,472,044	\$ -	\$ 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 approximately \$5,753,000 for the Medical Center and \$891,000 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	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	\$ 8,582,265	\$29,130,818	\$ (769,150)	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

Connecticut Children's Medical Center and Subsidiaries

Consolidating Balance Sheets (continued)

September 30, 2011

	Connecticut Children's Medical Center	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Liabilities and net assets							
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 Statements of Operations and Changes in Net Assets

Year Ended September 30, 2012

	Connecticut Children's Medical	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Revenues							
Net patient service revenue	\$ 231,197,635	\$ -	\$ 231,197,635	\$ 46,407,120	\$ -	\$ -	\$ 277,604,755
Provision for bad debt	(4,548,780)	-	(4,548,780)	(1,326,259)	-	-	(5,875,039)
Net patient service revenue less provision for bad debts	226,648,855	-	226,648,855	45,080,861	-	-	271,729,716
Other revenues	7,522,637	-	7,522,637	7,405,595	1,489,701	(1,679,073)	14,738,860
Net assets released from restrictions	12,253,353	-	12,253,353	-	2,130,450	-	14,383,803
	246,424,845	-	246,424,845	52,486,456	3,620,151	(1,679,073)	300,852,379
Expenses							
Salaries	98,472,704	-	98,472,704	45,345,416	1,360,821	6,637,606	151,816,547
Benefits	26,242,270	-	26,242,270	8,339,907	444,155	1,526,650	36,552,982
Supplies and other	111,079,149	-	111,079,149	12,667,842	3,325,426	(9,843,329)	117,229,088
Depreciation and amortization	10,408,276	-	10,408,276	672,653	13,250	-	11,094,179
Interest	910,866	-	910,866	29,726	-	-	940,592
	247,113,265	-	247,113,265	67,055,544	5,143,652	(1,679,073)	317,633,388
Loss from operations	(688,420)	-	(688,420)	(14,569,088)	(1,523,501)	-	(16,781,009)
Other income							
Gain from investments	14,932,864	-	14,932,864	28,493	1,673,372	-	16,634,729
Income from trusts held by others	2,826,208	-	2,826,208	-	-	-	2,826,208
Change in equity interest in net assets of the Foundation	-	1,922,646	1,922,646	-	-	-	1,922,646
Other	(84,403)	-	(84,403)	-	-	-	(84,403)
	17,674,669	1,922,646	19,597,315	28,493	1,673,372	-	21,299,180
Excess (deficiency) of revenues over expenses	16,986,249	1,922,646	18,908,895	(14,540,595)	149,871	-	4,518,171

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, 2012

	Connecticut Children's Medical	Effect of Adoption of ASC 958-20	Total	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Unrestricted net assets							
Excess (deficiency) of revenues over expenses	\$ 16,986,249	\$ 1,922,646	\$ 18,908,895	\$ (14,540,595)	\$ 149,871	\$ -	\$ 4,518,171
Transfer from affiliated organizations, net	(15,699,924)	-	(15,699,924)	15,699,924	-	-	-
Net unrealized gain on investments	-	-	-	104,960	3,582,091	-	3,687,051
Net assets released from restrictions for capital	3,078,733	-	3,078,733	-	-	-	3,078,733
Change in funded status of pension and post-retirement plans	(1,377,255)	-	(1,377,255)	-	-	-	(1,377,255)
Adoption of new accounting principle	-	-	-	-	-	-	-
Change in equity interest in the net assets of the Foundation	-	8,856,142	8,856,142	-	-	-	8,856,142
Increase in unrestricted net assets	2,987,803	10,778,788	13,766,591	1,264,289	3,731,962	-	18,762,842
Temporarily restricted net assets							
Transfer from affiliated organization	4,251,318	-	4,251,318	-	-	-	4,251,318
Net assets released from restrictions for operations	(12,253,353)	-	(12,253,353)	-	(2,130,450)	-	(14,383,803)
Net assets released from restrictions for capital	(3,078,733)	-	(3,078,733)	-	-	-	(3,078,733)
Bequests, gifts and grants	10,489,646	-	10,489,646	-	2,440,222	-	12,929,868
Change in equity interest in the net assets of the Foundation	-	961,200	961,200	-	-	-	961,200
Increase in temporarily restricted net assets	(591,122)	961,200	370,078	-	309,772	-	679,850
Permanently restricted net assets							
Change in funds held by others	7,884,564	-	7,884,564	-	-	-	7,884,564
Change in equity interest in the net assets of the Foundation	-	306,275	306,275	-	-	-	306,275
Increase in permanently restricted net assets	7,884,564	306,275	8,190,839	-	-	-	8,190,839
Increase in net assets	10,281,245	12,046,263	22,327,508	1,264,289	4,041,734	-	27,633,531
Net assets at beginning of year	111,351,555	75,658,862	187,010,417	(6,488,021)	28,890,672	-	209,413,068
Net assets at end of year	\$ 121,632,800	\$ 87,705,125	\$ 209,337,925	\$ (5,223,732)	\$ 32,932,406	\$ -	\$ 237,046,599

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 ASC 958-20	Connecticut Children's Specialty Group	Children's Fund	Eliminations	Total Consolidated
Revenues						
Net patient service revenue	\$ 202,447,507	\$ -	\$ 42,064,861	\$ -	\$ -	\$ 244,512,368
Provision for bad debt	(1,147,790)	-	(1,218,040)	-	-	(2,365,830)
Net patient service revenue less provision for bad debts	201,299,717	-	40,846,821	-	-	242,146,538
Other revenues	3,247,061	-	7,960,562	1,690,861	(1,495,959)	11,402,525
Net assets released from restrictions	12,747,922	-	-	1,440,575	-	14,188,497
	217,294,700	-	48,807,383	3,131,436	(1,495,959)	267,737,560
Expenses						
Salaries	89,812,090	-	38,637,666	1,074,296	4,411,596	133,935,648
Benefits	25,506,983	-	7,776,019	361,859	1,014,666	34,659,527
Supplies and other	81,830,350	-	11,622,168	2,990,846	(6,922,221)	89,521,143
Bad debts (non-patient)	-	-	101,818	-	-	101,818
Depreciation and amortization	10,397,231	-	592,738	10,615	-	11,000,584
Interest	1,187,248	-	44,176	-	-	1,231,424
Loss on retirement of debt	2,576,263	-	-	-	-	2,576,263
	211,310,165	-	58,774,585	4,437,616	(1,495,959)	273,026,407
Gain (loss) from operations	5,984,535	-	(9,967,202)	(1,306,180)	-	(5,288,847)
Other income						
Gain from investments	4,377,851	-	37,698	1,873,195	-	6,288,744
Income from trusts held by others	2,624,198	-	-	-	-	2,624,198
Change in equity interest in net assets of the Foundation	-	2,798,727	-	-	-	2,798,727
Other	(1,857)	-	(466)	-	-	(2,323)
	7,000,192	2,798,727	37,232	1,873,195	-	11,709,346
Excess (deficiency) of revenues over expenses	12,984,727	2,798,727	(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 ASC 958-20	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 temporarily 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

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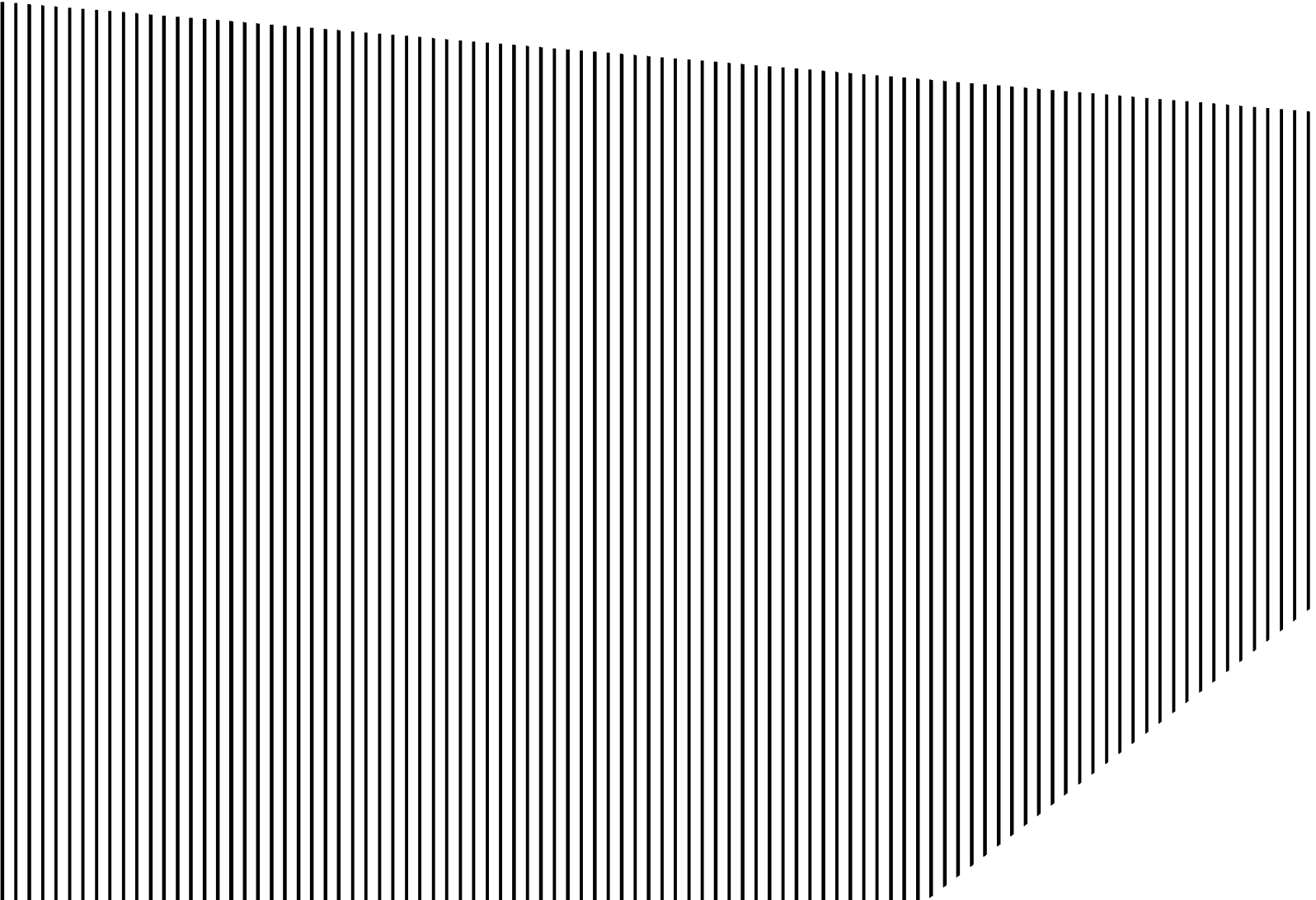
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Additional Data

Software ID:

Software Version:

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Name: CONNECTICUT CHILDREN'S 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			
H MARK LUNENBURG CHAIRMAN - DIRECTOR	10	X	X					0	0	0
E CLAYTON GENGRAS III VICE CHAIRMAN - DIRECTOR	10	X		X				0	0	0
WILLIAM POPIK VICE CHAIRMAN - DIRECTOR	10	X		X				0	0	0
ROBERT SHANFIELD SECRETARY - DIRECTOR	10	X		X				0	0	0
GERALD J BOISVERT JR TREASURER-DIRECTOR-EVP/CFO	550	X		X				371,253	0	42,304
MARILYN BACON DIRECTOR	10	X						0	0	0
MARIA BLOOM DIRECTOR	10	X						0	0	0
MARTIN J GAVIN DIRECTOR - PRESIDENT/CEO	550	X		X				458,080	0	31,228
LOUIS HERNANDEZ JR DIRECTOR	10	X						0	0	0
JEFFREY HOFFMAN DIRECTOR	10	X						0	0	0
HARLAN KENT DIRECTOR	10	X						0	0	0
CATO LAURENCIN DIRECTOR	10	X						0	0	0
SOREN TORP LAURSEN DIRECTOR	10	X						0	0	0
ROBERT M LE BLANC DIRECTOR	10	X						0	0	0
EDWARD LEWIS DIRECTOR	10	X						0	0	0
KATIE NIXON DIRECTOR	10	X						0	0	0
KOLAWOLE OLAFINBOBA DIRECTOR	10	X						0	0	0
DAVID ROTH DIRECTOR	10	X						0	0	0
ANNE P SARGENT DIRECTOR	10	X						0	0	0
CHARLES SHIVERY DIRECTOR	10	X						0	0	0
RICHARD G WEISS MD DIRECTOR	10	X						0	447,710	46,035
THERESA M HENDRICKSEN EVP/CHIEF OPERATING OFFICER	550			X				291,431	0	45,915
KELLY STYLES CHIEF INFORMATION OFFICER	550			X				231,466	0	28,422
ANN TAYLOR SR VP - GENRAL COUNSEL	550			X				244,185	0	42,621
ROBERT ENGLANDER SR VP-QUAL IMP PATIENT SAFETY	550			X				155,373	0	8,593

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			
ELIZABETH RUDDEN VP - HUMAN RESOURCES	55 0			X				186,901	0	26,380
FERNANDO FERRER MD SURGEON IN CHIEF	55 0				X			0	589,950	44,285
PAUL H DWORKIN MD PHYSICIAN IN CHIEF	55 0				X			428,842	0	28,974
ELIZABETH CROUCH DIRECTOR PERIOPERATIVE SVCS	55 0					X		202,470	0	24,920
LINDA A GROOM PROF PRACTICE RN IV	55 0					X		171,899	0	33,674
WILLIAM A AGOSTINUCCI DIRECTOR CLINICAL FAMILY SVCS	55 0					X		146,577	0	32,211
BARBARA E BROWN DIRECTOR EDUCATION REHAB	55 0					X		145,166	0	30,549
ROBERT W LEAKE DIRECTOR REVENUE REIMBURSEMENT	55 0					X		144,594	0	24,547