

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at [www.irs.gov/foi m990](#)

OMB No 1545-0047

2015

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

% PATRICK J GARVEY CPA CHFP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

282 WASHINGTON STREET

City or town, state or province, country, and ZIP or foreign postal code
HARTFORD, CT 061063322

F Name and address of principal officer
JAMES E SHMERLING DHA FACHE
282 WASHINGTON STREET
HARTFORD,CT 061063322

H(a) Is this a group return for subordinates?

No

☐ Yes ☒

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

06-0646755

E Telephone number

(860) 545-9000

G Gross receipts \$ 329,810,705

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CONNECTICUTCHILDRENS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1921

M State of legal domicile CT

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities CONNECTICUT CHILDREN'S MEDICAL CENTER IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED CARE, RESEARCH, EDUCATION AND ADVOCACY			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,120	
Revenue	6 Total number of volunteers (estimate if necessary)	6	362	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		22,898,068	20,434,065	
Expenses		294,961,171	307,571,046	
		1,174,785	93,295	
		1,251,414	1,299,205	
		320,285,438	329,397,611	
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	16,890	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	144,710,363	149,766,958	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,710,661			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	143,339,977	153,479,146	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	288,050,340	303,262,994	
	19 Revenue less expenses Subtract line 18 from line 12	32,235,098	26,134,617	
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year	
		380,119,520	385,271,416	
		181,869,675	172,366,163	
		198,249,845	212,905,253	

Part II Signature Block

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

Sign Here

Signature of officer

PATRICK GARVEY CFO

Type or print name and title

2017-07-07

Date

Paid Preparer Use Only

Prnt/Type preparer's name
Scott J Manani

Preparer's signature
Scott J Manani

Date

Check ☐ if self-employed

PTIN
P00642486

Firm's name ▶ WithumSmithBrown PC

Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070

Firm's EIN ▶

Phone no (973) 898-9494

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form990(2015)

Check if Schedule O contains a response or note to any line in this Part III ☒

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 VISION ===== WE ARE MAKING CHILDREN IN CONNECTICUT THE HEALTHIEST IN THE COUNTRY VALUES ===== FAMILY-CENTERED CARE ----- - WE PLACE OUR PATIENTS AND THEIR FAMILIES AT THE CENTER OF ALL WE DO - WE PARTNER WITH FAMILIES AND EMBRACE THEIR INVOLVEMENT IN ALL ASPECTS OF SERVICE AND CARE DISCOVERY ----- - WE LOOK FOR NEW WAYS OF DOING THINGS - WE ASK QUESTIONS, INVEST IN RESEARCH, FIND ANSWERS AND SHARE NEW KNOWLEDGE WITH THE WORLD INTEGRITY ----- - WE ARE OPEN, HONEST AND ETHICAL - WE TAKE RESPONSIBILITY FOR OUR ACTIONS AND FULFILL OUR COMMITMENTS - WE ADMIT OUR MISTAKES AND LEARN FROM THEM TEAMWORK ----- - WE LIVE BY THE STATEMENT "I CARE IF YOU SUCCEED " - WE WORK TOGETHER TO ACHIEVE OUR GOAL

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 226,130,286 including grants of \$ 16,890) (Revenue \$ 307,571,046)
	See Additional Data

[illegible][illegible]

4d	Other program services (Describe in Schedule O)				
	(Expenses \$		including grants of \$		(Revenue \$)

4e	Total program service expenses ▶	226,130,286
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c 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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
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?	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.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records PATRICK J GARVEY CPA CHFP 282 WASHINGTON STREET HARTFORD, CT 06106 (860) 545-9000	

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,592,507	1,899,642	676,218

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 155

		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 Yes	
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) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CONNECTICUT HEALTH CE, 263 FARMINGTON AVENUE FARMINGTON, CT 06032	MEDICAL	34,203,755
HARTFORD HOSPITAL, 80 SEYMOUR STREET PO BOX 5037 HARTFORD, CT 061025037	MEDICAL	6,653,354
ARAMARK CORPORATION, PO BOX 651009 CHARLOTTE, NC 282651009	CAFETERIA/DIETARY	2,820,060
AMN HEALTHCARE SERVICES INC, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	STAFFING	1,318,375
EPIC SYSTEMS CORPORATION, PO BOX 88314 MILWAUKEE, WI 53288	IT	899,156

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 ▶ 51

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	512,562				
	d	Related organizations . . .	1d	7,661,054				
	e	Government grants (contributions)	1e	8,361,536				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,898,913				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		20,434,065				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 541900	305,164,135	305,164,135			
	b	OTHER HEALTHCARE RELATED REVENUE	541900	2,406,911	2,406,911			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		307,571,046				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		93,295			93,295
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		0				
6a		Gross rents	(i) Real 219,502	(ii) Personal				
		b	Less rental expenses	147,202				
		c	Rental income or (loss)	72,300	0			
		d	Net rental income or (loss)		72,300			72,300
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)		0			
8a		Gross income from fundraising events (not including \$ 512,562 of contributions reported on line 1c) See Part IV, line 18 . . .	a	263,945				
		b	Less direct expenses	b	263,945			
		c	Net income or (loss) from fundraising events . .		0			
		9a	Gross income from gaming activities See Part IV, line 19	a	5,720			
b			Less direct expenses	b	1,947			
c			Net income or (loss) from gaming activities . . .		3,773			3,773
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	1,147,153			1,147,153	
b	CONSULTING	541900	75,979			75,979		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,223,132					
12	Total revenue. See Instructions		329,397,611	307,571,046		1,392,500		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,890	16,890		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,948,254		6,948,254	
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	117,842,702	92,609,873	23,265,133	1,967,696
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,023,505	5,519,611	1,386,618	117,276
9	Other employee benefits	8,643,899	6,954,710	1,541,421	147,768
10	Payroll taxes	9,308,598	7,259,468	1,894,887	154,243
11	Fees for services (non-employees)				
a	Management	319,541	273,286	46,255	
b	Legal	387,446	438	387,008	
c	Accounting	242,311		242,311	
d	Lobbying	164,135	164,135		
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	929,220		929,220	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,066,639	50,141,863	6,893,744	31,032
12	Advertising and promotion	1,271,598		1,271,598	
13	Office expenses	5,685,095	3,818,103	1,846,777	20,215
14	Information technology	5,785,256	591,343	5,193,913	
15	Royalties	0			
16	Occupancy	12,895,778	8,110,098	4,746,131	39,549
17	Travel	381,046	236,679	140,573	3,794
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	874,193	660,454	193,008	20,731
20	Interest	1,137,843	722,752	405,106	9,985
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,046,493	12,098,248	6,781,109	167,136
23	Insurance	2,894,693	2,630,225	264,468	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	30,598,321	30,558,700	39,164	457
b	SPECIALITY GROUP SUPPORT	8,796,478		8,796,478	
c	REPAIRS & MAINTENANCE	2,944,998	2,416,578	528,420	
d	DUES, LICENSES & SUBSCRIPT	1,366,675	662,958	680,451	23,266
e	All other expenses	691,387	683,874		7,513
25	Total functional expenses. Add lines 1 through 24e	303,262,994	226,130,286	74,422,047	2,710,661
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		8,339,532	1	4,161,628
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		31,383,650	4	32,051,457
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,443,429	8	2,407,715
	9	Prepaid expenses and deferred charges		761,737	9	647,914
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	278,054,050		
	b	Less: accumulated depreciation	10b	151,474,917	10c	126,579,133
	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		176,116,474	13	189,713,912
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		31,767,054	15	29,709,657
	16	Total assets. Add lines 1 through 15 (must equal line 34)		380,119,520	16	385,271,416
Liabilities	17	Accounts payable and accrued expenses		49,959,877	17	47,706,884
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		59,216,334	20	52,065,004
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		51,544	23	0
	24	Unsecured notes and loans payable to unrelated third parties		196,004	24	162,036
	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		72,445,916	25	72,432,239
	26	Total liabilities. Add lines 17 through 25		181,869,675	26	172,366,163
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		75,698,045	27	86,365,161
	28	Temporarily restricted net assets		29,429,877	28	27,079,719
	29	Permanently restricted net assets		93,121,923	29	99,460,373
	Organizations that do not follow SFAS 117 (ASC 958), 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		198,249,845	33	212,905,253
	34	Total liabilities and net assets/fund balances		380,119,520	34	385,271,416

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	329,397,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	303,262,994
3	Revenue less expenses Subtract line 2 from line 1	3	26,134,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	198,249,845
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,479,209
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,905,253

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Additional Data

Software ID:**Software Version:****EIN:** 06-0646755

Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 226,130,286 including grants of \$ 16,890) (Revenue \$ 307,571,046)

ACUTE CARE CHILDREN'S HOSPITAL EXPENSES INCURRED TO PROVIDE ACUTE CARE INPATIENT AND OUTPATIENT SERVICES TO CHILDREN FROM CONNECTICUT AND THE SURROUNDING AREA IN FISCAL YEAR 2016 THERE WERE 6,331 ADMISSIONS AND 76,678 OUTPATIENT VISITS PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
E CLAYTON GENGRAS III CHAIRMAN - DIRECTOR	10 00	X		X				0	0	0
WILLIAM C POPIK MD VICE CHAIRMAN - DIRECTOR	10 00	X		X				0	0	0
ROBERT J SHANFIELD SECRETARY - DIRECTOR	10 00	X		X				0	0	0
GENO AURIEMMA DIRECTOR	10 00	X						0	0	0
MARILYN A BACON MD DIRECTOR	10 00	X						0	0	0
THOMAS O BARNES DIRECTOR	10 00	X						0	0	0
CRAIG C BONANNI MD DIRECTOR - PRESIDENT MED STAFF	10 00	X						0	0	0
JAMES W FANELLI CFP DIRECTOR	10 00	X						0	0	0
GLEN R GREENBERG DIRECTOR	10 00	X						0	0	0
SUSAN V HERBST PHD DIRECTOR	10 00	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY S HOFFMAN DIRECTOR	1 0 0 0	X						0	0	0
CATO LAURENCIN MD PHD DIRECTOR	1 0 0 0	X						0	0	0
SOREN TORP LAURSEN DIRECTOR	1 0 0 0	X						0	0	0
ROBERT S LE BLANC DIRECTOR	1 0 0 0	X						0	0	0
EDWARD LEWIS DIRECTOR	1 0 0 0	X						0	0	0
CHRISSY MONACO DIRECTOR	1 0 0 0	X						0	0	0
KATHERINE O NIXON DIRECTOR	1 0 0 0	X						0	0	0
KOLAWOLE A OLOFINBOBA MD DIRECTOR	1 0 0 0	X						0	0	0
DAVID M ROTH ESQ DIRECTOR	1 0 0 0	X						0	0	0
ANNE P SARGENT DIRECTOR	1 0 0 0	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES E SHMERLING DHA FACHE DIRECTOR-PRES/CEO(EFF 11/1/15)	55 0 0 0	X		X				176,960	0	2,934
LESLIE SILVERMAN DIRECTOR	1 0 0 0	X						0	0	0
LAUREN K ZELIGSON DIRECTOR	1 0 0 0	X						0	0	0
SCOTT W FANNING DIRECTOR (TERMED 01/01/16)	1 0 0 0	X						0	0	0
MARTIN J GAVIN DIRECTOR-PRES/CEO (10/1-10/31)	55 0 0 0	X		X				632,641	0	30,088
JAMES A MANAFORT JR DIRECTOR (TERMED 07/01/16)	1 0 0 0	X						0	0	0
CHARLES W SHIVERY DIRECTOR (TERMED 12/31/15)	1 0 0 0	X						0	0	0
PATRICK J GARVEY CPA CHFP TREASURER - SVP/CFO	55 0 0 0			X				344,255	0	44,346
FERNANDO FERRER MD EVP,CLINICAL AFF(TERM 7/11/16)	55 0 0 0			X				0	899,927	47,437
CHRISTINE FINCK MD FACS EVP,SURG-IN-CHIEF(EFF 7/27/16)	55 0 0 0			X				0	699,826	40,939

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL H DWORKIN MD EVP, COMMUNITY CHILD HEALTH	55 0 0 0			X				478,949	0	23,463
JUAN SALAZAR MD MPH EVP, ACADEMIC AFFAIRS	55 0 0 0			X				446,693	0	47,267
ANN G TAYLOR JD EVP, CHIEF ADMIN OFFICER	55 0 0 0			X				391,090	0	36,332
ANDREA L BENIN MD SVP, PATIENT SAFETY & QUALITY	55 0 0 0			X				400,760	0	46,915
KELLY STYLES MBA SVP, OPERATIONS & CIO	55 0 0 0			X				374,129	0	19,960
CHERYL HOEY RN BSN MBA SVP, CLINICAL SERVICES & CNO	55 0 0 0			X				263,262	0	42,786
LAWRENCE E MILAN MA SVP, HUMAN RESOURCES	55 0 0 0			X				260,646	0	26,490
THOMAS RICHARDSON VP, MKTG & COMM (TERM 4/22/16)	55 0 0 0			X				192,878	0	40,493
AUDREY WISE MBA VP,CHIEF MKTG OFF(EFF 9/26/16)	55 0 0 0			X				0	0	0
RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	55 0 0 0			X				302,242	0	26,344

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRISHA FARMER MSN RN CHIEF OF STAFF (EFF 4/24/16)	55 0 0 0			X				139,098	0	37,324
BOBBY M VARGAS General Counsel	55 0 0 0			X				279,800	0	40,884
JUNG PARK SR DIR, INFORMATION SERVICES	55 0 0 0					X		190,790	0	12,246
LINDA A GROOM CLINICAL NURSE IV	55 0 0 0					X		184,085	0	14,033
MARLENE E FERRIS SR DIR, ORGANIZATIONAL EFFECT	55 0 0 0					X		179,982	0	28,484
ROBERT J FRALEIGH DIRECTOR CORP COMMUNICATIONS	55 0 0 0					X		178,150	0	7,977
PHILIP B HOPKINS DIRECTOR TECHNICAL SERVICES	55 0 0 0					X		176,097	0	12,694
DEAN A RAPOZA FORMER OFFICER	55 0 0 0						X	0	299,889	46,782

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

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

Part II

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

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

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

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

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 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 function 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-
2				
3				
4				
5				
6				

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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☐ Y e s

☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(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		64,135
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		255,610
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			319,745
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1A, 1B, 1D, 1F & 1G	Connecticut Children's Medical Center advocates for child-friendly policies at the Connecticut General Assembly and the United States Congress. Advocacy can include messaging sent to legislators via email, letters and social media and sometimes the provision of opportunities for Medical Center employees, medical staff and supporters in the community to reach out to their Senators and Representatives by sharing action alerts through email. THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, CONNECTICUT HOSPITAL ASSOCIATION AND NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TOWARDS LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THIS ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$64,135 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016, THE ORGANIZATION PAID AN OUTSIDE INDEPENDENT CONSULTING FIRM \$100,000 TO LOBBY ON BEHALF OF THE MEDICAL CENTER FOR LEGISLATION AFFECTING CHILDREN'S HEALTH AND OTHER HEALTHCARE LEGISLATIVE MATTERS. THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITIES A PERCENTAGE OF COMPENSATION PAID TO TWO CONNECTICUT CHILDREN'S MEDICAL CENTER EMPLOYEES TO REPRESENT TIME SPENT LOBBYING ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$155,610 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. PLEASE NOTE THIS AMOUNT IS INCLUDED WITHIN CORE FORM, PART IX, LINES 5 AND 7 AS SALARIES EXPENSES. VOLUNTEER PARTICIPATION 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

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

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,267,000	21,942,979	19,645,169	18,169,769	17,602,539
b Contributions	883,341	498,716	431,168	271,830	306,275
c Net investment earnings, gains, and losses	263,705	1,211,645	2,467,087	1,670,841	632,722
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	984,449	1,386,340	600,445	467,271	371,767
f Administrative expenses	0	0	0	0	0
g End of year balance	22,429,597	22,267,000	21,942,979	19,645,169	18,169,769

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 83 460 %

c Temporarily restricted endowment ▶ 16 540 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes ☐ No

3a(ii)

☐ Yes ☐

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

☐ Yes ☐

3b

☐ Yes ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		120,981,255	55,804,243	65,177,012
c Leasehold improvements		24,392,343	9,736,403	14,655,940
d Equipment		130,473,847	85,854,738	44,619,109
e Other		2,206,605	79,533	2,127,072
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				126,579,133

Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0646755
Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	THE ENDOWMENT FUNDS REPORTED IN SCHEDULE D, PART V, ARE HELD BY CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION FOR THE BENEFIT OF CONNECTICUT CHILDREN'S MEDICAL CENTER 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 AND INVESTED UNTIL SUCH TIME THAT THE FUNDS ARE UTILIZED CONNECTICUT CHILDREN'S MEDICAL CENTER'S SPENDING POLICY IS THAT ANY EXPENDITURE ASSOCIATED WITH THE ENDOWMENT IS APPROPRIATED BASED ON THE DONOR'S INTENTION 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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, QUESTION 2	AN INDEPENDENT FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S MEDICAL CENTER AND SUBSIDIARIES FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015, RESPECTIVELY THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) "THE MEDICAL CENTER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET MANAGEMENT HAS DETERMINED THAT THERE WERE NO MATERIAL TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2016 AND 2015 " IN ADDITION, THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BASIS THE FOLLOWING FOOTNOTE IS INCLUDED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015 THAT REPORTS THE SYSTEMS LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) "THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT HAS DETERMINED THAT THERE WERE NO MATERIAL TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2016 AND 2015 "

2015

Open to Public Inspection

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Program Services	FINANCIAL VEHICLE	4,202,050
(2) Central America and the Caribbean			Program Services	FINANCIAL VEHICLE	880,000
(3)					
(4)					
(5)					
3a Sub-total					5,082,050
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					5,082,050

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

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

☐

Yes

☒

No
- 4

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

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	THIS ORGANIZATION PAID CHS INSURANCE LIMITED, A FINANCIAL VEHICLE, MALPRACTICE PREMIUM PAYMENTS IN THE AMOUNT OF \$4,202,050 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. ADDITIONALLY, THIS ORGANIZATION PAID CHS INSURANCE LIMITED MALPRACTICE PREMIUMS IN THE AMOUNT OF \$2,048,444, ON BEHALF OF CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC., A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. THIS AMOUNT IS REIMBURSED TO CONNECTICUT CHILDREN'S MEDICAL CENTER. IN ADDITION, CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC. REPORTS MALPRACTICE PREMIUM PAYMENTS IN THE AMOUNT OF \$2,048,444 ON SCHEDULE F OF ITS FORM 990 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016. CCMC CORPORATION, THE TAX-EXEMPT PARENT ORGANIZATION OF CONNECTICUT CHILDREN'S MEDICAL CENTER, CREATED NEW ENGLAND PEDIATRICS INDEMNITY, LTD. ("NEPI"), A FOREIGN WHOLLY OWNED CAPTIVE FINANCIAL VEHICLE. ON AUGUST 26, 2016, THE ORGANIZATION TRANSFERRED \$880,000 TO NEPI, AS A CAPITAL CONTRIBUTION, ON BEHALF OF CCMC CORPORATION FOR ITS INVESTMENT IN NEPI.

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" on 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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GALA (event type)	 (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	776,507			776,507
	2 Less Contributions	512,562			512,562
	3 Gross income (line 1 minus line 2)	263,945			263,945
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	139,397			139,397
	7 Food and beverages	25,597			25,597
	8 Entertainment	58,658			58,658
	9 Other direct expenses	40,293			40,293
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				263,945
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 Subtract line 7 from line 1, column (d). ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11

Does the organization conduct 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 conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14

Enter 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 of the third party

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other _____ 250 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other _____ 500 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			807,858		807,858	0 270 %
b Medicaid (from Worksheet 3, column a)			148,807,497	86,551,281	62,256,216	20 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			149,615,355	86,551,281	63,064,074	20 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,536,891	3,452,776	3,084,115	1 020 %
f Health professions education (from Worksheet 5)			13,346,560	1,263,069	12,083,491	3 980 %
g Subsidized health services (from Worksheet 6)			1,548,253		1,548,253	0 510 %
h Research (from Worksheet 7)			9,024,425	3,141,545	5,882,880	1 940 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			63,320		63,320	0 020 %
j Total. Other Benefits			30,519,449	7,857,390	22,662,059	7 470 %
k Total. Add lines 7d and 7j			180,134,804	94,408,671	85,726,133	28 270 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		2,511,202	676,199	1,835,003	0 610 %
2	Economic development					
3	Community support		3,546,935	1,399,810	2,147,125	0 710 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		252,052		252,052	0 080 %
7	Community health improvement advocacy		187,375	84,606	102,769	0 030 %
8	Workforce development					
9	Other					
10	Total		6,497,564	2,160,615	4,336,949	1 430 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

1

Yes

No

2

Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount

2

1,605,446

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME)

5

103,224

6

Enter Medicare allowable costs of care relating to payments on line 5

6

379,097

7

Subtract line 6 from line 5 This is the surplus (or shortfall)

7

-275,873

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐

Cost accounting system

☐

Cost to charge ratio

☒

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

If "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

No

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report 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 significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>WWW.CONNECTICUTCHILDRENS.ORG</u> b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☒ Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>WWW.CT.GOV</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	7 8 10 10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12a 12b	No

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>WWW.CONNECTICUTCHILDRENS.ORG</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>WWW.CONNECTICUTCHILDRENS.ORG</u>		
c	☐ A plain language summary of the FAP was widely available on a website (list url) <u>WWW.CONNECTICUTCHILDRENS.ORG</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual'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(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☐ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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 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 Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 its 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B.
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care 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 health care 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

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	Not applicable

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	The organization prepared a 2015 2016 community benefit report which reports the results of its efforts to service the community and have a measurable impact on children and families across the State of Connecticut and beyond. The organizations community benefit report is made widely available on the following website: https://www.connecticutchildrens.org/wp-content/uploads/2016/09/CommunityBenefitReport_2015-2016.pdf

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 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

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7G	The subsidized health service reported on line 7g are for shared psychiatric services with the institute of living

Form and Line Reference	Explanation
SCHEDULE H, PART II	Connecticut Children's Medical Center's ("Connecticut Children's") core mission is to improve the physical and emotional health of children across the state of Connecticut. The organization recognizes that children do not live in isolation, and that they are a part of families and communities. In order to fulfill its mission, the organization provides leadership and participates in community-based programs that help build healthier communities. As one of its five key organizational strategies, the organization has created the Connecticut Children's Office of Community Child Health ("the Office"). The Office serves as its coordinating entity for our community-oriented programs. In 2016, there were fifteen community programs that were overseen by the Office: - Help Me Grow National Center, - Easy Breathing, - Care Coordination Collaborative Model ("CCCM"), - Mid-Level Developmental Assessment ("MLDA"), - Connecticut Children's Center for Care Coordination, - Connecticut Children's Healthy Homes Program, - Advancing Kids Innovation Program ("AKIP"), - Children's Center on Family Violence, - Hartford Youth HIV Identification and Linkage Consortium ("HYHIL"), - Co-Management, - Connecticut Children's Injury Prevention Center, - Educating Practices in the Community ("EPIC"), - Person-Centered Medical Home ("PCMH"), - Practice Quality Improvement ("PQI"), and - Resident Education in Advocacy and Community Health ("REACH"). All fifteen programs have elements of community building in their purpose. Some involve working with local communities, some with state-wide communities and some working with communities on a national level. The Office has helped these existing programs progress and evolve, while also acting as an incubator for new, innovative community-oriented programs. The goal of the office is to maximize the organizations' impact in the community. Additional community building activities include Connecticut Children's work with a neighborhood partnership called Southside Institutions Neighborhood Alliance and the United Way of Central and Northeastern Connecticut. Southside Institutions Neighborhood Alliance ("SINA") is a partnership between Connecticut Children's, Hartford Hospital and Trinity College. We are all located in one of Hartford's poorest neighborhoods. Each institution pays dues that act as the foundation for SINA's annual operating budget. Three employees of Connecticut Children's are on SINA's board of directors, and in 2016, employees participated in committees and activities that promoted education, improved housing, and public safety in the surrounding neighborhoods. Connecticut Children's supported education through SINA through the sponsorship of the Sanchez School science fair. The goal was to support the school in their encouragement of promoting students' interest in the sciences. Along with a financial sponsorship, employees acted as judges for the event and served as volunteers to help with the event coordination. SINA has also set up two scholarship programs. In 2016, three graduates from the local high school received scholarships for their community service contributions. All three will be attending 4-year college programs. The scholarship is renewable for each of the four years, and has allowed students awarded scholarships from the previous years to continue with their education. In total, twelve scholarships were given out for the year. Four adults from the neighborhood who attend Capital Community College received a "SINA Student Support Scholarships" to support their efforts in getting into a career in either healthcare or education. SINA's housing program has focused on taking blighted buildings, razing them, and then building new single and two-family homes. SINA has been able to bring together federal, state, and city financial support to construct 65 homes during the past 10 years, having recently sold 5 completed homes to first-time home buyers. The organization estimates that the 65 new homes have put more than \$250,000 onto the yearly tax roll for the city. SINA continues to own rental properties that were obtained some years ago to address the need of inadequate quality low-cost housing for the neighborhood, and through SINA, dialogue continues with the community on strategies to balance housing efforts to meet the greatest community need. In 2016, SINA received a \$2.5 million dollar grant from the State of Connecticut to continue the housing work, targeting a neighborhood that has many blighted properties. These properties have some historical significance, but the building rehabilitation is beyond what the city and/or individuals can afford. Public safety is promoted in a number of ways. SINA staff and staff from Connecticut Children's participate in one of Hartford's Neighborhood Revitalization Zone ("NRZ") meetings. The organization participates on the NRZ's public safety committee supporting block watch programs and organizing a Neighborhood Safety Team. SINA organizes regular meetings.

Form and Line Reference	Explanation
SCHEDULE H, PART II	gs with the Hartford police department and the campus safety managers of the three institutions to discuss collaborative efforts for patrolling the neighborhood. The organizations' collaboration with the United Way includes a yearly employee campaign in which employee committees are established to raise money that is invested in the community. Aside from the campaign activities, Connecticut Children's employees participated in the United Way's community investment process, helping to evaluate community programs receiving United Way funds. Employees volunteered time to be readers in local schools and one member of Connecticut Children's also represents the organization on the Operations Committee of the United Way.

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4	Bad debt is based upon historical collection percentage analysis of accounts written off. 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 ("Connecticut Children's") and its subsidiaries prepare and issue audited consolidated financial statements. Connecticut Children'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 Connecticut Children's 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 \$4,500,000 and \$3,600,000 for the years ended September 30, 2016 and 2015, respectively. 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 \$1,107,000 and \$929,000 for the years ended September 30, 2016 and 2015, 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.

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	Medicare costs were derived from the 2015 Medicare cost report. The organization feels that Medicare underpayments (shortfall) and bad debt are community benefit and associated costs are includable on the form 990, schedule h, part i. As outlined more fully below the organization believes that these services and related costs promote the health of the community as a whole and are rendered in conjunction with the organization's charitable tax-exempt purposes and mission in providing medically necessary healthcare services to all individuals in a non-discriminatory manner without regard to race, color, creed, sex, national origin or ability to pay and consistent with the community benefit standard promulgated by the IRS. The community benefit standard is the current standard for a hospital for recognition as a tax-exempt and charitable organization 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 there 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 charitable is used in 501(c)(3) in its generally accepted legal sense, provides examples of charitable purposes, including the relief of the poor or unprivileged, the promotion of social welfare, and the advancement of education, religion, and science. Note it does not explicitly address the activities of hospitals. In the absence of explicit statutory or regulatory requirements applying the term "charitable" to hospitals, it has been left to the IRS to determine the criteria hospitals must meet to qualify as IRC 501(c)(3) charitable organizations. The original standard was known as the charity care standard. This standard was replaced by the IRS with the community benefit standard which is the current standard. Charity care standard In 1956, the IRS issued revenue ruling 56-185, which addressed the requirements hospitals needed to meet in order to qualify for IRC 501(c)(3) status. One of these 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 patients 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 hospital had failed to meet the requirement since that level could reflect its financial ability to provide such care. The ruling also noted that publicly supported community hospitals would normally qualify as charitable organizations because they serve the entire community, and a low level of charity care would not affect a hospital's exempt status if it was due to the surrounding community's lack of charitable demands. Community benefit standard 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 cost." Under the standard developed in revenue ruling 69-545, which is known as the "community benefit standard," hospitals are judged on whether they promote the health of a broad class of individuals in the community. The ruling involved a hospital that only admitted individuals who could pay for the services (by themselves, private insurance, or public programs 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 health 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 poverty 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 include all members of the community, such as indigent members of the community, provided that the class is not so small that its relief is not of benefit to the community. The IRS concluded 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 care to everyone who could pay, whether directly or through third-party reimbursement. Other characteristics of the hospital that the IRS highlighted included the following: its surplus funds were used to improve patient care, expand hospital facilities, and advance medical training, educa

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 8	tion, 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 should be 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 cautioned 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. More than 46 percent of Medicare spending is for beneficiaries whose income is below 200 percent of the federal poverty level. Many of these 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 deemed 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 experience of hospitals around the nation reinforces that they are generalizable. As outlined by the AHA, despite the hospitals' best effort

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	Connecticut Children's Medical Center ("Connecticut Children's") has a billing and collection policy. The purpose of this policy is to ensure that the organizations billing, credit and collection practices comply with all Federal and State laws, regulations, guidelines and policies. Connecticut Children's is committed to providing the available healthcare, along with convenient billing services, payment options and financial assistance. Connecticut Children's will make every effort to communicate the patient financial assistance, billing, credit and collection processes to the patient and/or their family. Patients and their families are responsible to provide timely and accurate information such as, but not limited to, demographic, insurance, and income to Connecticut Children's to facilitate the patient financial assistance, billing, credit and collection processes. It is the responsibility of the patients and their families to know, understand, and comply with their insurance coverage, coinsurance, copays, deductibles, and benefit/coverage limitations. We ask our patients families to remember that an insurance policy is a contract between them and the insurance company, and that they have the final responsibility for payment of their hospital bill. Connecticut Children's provides patient financial services to help families navigate the process of billing and medical insurance. In addition, customer service representatives are available to provide copies of itemized patient bills, explain particular bills, set up payment arrangements or review what costs insurance has paid and what payments are due. As a courtesy to its patients, Connecticut Children's submits bills to their insurance companies and makes every effort to advance their claim. However, it may become necessary for a policy holder to contact their insurance provider or supply additional information required for claims processing purposes or to expedite payment. The organization requests bills be paid in full within thirty (30) days. The guarantor is responsible to obtain the necessary funds from any source, such as obtaining a loan through their bank and/or credit union. If the guarantor is unable to pay by obtaining a loan or use of a credit card, payment arrangements may be made with Counselors. Monthly payments are required. Requests for establishing payment plans that extend past the above recommended terms greater than 12 months must be reviewed and approved by management. In addition, any requests for establishing payment plans that extend past a 60 month term must be reviewed and approved by Management. Connecticut Children's 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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	In September of 2016, Connecticut Children's released its Community Health Needs Assessment ("CHNA") with the full support of the organizations Board of Directors. The assessment had components that focused on its neighborhood, Hartford, and the Greater Hartford area. Those components included the blueprint for Women and Children's Health in Hartford. There were numerous partners, contributors and local voices that spelled out specific recommendations to make improvements in Hartford's young children achieving their optimal healthy development. Additional components for the CHNA included SINAs Economic Development Plan for our neighborhood (addressing a number of social determinants of health), a survey Administered to school nurses from around the state, and information from Data Havens's Statewide Well-Being survey. In addition to the internal revenue code 501(r) community health needs assessment information outlined in form 990, schedule h, part v, section b, Connecticut Children's also conducted the following activities with respect to its CHNA. The organization continuously gathers information that informs its work in promoting children's optimal healthy development in communities around the state. Some of those vehicles include: - Sitting on the city's public health advisory committee, - collecting information about health trends from our clinics and emergency department, - researching local and national health related issues, - participating on neighborhood, local, statewide and national committees, coalitions, networks and boards of directors using those opportunities to guide our decision making, and - responding to grant opportunities which require us to assess specific needs as they relate to a specific grant. The Connecticut state hospital association has developed a network of community benefit reporters who share their community health needs assessments and also a Community Health Network. The organizations participation allows them to see what the association has identified as needs in pediatrics at its local levels. The organization views the process for assessing the healthcare needs of the community as a rolling, evolving process. The CHNA may represent a snapshot in time, but the community is not stagnant. While "health" within community residents may get better or worse, there are many contributing factors that are beyond the control of health providers. It is imperative that as a provider, the organization is aware of any opportunity that might inform how they practice, partner, and contribute toward a healthier environment. While the formal CHNA did provide an opportunity to learn from many individuals and organizations in the city, the city and state that are facing budget challenges that affect non-profit organizations, program partners, and government entities that support the efforts to create and sustain a thriving environment for children and families. The narrative within Schedule H, Part V, Section B makes reference to a number of information sources that informs the organizations work. At various times they may happen upon a new source of information, identify assets in the community, or develop new relationships with potential collaborators. In the event that the organization identifies a need and opportunity to address it quickly, which may be outside of our formal CHNA and community health improvement plan (chip), they are obliged to act.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	In addition to being posted on the organization's website and available within the facility upon request, information addressing the patient financial assistance policy and the credits and collections policy are also posted (in English and Spanish) in general public areas in an effort to 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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	Connecticut Children's Medical Center is located in Hartford Connecticut We serve children and families from the entire state, though the heaviest concentration of those served come from the Hartford/Greater Hartford area Connecticut ranks as one of the wealthier states in the U S based on per capita income While Hartford has a rich history, it is now consistently ranked among the poorest cities of its size in the country, with one recent study placing it at seventh poorest Some statistics that describe our community served include - The U S Census lists CT's population at 3.5 million people 70% of the residents are white, 15% are Hispanic of Latino, and 11% are black or African American According to numerous sources, Connecticut ranks anywhere from #1 - #3 of the richest states in per capita income - Hartford's population is close to 125,000 43% of the residents are Hispanic or Latino, 38% are black or African American, and 15% are identified as white An estimated 38% of the city's residents live in poverty, compared to 10.7% of the state's overall population An estimated 44% of Hartford families with children below age 18 live in poverty More than 50,000 residents (42%) participate in the Supplemental Nutrition Assistance Program An estimated 77% of Hartford students were eligible for free or reduced price school meals during the year More than 52% of the 70,501 requests from Hartford residents to the United Way's information and referral service, 2-1-1, were for assistance for basic needs such as housing, food and utilities (information from the Blueprint on Women and Children's Health) - According to SINA's Neighborhood Economic Development study, the neighborhoods around Connecticut Children's Medical Center consist of more than 60% Latino residents and more than 20% other minorities, mainly African American Almost 60% of the households have annual incomes of less than \$25,000, and about 25% have annual incomes of less than \$10,000 Fewer than 20% have incomes greater than \$50,000 These figures are all lower than the city average Additionally, more than 50% of the households receive cash assistance and/or food stamps, figures that are higher than the city average About 40% of the adults age 25 and older do not have a high school diploma or equivalent Less than 20% have earned an Associate's Degree or higher It is safe to say that Connecticut had great economic disparity among its residents

Form and Line Reference	Explanation
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 the organization provides leading medical care, treatment, and follow-up support within its facilities, some of their best work is promoting children's health happens within Connecticut's communities. Connecticut Children's Office for Community Child Health ("the Office") is dedicated to developing and supporting community-based programs that promote children's optimal healthy development. The Office has enabled the organization to place community focused programs under one umbrella. This has provided the opportunity to more efficiently use resources, develop new partnerships, and promote community health, keeping focused on its mission to make Connecticut's children the healthiest in the country. The Office promotes community health on a local, statewide, and national level, with much of the messaging focused on the importance of having a system that supports the healthy development of all children. Health providers are key resources as community providers, but without other partnerships on the local, state, and federal levels, maximizing the promotion of children's health in all of our communities will not be achieved. Programs under the Office, notably Easy Breathing, EPIC, Practice Quality Improvement, and Co-Management, work with other providers across the state to help identify better approaches to managing children's health issues as a means of promoting better health and working toward better health outcomes. Additionally, the organization provides weekly Grand Rounds, inviting participation from community providers. Subject matter for Grand Rounds includes innovative approaches to better health in the community. The organization has a Referring Provider Board of pediatricians that represents different geographic communities around the state. Their input is solicited as to best promote children's health throughout the state. Some of its programs have health promotion as a component. The Injury Prevention Center promotes community health with all of its prevention activities, car seat clinics, new teen driver activities, programs on pedestrian safety, toy safety and smoke detector use. Intentional and unintentional injuries that result in children and youth ending up in emergency rooms are studied to see if there might be opportunities to advocate, educate, and collaborate with community partners to prevent injuries. Healthy Homes promotes community health in the areas of lead paint hazards, mold and other asthma triggers, and home safety issues, working with individual homeowners, individuals being trained as housing inspectors, and municipal workers. HYHIL focuses on building a collaborative that promotes safe sexual behaviors among adolescents and young adults. REACH provides pediatric residents the opportunity to learn about the community and the many ways they can broaden their impact on the lives of young people. The Government Relations Department is a vehicle whereby children's community health information can be brought before elected officials. An example of this is when the organization began to study accident rates of new teen drivers. The sharing of those studies with legislative leaders and community partners was the start of what later became legislation that added some restrictions to new young drivers. In continuing to study accident reports, a decline in accident rates over the past two years is apparent. The Marketing and Communications Department produces numerous publications throughout the year. While many of the works are intended to market our services, many also contain messaging about community health.

Form and Line Reference	Explanation
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. 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 children of Connecticut and surrounding communities. CCMC Corporation ensures that its system provides medically necessary healthcare services to all children regardless of race, color, creed, sex, national origin or ability to pay. No children are denied necessary medical care, treatment or services. CCMC Corporation is the sole member of Connecticut Children's Medical Center. The medical center operates consistently with the following criteria outlined in IRS Revenue Ruling 69-545: 1. It provides medically necessary healthcare services to all children regardless of ability to pay, including charity care, self-pay, Medicare and Medicaid patients; 2. It operates an active emergency department for all children, 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 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 specialized education and child development programs to children of Connecticut and the surrounding areas. Connecticut Children's Specialty Group, Inc. ----- ----- Connecticut Children's Specialty Group, 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 children regardless of race, color, creed, sex, national origin 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 in providing medically necessary healthcare services to all children regardless of race, color, creed, sex, national origin 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 or ability to pay. Capital Area Health Consortium, Inc. ----- ----- Capital Area Health Consortium, 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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	zation 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 all children regardless of race, color, creed, sex, national origin 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, Connecticut This entity is currently inactive New England Pediatrics Indemnity, Ltd ----- ----- A for-profit entity, whose sole shareholder is CCMC Corporation The organization is a Medical Malpractice Insurance foreign captive organization located in Bermuda

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	The state of Connecticut has an Office of the Healthcare Advocate. They survey each hospital's schedule H of the 990 filing to ensure that community benefits have been reported in lieu of separate reports from hospitals.

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 06-0646755
Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
5

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD,CT 06106 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X	X			1
2	CONNECTICUT CHILDREN'S MEDICAL CENTER 263 FARMINGTON AVENUE FARMINGTON,CT 06030 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
3	CONNECTICUT CHILDREN'S MEDICAL CENTER 80 SEYMOUR STREET HARTFORD,CT 06102 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
4	CONNECTICUT CHILDREN'S MEDICAL CENTER 56 FRANKLIN STREET WATERBURY,CT 06706 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X						1
5	CONNECTICUT CHILDREN'S MEDICAL CENTER 505 FARMINGTON AVENUE FARMINGTON,CT 06030 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1

Open to Public Inspection

Employer identification number
06-0646755

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

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 on 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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2015 FORMS W-2
SCHEDULE J, PART I, QUESTION 3	EACH YEAR, TOWERS WATSON CONDUCTS A MARKET ANALYSIS OF CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("Connecticut Children's") PRESIDENT/CHIEF EXECUTIVE OFFICER, OFFICERS AND OTHER KEY EMPLOYEES TO AUGMENT THEIR PROPRIETARY AND OTHER DATA TO WHICH THEY HAVE ACCESS, Connecticut Children's PROVIDES THE DATA RESULTS FROM SALARY SURVEYS IN WHICH Connecticut Children's PARTICIPATES. THE ANALYSIS AND PRESENTATION OF THE DATA IS PRESENTED BY THE TOWERS WATSON REPRESENTATIVE TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ANNUALLY THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE BOARD OF DIRECTORS THEN REVIEW AND DISCUSS SALARY RECOMMENDATIONS FOR THE OFFICERS AND OTHER KEY EMPLOYEES AND SIGN OFF ON THE FINAL RECOMMENDATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS INDEPENDENTLY WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER TO DISCUSS HIS INDIVIDUAL PERFORMANCE. FOLLOWING THE PERFORMANCE EVALUATION, A SALARY RECOMMENDATION IS MADE AND COMMUNICATED TO THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES TO AUTHORIZE PROCESSING.
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

Additional Data

Software ID:

Software Version:

EIN: 06-0646755

Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JAMES E SHMERLING DHA DIRECTOR-PRES/CEO(EFF 11/1/15)	(i)	93,936	82,713	311	0	2,934	179,894	0
	(ii)	0	0	0	0	0	0	0
1MARTIN J GAVIN DIRECTOR-PRES/CEO (10/1-10/31)	(i)	277,975	314,625	40,041	26,500	3,588	662,729	0
	(ii)	0	0	0	0	0	0	0
2PATRICK J GARVEY CPA CHFP TREASURER - SVP/CFO	(i)	209,158	116,250	18,847	14,575	29,771	388,601	0
	(ii)	0	0	0	0	0	0	0
3FERNANDO FERRER MD EVP, CLINICAL AFF(TERM 7/11/16)	(i)	0	0	0	0	0	0	0
	(ii)	772,428	95,628	31,871	17,225	0	947,364	0
4CHRISTINE FINCK MD FACS EVP, SURG-IN-CHIEF(EFF 7/27/16)	(i)	0	0	0	0	0	0	0
	(ii)	652,725	13,287	33,814	15,900	25,039	740,765	0
5PAUL H DWORKIN MD EVP, COMMUNITY CHILD HEALTH	(i)	299,223	153,728	25,998	19,875	3,588	502,412	0
	(ii)	0	0	0	0	0	0	0
6JUAN SALAZAR MD MPH EVP, ACADEMIC AFFAIRS	(i)	273,195	149,500	23,998	18,550	28,717	493,960	0
	(ii)	0	0	0	0	0	0	0
7ANN G TAYLOR JD EVP, CHIEF ADMIN OFFICER	(i)	230,554	131,125	29,411	18,550	17,782	427,422	0
	(ii)	0	0	0	0	0	0	0
8ANDREA L BENIN MD SVP, PATIENT SAFETY & QUALITY	(i)	247,745	143,375	9,640	15,900	31,015	447,675	0
	(ii)	0	0	0	0	0	0	0
9KELLY STYLES MBA SVP, OPERATIONS & CIO	(i)	186,520	166,500	21,109	17,225	2,735	394,089	0
	(ii)	0	0	0	0	0	0	0
10CHERYL HOEY RN BSN MBA SVP, CLINICAL SERVICES & CNO	(i)	168,439	92,600	2,223	17,225	25,561	306,048	0
	(ii)	0	0	0	0	0	0	0
11LAWRENCE E MILAN MA SVP, HUMAN RESOURCES	(i)	165,364	89,375	5,907	16,414	10,076	287,136	0
	(ii)	0	0	0	0	0	0	0
12THOMAS RICHARDSON VP, MKTG & COMM (TERM 4/22/16)	(i)	132,870	57,400	2,608	12,956	27,537	233,371	0
	(ii)	0	0	0	0	0	0	0
13RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	(i)	212,570	88,566	1,106	15,900	10,444	328,586	0
	(ii)	0	0	0	0	0	0	0
14TRISHA FARMER MSN RN CHIEF OF STAFF (EFF 4/24/16)	(i)	106,837	31,645	616	11,038	26,286	176,422	0
	(ii)	0	0	0	0	0	0	0
15BOBBY M VARGAS General Counsel	(i)	217,151	62,065	584	14,575	26,309	320,684	0
	(ii)	0	0	0	0	0	0	0
16JUNG PARK SR DIR, INFORMATION SERVICES	(i)	151,254	39,156	380	10,472	1,774	203,036	0
	(ii)	0	0	0	0	0	0	0
17LINDA A GROOM CLINICAL NURSE IV	(i)	175,922	500	7,663	11,979	2,054	198,118	0
	(ii)	0	0	0	0	0	0	0
18MARLENE E FERRIS SR DIR, ORGANIZATIONAL EFFECT	(i)	143,094	34,698	2,190	11,674	16,810	208,466	0
	(ii)	0	0	0	0	0	0	0
19ROBERT J FRALEIGH DIRECTOR CORP COMMUNICATIONS	(i)	155,099	22,303	748	4,446	3,531	186,127	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21PHILIP B HOPKINS DIRECTOR TECHNICAL SERVICES	(i)	151,598	23,712	787	10,549	2,145	188,791	0
	(ii)	0	0	0	0	0	0	0
1DEAN A RAPOZA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	271,904	25,400	2,585	18,550	28,232	346,671	0

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As Filed Data -

DLN: 93493192006357

Schedule K
(Form 990)

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		06-30-2011	41,580,000	REFI SER B&C BOND/LEASE FINANCINGS		X		X		X
B CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-12-2007	8,500,000	LEASE FINANCE 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	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		6,310,375		0		4,837,977		7,630,431
2 Amount of bonds legally defeased		0		8,500,000		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 escrows		10,255,050		0		0		0
7 Issuance costs from proceeds		733,635		34,581		31,338		56,108
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		8,645,419		8,768,662		11,143,892
11 Other spent proceeds		30,591,315		0		0		0
12 Other unspent proceeds		0		0		0		0
13 Year of substantial completion	2011		2010		2015		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 of bond-financed property?		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 ▶								
6	Total of lines 4 and 5	1 540 %							
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	BANK OF AMERICA		0		0		0	
c	Term of hedge	2080 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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		04-04-2013	13,500,000	CONSTRUCT & EQUIP ASC		X		X		X
B CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		09-11-2014	3,250,865	FINANCING OF CAPITAL MEDICAL EQUIP		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	6,717,733		1,281,304					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	13,500,000		3,250,865					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	49,245		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	13,450,755		3,250,865					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2015		2014					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		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					
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					
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 ▶	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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X					
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V **Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has 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?	X		X					

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV	CHARLES W SHIVERY WAS A DIRECTOR OF THIS ORGANIZATION THROUGH DECEMBER 31, 2015 MR SHIVERY HAS AN OWNERSHIP INTEREST IN EVERSOURCE, A DIVISION OF CONNECTICUT LIGHT AND POWER COMPANY THIS ORGANIZATION UTILIZED THE SERVICES OF EVERSOURCE DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 TOTAL FEES PAID TO EVERSOURCE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AMOUNTED TO \$943,797 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS PLEASE NOTE THAT EVERSOURCE IS THE SOLE PROVIDER OF POWER IN THE AREA SURROUNDING THE MEDICAL CENTER EPIC SYSTEMS CORPORATION WAS A SUBSTANTIAL CONTRIBUTOR TO THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 CONNECTICUT CHILDREN'S MEDICAL CENTER UTILIZED THE SERVICES OF EPIC SYSTEMS CORPORATION TOTAL FEES PAID TO EPIC SYSTEMS CORPORATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AMOUNTED TO \$899,156 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS INTEGRATED ANESTHESIA ASSOCIATES, LLC, WAS A SUBSTANTIAL CONTRIBUTOR TO THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 CONNECTICUT CHILDREN'S MEDICAL CENTER UTILIZED THE SERVICES OF INTEGRATED ANESTHESIA ASSOCIATES, LLC TOTAL FEES PAID TO INTEGRATED ANESTHESIA ASSOCIATES, LLC, DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AMOUNTED TO \$176,766 SERVICES WERE RENDERED AT FAIR MARKET VALUE RATES PURSUANT TO ARMS-LENGTH NEGOTIATIONS

Additional Data

Software ID:
Software Version:
EIN: 06-0646755
Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) EVERSOURCE	DIRECTOR (10/1-12/31)	943,797	UTILITIES		No
(1) EPIC SYSTEMS CORPORATION	SUBSTANTIAL CONTRIBUTOR	899,156	INFORMATION TECHNOLOGY		No
INTEGRATED ANESTHESIA (2) ASSOCIATES	SUBSTANTIAL CONTRIBUTOR	176,766	MEDICAL SERVICES		No

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER**Employer identification number**

06-0646755

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BACKGROUND ===== CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES CONNECTICUT CHILDREN'S PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, CONNECTICUT CHILDREN'S OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 CONNECTICUT CHILDREN'S PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 CONNECTICUT CHILDREN'S OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL CHILDREN WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 CONNECTICUT CHILDREN'S MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF CONNECTICUT CHILDREN'S RESTS WITH ITS BOARD OF DIRECTORS ITS BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF CONNECTICUT CHILDREN'S, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF CONNECTICUT CHILDREN'S IS FOR THE BENEFIT OF THE PUBLIC, AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY HISTORY ===== CONNECTICUT CHILDREN'S IS A NATIONALLY RECOGNIZED NOT-FOR-PROFIT WITH A MEDICAL STAFF OF MORE THAN 1,000 PHYSICIANS WHO PROVIDE COMPREHENSIVE, WORLD-CLASS HEALTHCARE IN MORE THAN 30 PEDIATRIC SPECIALTIES AND SUBSPECIALTIES CONNECTICUT CHILDREN'S IS THE PRIMARY PEDIATRIC TEACHING HOSPITAL FOR THE UCONN SCHOOL OF MEDICINE, HAS A TEACHING PARTNERSHIP WITH THE FRANK H NETTER, MD SCHOOL OF MEDICINE AT QUINNIPIAC UNIVERSITY AND IS A RESEARCH PARTNER OF THE JACKSON LABORATORY THE HISTORY OF CONNECTICUT CHILDREN'S SPANS MORE THAN 100 YEARS FOUNDED AS A 10-BED HOSPITAL FOR CHILDREN WHO SUFFERED THEN INCURABLE CONDITIONS SUCH AS CEREBRAL PALSY, SPINA BIFIDA AND POLIO, CONNECTICUT CHILDREN'S IS NOW ONE OF ONLY TWO FREESTANDING CHILDREN'S HOSPITALS IN NEW ENGLAND AND IS THE ONLY FREESTANDING CHILDREN'S HOSPITAL IN CONNECTICUT CONNECTICUT CHILDREN'S PROVIDES AN ARRAY OF PEDIATRIC SERVICES IN LOCATIONS ACROSS CONNECTICUT AND IN MASSACHUSETTS, INCLUDING AT HOSPITALS IN HARTFORD AND WATERBURY, NEONATAL INTENSIVE CARE UNITS IN HARTFORD AND FARMINGTON, AN AMBULATORY SURGERY CENTER IN FARMINGTON PRIMARY CARE CENTERS AND EAST HARTFORD AND WEST HARTFORD, FIVE SPECIALTY CARE CENTERS, A

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ND 11 OTHER LOCATIONS ITS LEVEL 1 PEDIATRIC TRAUMA CENTER IS THE BUSIEST BETWEEN BOSTON A ND NEW YORK MISSION ===== CONNECTICUT CHILDREN'S IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED CARE, RESEARCH, EDUCATION AND AD VOCACY CONNECTICUT CHILDREN'S EMBRACES DISCOVERY , TEAMWORK, INTEGRITY AND EXCELLENCE IN A LL THAT IT DOES PROGRAMS OF EXCELLENCE ===== CONNECTICUT CHILDREN'S OFFE RS THE HIGHEST LEVEL OF CARE TO CHILDREN AND OUR PHY SICIANS AND PROGRAMS ARE CONSISTENTLY HONORED FOR THEIR EXCELLENCE RECENT A WARDS INCLUDE THE 2017 WOMENS CHOICE AWARD FOR BEST CHILDRENS HOSPITALS AND THE 2016 PRESS GANEY SUCCESS STORY AWARD IN ADDITION, THERE ARE S EVERAL PROGRAMS OF EXCELLENCE AT THE MEDICAL CENTER THAT HAVE TIME AND AGAIN EARNED NATION AL AND INTERNATIONAL HONORS AND ACCOLADES INCLUDING, BUT NOT LIMITED TO - DIABETES & ENDO CRINOLOGY , - GASTROENTEROLOGY , - NEONA TOLOGY , - ORTHOPAEDICS, - RECONSTRUCTIVE AND SOLID T UMOR SURGERY , - SURGERY , AND - UROLOGY EACH OF OUR PROGRAMS OF EXCELLENCE OFFERS SUPERIOR PEDIA TRIC CLINICAL CARE AND HAS DEMONSTRATED THE ABILITY TO 1) EXPAND ACCESS TO SERVICES TO MEET THE GROWING NEEDS OF CHILDREN AND FAMILIES, 2) INTEGRATE VARIOUS DISCIPLINES OF C LINICAL PRACTICE TO PROVIDE EXPANDED ADVANCED CARE, 3) DEVELOP OPPORTUNITIES TO EXPAND BAS IC AND CLINICAL RESEARCH, AND 4) CREATE OPPORTUNITIES TO BE AN INNOVATIVE LEADER IN EDUCAT ION AND TRAINING OUTCOMES ----- NOTHING MATTERS MORE THAN THE OUTCOME. CONNECTICUT CHI LDREN'S KEEPS KIDS HEALTHY , PROTECTS THEM FROM SURGICAL COMPLICATIONS AND IMPROVES THE QUA LITY OF LIFE OF THOSE WITH CHRONIC CONDITIONS PROCESS OF CARE -- ----- SEVERAL ELE MENTS ARE CONSIDERED, INCLUDING HOSPITAL COMPLIANCE WITH BEST PRACTICES AND A COMMITMENT T O INFECTION CONTROL RESEARCH ===== CONNECTICUT CHILDREN'S IS COMMITTED TO MAKING CHILD REN AND FAMILIES HEALTHIER OUR TALENTED MEDICAL PROFESSIONALS ARE AT THE FOREFRONT OF RES EARCH AND CLINICAL TRIALS SUCH SCIENTIFIC INQUIRIES CHANGE THE FUTURE OF CHILDREN'S HEALT HCARE FROM FUNDAMENTAL MOLECULAR SCIENCE THAT HELPS US UNDERSTAND DISEASES AT THE MOST BA SIC LEVEL, TO MOTION STUDIES DESIGNED TO DISCOVER NEW WAYS FOR YOUNG ATHLETES TO AVOID INJ URIES AND CLINICAL TRIALS THAT ESTABLISH THE MOST EFFECTIVE AND EFFICIENT PROTOCOLS FOR TR EATING CHILDREN, CONNECTICUT CHILDREN'S IS A RESEARCH LEADER FOR EXAMPLE, CONNECTICUT CHI LDREN'S DIVISION OF HEMA TOLOGY & ONCOLOGY IS ENGAGED IN CONDUCTING MORE THAN 100 ACTIVE CL INICAL TRIALS AND RESEARCH STUDIES THROUGH THE CHILDREN'S ONCOLOGY GROUP, THE NEUROBLASTOMA AND MEDULLOBLASTOMA TREATMENT RESEARCH CONSORTIUM, THE PEDIA TRIC CANCER FOUNDATION'S SUN SHINE PROJECT, THE SUNCOAST COMMUNITY CLINICAL ONCOLOGY PROGRAM AND PHARMA CEUTIC COMPANY S PONSORS THIS NUMBER OF OPEN PROTOCOLS DISTINGUISHES CONNECTICUT CHILDREN'S HEMA TOLOGY & O NCOLOGY DIVISION AMONG THE TOP 20 PERCENT AMONG ITS PEERS ADDITIONALLY , THE DIVISION IS I N THE TOP THIRD PERCENTILE FOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TOTAL PEDIATRIC CANCER PATIENTS ENROLLED IN TRIALS THIS IS ESPECIALLY IMPRESSIVE GIVEN T HAT CONNECTICUT CHILDREN'S IS CONSIDERED ONE OF THE SMALLER FREE-STANDING CHILDREN'S HOSPI TALS IN THE COUNTRY AWARDS AND RECOGNITION ===== CONNECTICUT CHILDRENS H AS RECENTLY RECEIVED THE FOLLOWING AWARDS - 2017 WOMENS CHOICE AWARD FOR BEST CHILDRENS H OSPITALS, - 2016 CHILDKIND HOSPITAL DESIGNATION, - 2016 PRESS GANEY SUCCESS STORY AWARD, - 2016 HARTFORD BUSINESS JOURNAL HEALTHCARE HERO (CHRISTINE FINCK, M D), - 2016 HARTFORD B USINESS JOURNAL BEST IN BUSINESS, ONCOLOGY (CENTER FOR CANCER AND BLOOD DISORDERS), - 2016 TOP MASTERS IN HEALTHCARE ADMINISTRATION, - 2016 GET WITH THE GUIDELINES - RESUSCITATION SILVER AWARD, AND - 2015 TOP WORKPLACE IN CONNECTICUT, RANKED 10TH IN LARGE ORGANIZATION C ATEGORY OFFICE OF COMMUNITY CHILD HEALTH ("OCCH") ===== == CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ELEVATES THE EFFECTIVENESS AND STATUS OF THE MEDICAL CENTER AS A CRITICAL COMMUNITY RESOURCE BY DEVELOPING, PROMOTING, SU PPORTING, EVALUATING AND DISSEMINATING INNOVATIVE, EFFECTIVE COMMUNITY-ORIENTED PROGRAMS A ND SERVICES TO ADDRESS CHILDRENS CRITICAL HEALTH NEEDS

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	WHAT WE DO ----- OCCH ADDRESSES CRITICAL CONTEMPORARY ISSUES IN CHILDRENS LIVES THAT HAVE THE POTENTIAL TO ADVERSELY AFFECT THEIR HEALTH AND DEVELOPMENT THE OFFICE NOT ONLY S ERVES AS A CRITICAL COMMUNITY RESOURCE, BUT ALSO CULTIVATES INNOVATIVE AND COST-EFFECTIVE SOLUTIONS TO ADDRESS EXISTING GAPS IN OUR HEALTH CARE AND CHILD SERVICE SYSTEMS THROUGH T HE OFFICE, CONNECTICUT CHILDRENS MEDICAL CENTER ENSURES THAT FAMILIES HAVE ACCESS TO A COM PREHENSIVE SYSTEM OF COMMUNITY PROGRAMS AND SERVICES THAT SUPPORTS THEM IN PROMOTING THEIR CHILDRENS OPTIMAL HEALTHY DEVELOPMENT OUR MODEL ----- THE OFFICE OVERSEES A VARIETY OF COMMUNITY-ORIENTED PROGRAMS THAT ADDRESS A WIDE RANGE OF FACTORS THAT INFLUENCE CHILDRE NS HEALTHY DEVELOPMENT THOSE PROGRAMS, AND THEIR COMMUNITY-BASED PARTNERS, NOT ONLY FOCUS ON THE TRADITIONAL AREAS OF CHILD HEALTH SERVICES, FAMILY SUPPORT, AND EARLY CARE AND EDU CATION, BUT ALSO TOUCH OTHER SECTORS INCLUDING FOOD AND NUTRITION, HOUSING, ECONOMIC DEVEL OPMENT, CHILD WELFARE, AND TRANSPORTATION THE OFFICE TAKES A THREE-PRONGED APPROACH TO PR OMOTING CHILDRENS OPTIMAL HEALTHY DEVELOPMENT 1 STRENGTHENING EXISTING COMMUNITY-ORIENTE D PROGRAMS, 2 FACILITATING SYNERGIES AMONG THOSE PROGRAMS, AND 3 SERVING AS AN INNOVATIO N INCUBATOR FOR PROMISING APPROACHES THAT IMPROVE SHORT AND LONG-TERM HEALTH OUTCOMES FOR CHILDREN THE OFFICE SERVES AS A NEW MODEL FOR OTHER CHILDRENS HOSPITALS TO FOLLOW IN TERM S OF DEMONSTRATING THEIR COMMUNITY BENEFIT TO MAINTAIN TAX EXEMPT STATUS IN THE PAST, HOS PITALS HAVE TRADITIONALLY RELIED ON DOCUMENTING THE DISCOUNTED AND UNREIMBURSED CARE THAT THEY PROVIDE TO PATIENTS NOW, UNDER THE AFFORDABLE CARE ACT, THERE HAS BEEN A SHARP REDUC TION IN THE NUMBER OF AMERICANS WHO ARE UNINSURED AND, THEREFORE, A REDUCTION IN THE NEED FOR DISCOUNTED OR UNREIMBURSED CARE BECAUSE OF THAT, HOSPITALS ARE BEING ENCOURAGED TO FInd NEW WAYS TO DEMONSTRATE THE BENEFIT THEY OFFER TO THEIR COMMUNITIES THE OFFICES MODEL OFFERS A STRATEGIC APPROACH THAT SHOWS HOW ITS PROGRAMS ARE LINKED TO CRITICAL COMMUNITY N EEDS AND HOW THEY ARE ADDRESSING THOSE NEEDS ALSO, THE OFFICES FOCUS ON PREVENTIVE AND CO ST-EFFECTIVE MODELS OF CARE FOR CHILDREN IS TIMELY GIVEN THE SHIFT IN HEALTHCARE TOWARDS A CCOUNTABLE CARE THAT EMPHASIZES VALUE IN TERMS OF KEEPING POPULATIONS HEALTHY THE OFFICE TAKES AN ACTIVE LEADERSHIP ROLE IN INFORMING POPULATION HEALTH EFFORTS AT THE LOCAL, STATE AND NATIONAL LEVELS OUR IMPACT, AT A GLANCE ----- THE OCCH HAS ESTABLISHED ITSELF AS A CRITICAL RESOURCE IN THE LOCAL COMMUNITY AND ACROSS THE NATION AND IS - LEADING EFFORTS TO DEVELOP A BLUEPRINT FOR WOMEN'S AND CHILDREN'S HEALTH FOR THE CITY OF H ARTFORD, - PARTNERING WITH THE CONNECTICUT OFFICE FOR EARLY CHILDHOOD TO LEAD THE DEVELOPM ENT OF A COMPREHENSIVE, STATEWIDE EARLY CHILDHOOD SYSTEM, AND - ENGAGED IN ONGOING DIALOGU E ON KEY PUBLIC POLICY CONCEPTS NECESSARY FOR SYSTEM-BUILDING WITH A WIDE ARRAY OF FEDERAL AGENCIES, INCLUDING THE MATER

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	NAL AND CHILD HEALTH BUREAU, THE ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION OCCH PROGRAMS ----- CONNECTICUT CHILDREN'S OCCH OPERATES A TOTAL OF 15 PROGRAMS INNOVATION - THE HELP ME GROW NATIONAL CENTER, - CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM, - EASY BREATHING, - MID-LEVEL DEVELOPMENTAL ASSESSMENT, AND - CARE COORDINATION COLLABORATIVE MODEL DIRECT SERVICES - CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION, - CONNECTICUT CHILDRENS HEALTHY HOMES PROGRAM, - HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM, AND - PERSON-CENTERED MEDICAL HOME EDUCATION AND RESEARCH - INJURY PREVENTION CENTER, - CO-MANAGEMENT, - CHILDRENS CENTER ON FAMILY VIOLENCE, - EDUCATING PRACTICES IN THE COMMUNITY, - PRACTICE QUALITY IMPROVEMENT PROGRAM, AND - RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DESCRIPTIONS OF THE ABOVE PROGRAMS ARE LISTED BELOW INNOVATION - THE HELP ME GROW NATIONAL CENTER, INNOVATED IN HARTFORD AND BASED AT CONNECTICUT CHILDRENS MEDICAL CENTER, SERVES AS A NATIONAL RESOURCE FOR SUPPORTING THE REPLICATION OF HELP ME GROW SYSTEMS THROUGHOUT THE COUNTRY TESTED AS A PILOT PROJECT IN HARTFORD IN 1997, THE PROGRAM EXPANDED STATEWIDE IN 2002 AND IS ALSO BEING REPLICATED AROUND THE COUNTRY HELP ME GROW LINKS CHILDREN WHO ARE AT RISK FOR DEVELOPMENTAL OR BEHAVIORAL PROBLEMS TO HELPFUL COMMUNITY-BASED PROGRAMS AND SERVICES CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM ("AKIP") OFFERS INDIVIDUALS AND ORGANIZATIONS AN EXCITING OPPORTUNITY TO GET CRUCIAL GUIDANCE, ACCESS TO KEY STAKEHOLDERS, AND TECHNICAL ASSISTANCE NEEDED TO MAKE INNOVATIONS PROMOTING THE OPTIMAL HEALTHY DEVELOPMENT OF CHILDREN SUCCESSFUL ON A LOCAL, STATEWIDE, AND EVEN NATIONAL LEVEL AKIP, WHICH IS PART OF CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH (THE OFFICE), SEEKS TO ESTABLISH A PIPELINE OF INNOVATIONS THAT FOCUS ON THE HEALTH OF CHILDREN, STRENGTHEN FAMILIES, AND SHOW HIGH POTENTIAL FOR BEING BOTH SUSTAINABLE AND REPLICABLE AKIP SEEKS TO ENGAGE A BROAD RANGE OF POTENTIAL COMMUNITY HEALTH INNOVATORS ADDRESSING CRITICAL COMMUNITY HEALTH NEEDS, INCLUDING INDIVIDUAL ENTREPRENEURS, BUSINESSES, COMMUNITY-BASED ORGANIZATIONS, RESEARCHERS, BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, HEALTHCARE PAYERS AND OTHERS COMMITTED TO IMPROVING CHILDRENS HEALTHY DEVELOPMENT THE PROGRAM PLANS TO SUPPORT INNOVATIONS AS THEY MOVE TOWARDS MORE EVIDENCE-INFORMED, HIGHER IMPACT SOLUTIONS DESIGNED TO CLOSE EXISTING GAPS IN PROGRAMS AND SERVICES CURRENTLY OFFERED TO CHILDREN ACROSS A VARIETY OF SECTORS EASY BREATHING IS A COMMUNITY-BASED ASTHMA MANAGEMENT PROGRAM INNOVATED AT CONNECTICUT CHILDRENS AND HOUSED IN OUR ASTHMA CENTER IT ENSURES CHILDREN, FAMILIES AND PHYSICIANS WORK TOGETHER TO MANAGE ASTHMA SYMPTOMS USING NATIONAL ASTHMA GUIDELINES THE PROGRAM IS AVAILABLE TO CHILDREN ACROSS CONNECTICUT AND IS ALSO BEING REPLICATED IN OTHER STATES THE MID-LEVEL DEVELOPMENTAL ASSESSMENT INNOVATION PROVIDES A NEW MODEL FOR ASSESSING CHILDREN WITH MILD OR MODERATE DEVELOPMENTAL DELAYS TO DETERMINE WHICH SERVICES WOULD BE MOST BENEFICIAL TO THEM CHILDREN WITH MILD TO MODERATE DELAYS, OR THOSE WHO ARE AT RISK FOR DELAYS, ARE TYPICALLY INELIGIBLE FOR PUBLICLY FUNDED PROGRAMS SUCH AS EARLY INTERVENTION OR PRESCHOOL SPECIAL EDUCATION PROGRAMS THIS ASSESSMENT CAN EFFICIENTLY DETERMINE THEIR NEEDS AND ENSURE THEIR CONNECTION TO COMMUNITY-BASED PROGRAMS THROUGH THE HELP ME GROW SYSTEM IN CONNECTICUT MID-LEVEL DEVELOPMENTAL ASSESSMENT HAS EXPANDED STATEWIDE AND IS CURRENTLY BEING REPLICATED IN OTHER STATES THE CARE COORDINATION COLLABORATIVE MODEL IS THE SIGNATURE INNOVATION OF CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION THE MODEL IMPROVES COLLABORATION AMONG CARE COORDINATORS

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FROM DIVERSE SECTORS INCLUDING CHILD HEALTH, EARLY CARE AND EDUCATION, AND FAMILY SUPPORT IT ALSO PROVIDES CHILDREN AND FAMILIES WITH LINKS TO EFFECTIVE SERVICES IT WORKS BY BRIN GING TOGETHER CARE COORDINATORS FROM SEVERAL CHILD-SERVING SECTORS FOR PERIODIC MEETINGS T O LEARN ABOUT A AVAILABLE SERVICES AND HOW TO HELP FAMILIES ACCESS THEM, TO REVIEW CHALLENGI NG CASES AND DEVELOP SOLUTIONS FOR FAMILIES, AND TO ADVOCATE FOR POLICY LEVEL SOLUTIONS TO HELP FAMILIES ADDRESS CHALLENGES THEY FACE CONNECTING TO SERVICES INITIALLY LAUNCHED IN THE GREATER HARTFORD AREA, THE PROGRAM HAS EXPANDED ACROSS THE STATE OF CONNECTICUT AND IN TO ADDITIONAL STATES DIRECT SERVICES - THE CONNECTICUT CHILDRENS CENTER FOR CARE COORDIN ATION (THE CENTER) EMPOWERS FAMILIES OF ALL CHILDREN, INCLUDING THOSE WITH SPECIAL NEEDS, BY HELPING THEM ADVOCATE FOR ACCESS TO APPROPRIATE MEDICAL, BEHAVIORAL, EDUCATIONAL, LEGAL , AND SOCIAL SERVICES THE CENTER ALSO PROVIDES TRAINING AND TECHNICAL SUPPORT FOR COMMUNI TY-BASED PRIMARY CARE PROVIDERS, SUPPORTING THEM TO BECOME MEDICAL HOMES FOR THE CHILDREN THEY SERVE - THE CONNECTICUT CHILDRENS HEALTHY HOMES PROGRAM IMPROVES THE LIVES OF CHILDR EN BY MAKING THEIR HOMES HEALTHIER, SAFER AND MORE ENERGY EFFICIENT THE PROGRAM PROVIDES QUALIFIED HOMEOWNERS AND TENANTS WITH INSPECTIONS AND PLANS FOR THE REMOVAL OF LEAD, ASTHMA TRIGGERS, AND SAFETY HAZARDS IT ALSO PROVIDES FINANCIAL ASSISTANCE FOR REMEDIATION, REL OCATION ASSISTANCE DURING CONSTRUCTION, REFERRALS TO LOW-COST OR NO-COST WEATHERIZATION PR OGRAMS TO INCREASE ENERGY EFFICIENCY, AND EDUCATION PERTAINING TO HEALTHY AND SAFE HOMES - THE HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM WORKS TO PREVENT THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES AMONG YOUTH THE PROGRAM PROVIDES INTERACT IVE PREVENTION EDUCATION, COMMUNITY ENGAGEMENT AND OUTREACH, AND YOUTH FRIENDLY HIV/STD SC REENINGS THE CONSORTIUM ALSO LINKS YOUTH TO MEDICAL CARE SERVICES, EMPLOYMENT SERVICES AND OTHER COMMUNITY RESOURCES - THE CONNECTICUT CHILDREN'S PRIMARY CARE CENTER RECENTLY REC EIVED DESIGNATION AS A PERSON CENTERED MEDICAL HOME IN ACHIEVING THAT RECOGNITION, THE CE NTER MET RIGOROUS STANDARDS SET BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AND WAS RE COGNIZED FOR COORDINATING PATIENT CARE, MAINTAINING A HIGH LEVEL OF QUALITY IN SERVICE DEL IVERY , AND ENSURING THAT PATIENTS AND FAMILIES REMAIN AT THE CENTER OF ALL CARE SEVERAL P ROGRAMS OVERSEEN BY THE OFFICE FOR COMMUNITY CHILD HEALTH SUPPORT THE PRIMARY CARE CENTER IN ITS MEDICAL HOME STATUS EDUCATION AND RESEARCH - THE INJURY PREVENTION CENTER ENGAGES IN RESEARCH, COMMUNITY OUTREA CH, EDUCATION, TRAINING, AND PUBLIC POLICY WORK TO REDUCE PR EVENTABLE INJURIES AND VIOLENCE TO CHILDREN ITS THREE PRIMARY FOCUS AREAS ARE TEEN DRIVIN G SAFETY, TEEN SUICIDE PREVENTION AND DOMESTIC VIOLENCE PREVENTION ITS COMMUNITY PROGRAMS , INCLUDING SAFE KIDS CONNECTICUT AND THE INJURY FREE COALITION FOR KIDS OF HARTFORD, ADDR ESS A WIDE RANGE OF CHILD SAFE

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TY CONCERNS RANGING FROM CHILD PASSENGER SAFETY TO POISONING PREVENTION AND OTHER HOME SAFETY ISSUES - CO-MANAGEMENT EMPOWERS PRIMARY CARE PROVIDERS TO IMPROVE THE BREADTH AND QUALITY OF CARE THEY PROVIDE TO CHILDREN PRIMARY CARE PROVIDERS PARTNER WITH SUBSPECIALISTS TO DESIGN PROTOCOLS FOR THE CARE OF CERTAIN HIGH PREVALENCE CONDITIONS THAT ARE TYPICALLY REFERRED TO SUBSPECIALISTS BY DOING SO, THIS CARE MODEL ALLOWS CHILDREN TO RECEIVE SOME SUBSPECIALTY CARE WITHIN THEIR MEDICAL HOME AND ENSURES THAT THEY RECEIVE TIMELY ACCESS TO SUBSPECIALTY CARE WHEN NEEDED THE MODEL FREES UP SUBSPECIALTY APPOINTMENTS FOR CHILDREN WHOSE CONDITIONS CANNOT BE MANAGED IN THE PRIMARY CARE SETTING - THE CHILDRENS CENTER ON FAMILY VIOLENCE AIMS TO INCREASE UNDERSTANDING ABOUT THE IMPACT FAMILY VIOLENCE HAS ON CHILDREN AND TO INCREASE SUPPORT SERVICES FOR AFFECTED CHILDREN THE CENTER IS A PARTNERSHIP BETWEEN THE CONNECTICUT CHILDRENS SUSPECTED CHILD ABUSE AND NEGLECT PROGRAM, THE CONNECTICUT CHILDRENS INJURY PREVENTION CENTER, AND THE CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE THE CENTERS GOALS INCLUDE IMPROVING SERVICE SYSTEMS FOR AFFECTED FAMILIES, WHICH CURRENTLY OFTEN DO NOT UTILIZE BEST PRACTICES, AND ENHANCING RESEARCH EFFORTS FOR CHILD-FOCUSED INTERVENTIONS, WHERE THE EVIDENCE BASE IS CURRENTLY INADEQUATE THE CENTER ALSO PLANS TO ESTABLISH A STATEWIDE FAMILY VIOLENCE INFORMATION SYSTEM TO GATHER DATA, IDENTIFY TRENDS, AND TRACK PROGRESS OVER TIME - THE EDUCATING PRACTICES IN THE COMMUNITY PROGRAM IS A SIGNATURE INNOVATION OF THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT AND IS SUPPORTED BY THE CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ITS DESIGNED TO BRING THE NEWEST DEVELOPMENTS IN PEDIATRIC PRIMARY CARE TO CONNECTICUTS CHILD HEALTH PROVIDERS THROUGH THE PROCESS OF ACADEMIC DETAILING AND WORKS TO ADVANCE SUSTAINABLE IMPROVEMENTS IN PRIMARY AND PREVENTIVE HEALTH AND MENTAL HEALTH CARE PRACTICES FOR ALL CONNECTICUT CHILDREN - THE PRACTICE QUALITY IMPROVEMENT PROGRAM HELPS PRIMARY CARE PHYSICIANS USE A DATA-DRIVEN, QUALITY IMPROVEMENT APPROACH TO ENHANCE THE SERVICES THEY PROVIDE TO CHILDREN PROGRAM ACTIVITIES HELP PRACTICES IMPROVE THEIR SURVEILLANCE AND SCREENING FOR DEVELOPMENTAL RISKS, IMPROVE THEIR IDENTIFICATION OF BEHAVIORAL CONCERNS, AND CONNECT CHILDREN AND FAMILIES TO HELPFUL SERVICES - THE RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH PROGRAM HELPS TO FOSTER THE GROWTH OF FUTURE GENERATIONS OF PEDIATRICIANS WHO ARE COMMUNITY CHILD HEALTH ADVOCATES THE PROGRAM NURTURES PEDIATRIC RESIDENTS TO BECOME FUTURE LEADERS BY PROVIDING THEM WITH UNIQUE OPPORTUNITIES TO DEVELOP KNOWLEDGE AND SKILLS IN THE AREAS OF ADVOCACY, COMMUNITY HEALTH AND PUBLIC POLICY DURING THEIR TIME IN THE PROGRAM, PEDIATRIC RESIDENTS WORK CLOSELY WITH EXPERTS IN THE FIELDS OF POPULATION HEALTH, COMMUNITY RESEARCH, POLICY REFORM, AND SOCIAL INNOVATION ALL WITH THE GOAL OF PROMOTING CHILDRENS HEALTHY DEVELOPMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	WILLIAM C POPIK, M D & DAVID M ROTH, ESQ - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE ORGANIZATION'S CORPORATE COMPLIANCE/CONFLICT OF INTEREST COMMITTEE ("COMMITTEE") HAS OVERSIGHT OVER THE MANAGEMENT OF IDENTIFIED OR REPORTED CASES OF CONFLICTS OF INTEREST The Committee is also responsible for developing, approving, and implementing, as appropriate, policies and education relating to various types of conflicts of interest THE COMMITTEE HAS DELEGATED THE DAY TO DAY INVESTIGATION OF DISCLOSURES TO THE SYSTEM'S GENERAL COUNSEL AND DIRECTOR OF COMPLIANCE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE SYSTEM'S GENERAL COUNSEL, WHO PERFORMS AN INITIAL SCREENING OF THE CONFLICT OF INTEREST DISCLOSURES IF POTENTIAL CONFLICTS OF INTERESTS ARE REPORTED, GENERAL COUNSEL COMPLETES FURTHER INVESTIGATION AND RECOMMENDS A MANAGEMENT PLAN OR OTHER CORRECTIVE ACTIONS TO THE COMMITTEE

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF Connecticut Children's SENIOR MANAGEMENT, INCLUDING, but not limited to, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THESE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING, but not limited to, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	OFFICER AND Senior VICE PRESIDENT/CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESI DENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S Senior vice president OF HUMAN RESOURCES AND THE HUMAN RESOURCES DEPARTMENT, IN CONJUNCTION WITH THE INDIVIDUAL 'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO E NSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHE R OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS PLEASE ALSO REFER TO OUR RESPONSE INCLUDED IN SCHEDULE J, PART III, QUESTION 3 F OR FURTHER INFORMATION ON HOW CONNECTICUT CHILDREN'S MEDICAL CENTER SATISFIES THE CRITERIA TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO EXECUTIVE COMPENSATION REVIEW AND APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S GOVERNING POLICIES AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.CONNECTICUTCHILDRENS.ORG, OR BY REQUEST. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	PLEASE NOTE THAT AUDREY WISE, MBA, BECAME THE VICE PRESIDENT AND CHIEF MARKETING OFFICER EFFECTIVE SEPTEMBER 26, 2016 IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2015 FORMS W-2 ACCORDINGLY, THIS INDIVIDUAL HAS NO COMPENSATION REPORTED ON THE CURRENT YEAR FEDERAL FORM 990 ADDITIONALLY, CHRISTINE FINCK, M D , FACS, AND TRISHA FARMER, MSN, RN, THE EXECUTIVE VICE PRESIDENT, SURGEON IN CHIEF AND CHIEF OF STAFF, RESPECTIVELY, BECAME OFFICERS OF THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 HOWEVER, THESE INDIVIDUALS WERE PREVIOUSLY EMPLOYED WITHIN THE ORGANIZATION IN A NON-OFFICER CAPACITY THE COMPENSATION BEING REPORTED ON THIS FORM 990 REFLECTS THEIR COMPENSATION FROM THEIR PREVIOUS ROLES

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	DEAN A RAPOZA, FORMER OFFICER OF THIS ORGANIZATION, IS STILL EMPLOYED WITHIN THE SYSTEM AS THE PRESIDENT OF CONNECTICUT CHILDREN'S SPECIALTY GROUP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN FAIR MARKET VALUE OF SWAP AGREEMENTS - \$825,126, - CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$6,917,740, - TRANSFER TO CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$20,061,044), - TRANSFER TO NEW ENGLAND PEDIATRICS INDEMNITY, LTD , A RELATED ORGANIZATION - (\$880,000), - CHANGE IN FUNDED STATUS OF PENSION AND POST-RETIREMENT PLANS - (\$4,937,060), - TEMPORARILY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$317,579, - PERMANENTLY RESTRICTED CHANGE IN FUNDS HELD IN TRUST BY OTHERS - \$5,455,109, AND - PERMANENTLY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$883,341

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S MEDICAL CENTER AND SUBSIDIARIES, FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS IN ADDITION, CCMC CORPORATION AND SUBSIDIARIES ALSO RECEIVED AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015, RESPECTIVELY THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S FINANCE AND AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 THIS ORGANIZATION WAS INCLUDED IN THE CONSOLIDATED AUDIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 22815576

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 15899562

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 12588471

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 4441163

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 353371

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY FEES TOTAL FEES 418683

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ACTUARIAL FEES TOTAL FEES 100420

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMINISTRATIVE FEES TOTAL FEES 57158

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 392235

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CCMC CORPORATION 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619876	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	NA		No
(2)CONNECTICUT CHILDREN'S MEDICAL CTR FDN 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619869	FUNDRAISING	CT	501(C)(3)	509(A)(1)	CCMC CORP		No
(3)CCMC AFFILIATES INC 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619870	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CCMC CORP		No
(4)CONNECTICUT CHILDREN'S SPECIALTY GROUP 282 WASHINGTON STREET HARTFORD, CT 06106 06-1446900	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CT CHILDRENS	Yes	
(5)CHILDREN'S FUND OF CONNECTICUT INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1364513	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	Yes	
(6)CHILDREN'S HEALTH & DEVEL INSTITUTE INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1504725	HLTHCARE SVCS	CT	501(C)(3)	509(A)(1)	CFCT		No
(7)CAPITAL AREA HEALTH CONSORTIUM INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 51-0173264	SUPPORT SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	Yes	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)CCMC VENTURES INC 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619873	INACTIVE	CT	NA	C CORP					No
(2)NEW ENGLAND PEDIATRICS INDEMNITY LTD 50 CEDAR AVENUE HAMILTON, BERMUDA HM 11 BD	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP					No

Part V

Transactions With Related Organizations

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

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

1

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

a

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

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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2015

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") 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

Additional Data

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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)	CT CHILDRENS	Yes	
CHILDREN'S FUND OF CONNECTICUT INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1364513	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	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
CAPITAL AREA HEALTH CONSORTIUM INC 270 FARMINGTON AVENUE FARMINGTON, CT 06032 51-0173264	SUPPORT SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	O	21,254,033	COST
(1)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	P	28,889,986	COST
(2)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	Q	26,343,942	COST
(3)	CONNECTICUT CHILDREN'S SPECIALTY GROUP	R	21,402,101	COST
(4)	CCMC CORPORATION	O	84,993	COST
(5)	CCMC CORPORATION	R	7,870,348	COST
(6)	CCMC CORPORATION	S	9,212,678	COST