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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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
% BRIDGETT FEAGIN
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

D Employer identification number
06-0646755

E Telephone number
(860) 545-9000

G Gross receipts $ 449,106,821

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? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CONNECTICUTCHILDRENS.ORG

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

L Year of formation: 1921

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CONNECTICUT CHILDREN'S MEDICAL CENTER IS 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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	2,319
6	Total number of volunteers (estimate if necessary)	**6**	135
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	52,154,052	44,802,163
9	Program service revenue (Part VIII, line 2g)	353,088,005	402,519,858
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,479	306,552
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,558,527	1,478,248
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406,852,063	449,106,821
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	139,700	210,250
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)	191,875,474	198,137,259
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	179,930,663	192,949,923
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	371,945,837	391,297,432
19	Revenue less expenses. Subtract line 18 from line 12	34,906,226	57,809,389

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	468,158,242	576,292,525
21	Total liabilities (Part X, line 26)	147,750,467	125,295,626
22	Net assets or fund balances. Subtract line 21 from line 20	320,407,775	450,996,899

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

****** 2022-08-02
Signature of officer Date

BRIDGETT FEAGIN EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00642486

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070 — Phone no. (973) 898-9494

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CONNECTICUT CHILDREN'S MEDICAL CENTER IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED CARE, RESEARCH, EDUCATION AND ADVOCACY. WE EMBRACE DISCOVERY, TEAMWORK, INTEGRITY AND EXCELLENCE IN ALL THAT WE DO. THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM 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. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 $ 281,192,894 including grants of $ 148,250) (Revenue $ 402,519,858)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 281,192,894

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see 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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	Yes	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
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	Yes	
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	1a	348		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,319		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	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? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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**	19		
	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**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*				No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**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-A 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:
▶BRIDGETT FEAGIN 282 WASHINGTON STREET HARTFORD, CT 06106 (860) 545-8544

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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										

Part VII **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) ▶								7,917,856	1,715,749	1,364,058

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 ▶ 321

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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	37,982,332
HARTFORD HOSPITAL, 80 SEYMOUR STREET PO BOX 5037 HARTFORD, CT 061025037	MEDICAL	7,748,883
GUIDEHOUSE, 4511 PAYSPHERE CIRCLE CHICAGO, IL 60674	CONSULTING	2,682,025
EPIC SYSTEMS CORPORATION, PO BOX 88314 MILWAUKEE, WI 53288	IT	1,649,491
VIZIENT INC, PO BOX 842173 DALLAS, TX 752842173	CONSULTING	1,623,677

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 ▶ 88

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				
d Related organizations	1d	7,539,524			
e Government grants (contributions)	1e	28,759,588			
f All other contributions, gifts, grants, and similar amounts not included above	1f	8,503,051			
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f . . . . . ▶		44,802,163			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	622310	384,323,546	384,323,546		
b OTHER HEALTHCARE RELATED REVENUE	622310	18,196,312	18,196,312		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	402,519,858				
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		28,054			28,054
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties . . . . . ▶		0			
	(i) Real	(ii) Personal			
6a Gross rents 6a	538,208				
b Less: rental expenses 6b					
c Rental income or (loss) 6c	538,208	0			
d Net rental income or (loss) . . . . . ▶		538,208			538,208
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	278,498				
b Less: cost or other basis and sales expenses 7b					
c Gain or (loss) 7c	278,498				
d Net gain or (loss) . . . . . ▶		278,498			278,498
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . 8a	0				
b Less: direct expenses . . . 8b	0				
c Net income or (loss) from fundraising events . . ▶		0			
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a	0				
b Less: direct expenses . . . 9b	0				
c Net income or (loss) from gaming activities . . ▶		0			
10a Gross sales of inventory, less returns and allowances . . 10a	0				
b Less: cost of goods sold . . 10b	0				
c Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue	Business Code				
11a CAFETERIA	722514	940,040			940,040
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		940,040			
12 **Total revenue.** See instructions . . . . . ▶		449,106,821	402,519,858		1,784,800

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	148,250	148,250		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	62,000	62,000		
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	5,494,007		5,494,007	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	159,003,872	116,275,100	42,728,772	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,982,059	8,173,443	2,808,616	
9 Other employee benefits	12,597,930	9,086,744	3,511,186	
10 Payroll taxes	10,059,391	7,142,168	2,917,223	
11 Fees for services (non-employees):				
a Management	0			
b Legal	319,458	226,815	92,643	
c Accounting	369,289	262,195	107,094	
d Lobbying	338,493		338,493	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,499,433	38,099,864	15,399,569	0
12 Advertising and promotion	1,993,751	1,415,563	578,188	
13 Office expenses	4,804,529	3,411,216	1,393,313	
14 Information technology	6,442,801	4,574,389	1,868,412	
15 Royalties	0			
16 Occupancy	14,378,202	10,208,523	4,169,679	
17 Travel	425,560	302,148	123,412	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	430,234	305,466	124,768	
20 Interest	1,737,213	1,233,421	503,792	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,378,745	4,830,288	10,548,457	
23 Insurance	3,413,620	2,423,670	989,950	
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	46,670,438	33,136,011	13,534,427	0
b SPECIALITY GROUP SUPPORT	16,422,321	16,422,321	0	0
c GRANT EXPENDITURES	16,051,287	16,051,287	0	0
d REPAIRS & MAINTENANCE	6,552,390	4,652,197	1,900,193	0
e All other expenses	3,722,159	2,749,815	972,344	
25 **Total functional expenses.** Add lines 1 through 24e	391,297,432	281,192,894	110,104,538	0
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		31,743,615	1	41,054,872
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		52,793,468	4	64,516,997
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,838,490	8	6,918,829
	9	Prepaid expenses and deferred charges		3,472,180	9	3,460,880
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 362,298,117			
	b	Less: accumulated depreciation	10b 239,980,089	133,264,533	10c	122,318,028
	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		231,241,324	13	328,038,260
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		8,804,632	15	9,984,659
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		468,158,242	16	576,292,525
Liabilities	17	Accounts payable and accrued expenses		40,188,842	17	44,740,468
	18	Grants payable		0	18	0
	19	Deferred revenue		6,727,012	19	0
	20	Tax-exempt bond liabilities		28,332,564	20	26,481,518
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23,550,484	23	32,861,474
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		48,951,565	25	21,212,166
	26	**Total liabilities.** Add lines 17 through 25		147,750,467	26	125,295,626
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		175,140,033	27	290,235,581
	28	Net assets with donor restrictions		145,267,742	28	160,761,318
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		320,407,775	32	450,996,899
	33	Total liabilities and net assets/fund balances		468,158,242	33	576,292,525

Part XI Reconcilliation 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	449,106,821
2	Total expenses (must equal Part IX, column (A), line 25)	2	391,297,432
3	Revenue less expenses. Subtract line 2 from line 1	3	57,809,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	320,407,775
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	72,779,735
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	450,996,899

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646755

Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

Form 990 (2020)

Form 990, Part III, Line 4a:

EXPENSES INCURRED TO PROVIDE ACUTE CARE INPATIENT AND OUTPATIENT SERVICES TO CHILDREN FROM CONNECTICUT AND THE SURROUNDING AREA. 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			
JAMES E SHMERLING DHA FACHE DIRECTOR - PRESIDENT/CEO	55.0 0.0	X		X				1,482,176	0	232,987
CHRISTINE FINCK MD FACS EVP SURGEON-IN-CHIEF	55.0 0.0				X			0	1,031,135	135,657
GIL PERI MBA MPH PRESIDENT & COO (TERMED 06/21)	55.0 0.0			X				895,994	0	47,633
JUAN C SALAZAR MD MPH EVP ACAD AFF/PHYS-IN-CHIEF	55.0 0.0				X			665,288	0	103,159
PAUL H DWORKIN MD EVP COMMUNITY CHILD HEALTH	55.0 0.0					X		606,295	0	59,553
R MOSES VARGAS ESQ SVP CHIEF LEGAL OFFICER	55.0 0.0				X			456,226	0	87,431
LAWRENCE E MILAN MA SVP HUMAN RESOURCES	55.0 0.0				X			446,564	0	61,597
GLENN FLORES MD CHIEF RESEARCH OFFICER	55.0 0.0					X		445,500	0	45,223
MICHAEL ISAKOFF MD DIRECTOR - PRESIDENT MED STAFF	55.0 0.0	X						0	411,081	69,078
DEB PAPPAS MBA VP MKTG/COMMUNICATIONS OFFICER	55.0 0.0					X		376,759	0	71,397

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			
LORI PELLETIER PHD CHIEF QUAL & PAT SAFETY OFF	55.0 0.0					X		358,775	0	77,202
CHERYL HOEY RN BSN MBA FORMER KEY EMPLOYEE	0.0 0.0						X	404,285	0	30,975
KELLY STYLES MBA FORMER KEY EMPLOYEE	0.0 0.0						X	396,374	0	29,080
RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	55.0 0.0					X		353,921	0	24,833
JUNG PARK SVP CHIEF INFORMATION OFFICER	55.0 0.0				X			290,963	0	72,309
SARAH MATNEY MSOL BSN RN SVP CLINICAL SVCS/CNO	55.0 0.0				X			0	273,533	76,679
AIMEE MONROY SMITH SVP GOVT. RELATIONS & EXT AFF	55.0 0.0				X			281,151	0	59,047
BRIDGETT FEAGIN MBA EVP CHIEF FINANCIAL OFFICER	55.0 0.0			X				245,513	0	65,970
SETH VAN ESSENDELFT FORMER OFFICER	0.0 0.0						X	212,072	0	14,248
DAVID M ROTH ESQ CHAIRMAN - DIRECTOR	1.0 0.0	X		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 W FANELLI CFP VICE CHAIRMAN - DIRECTOR	1.0 0.0	X		X				0	0	0
TINA BROWN-STEVENSON SECRETARY - DIRECTOR	1.0 0.0	X		X				0	0	0
ANDREA BALOGH DIRECTOR	1.0 0.0	X						0	0	0
SCOTT BRAUNSTEIN DIRECTOR	1.0 0.0	X						0	0	0
SHARI G CANTOR DIRECTOR; EX-OFFICIO	1.0 0.0	X						0	0	0
JAMES HALL II DIRECTOR	1.0 0.0	X						0	0	0
PRESTON KODAK III DIRECTOR	1.0 0.0	X						0	0	0
DOROTHY LEVINE MD DIRECTOR	1.0 0.0	X						0	0	0
MEGAN MACKEY EDD DIRECTOR	1.0 0.0	X						0	0	0
BURKE MAGNUS 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			
OTIS MAYNARD DIRECTOR	1.0 0.0	X						0	0	0
CARLOS MOUTA DIRECTOR	1.0 0.0	X						0	0	0
MICHELLE MURPHY DIRECTOR	1.0 0.0	X						0	0	0
JONATHAN RUBIN DIRECTOR	1.0 0.0	X						0	0	0
TINA ST PIERRE DIRECTOR	1.0 0.0	X						0	0	0
ANDREW ZEITLIN DIRECTOR	1.0 0.0	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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 10 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
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 I of Schedule L (Form 990 or 990-EZ).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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? *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.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

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 lines 2a and 2b 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? *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.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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 *(explain in* ***Part VI****)*. **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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493216001092

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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	Employer identification number
CONNECTICUT CHILDREN'S MEDICAL CENTER	06-0646755

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
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.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		258,145
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		80,348
j	Total. Add lines 1c through 1i			338,493
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 1G & 1I	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 $80,348 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, THE ORGANIZATION PAID OUTSIDE INDEPENDENT CONSULTING FIRMS A TOTAL OF $162,348 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 CERTAIN CONNECTICUT CHILDREN'S MEDICAL CENTER EMPLOYEES TO REPRESENT TIME SPENT LOBBYING ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO $95,797 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021. 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.

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 FASB 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 FASB 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 FASB 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,801,840	25,957,822	24,246,534	22,333,915	22,429,597
b Contributions	792,402	427,432	1,705,658	1,611,103	100,411
c Net investment earnings, gains, and losses	841,650	927,364	677,067	1,154,088	163,306
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	421,468	510,778	671,437	852,572	359,399
f Administrative expenses	0	0	0	0	0
g End of year balance	28,014,424	26,801,840	25,957,822	24,246,534	22,333,915

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term endowment ▶ 100.000 %

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:

	Yes	No
3a(i) (i) Unrelated organizations		No
3a(ii) (ii) Related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		127,255,842	77,137,656	50,118,186
c Leasehold improvements		45,869,327	19,508,315	26,361,012
d Equipment		161,023,312	137,555,471	23,467,841
e Other		28,149,636	5,778,647	22,370,989
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				122,318,028

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)INVESTMENT IN CCMC FOUNDATION	208,415,893	F
(2)FUNDS HELD IN TRUST BY OTHERS	109,404,610	F
(3)OTHER INVESTMENTS	250,000	F
(4)AWUIL - RESTRICTED FOR CAPITAL	9,967,757	F
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	328,038,260	

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO THIRD PARTIES	1,899,384
(3) ACCRUED PENSION LIABILITY	3,711,737
(4) LEASE INCENTIVE OBLIGATION	6,624,332
(5) OTHER LONG-TERM LIABILITIES	8,976,713
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	21,212,166

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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 FOU NDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION F OR THE BENEFIT OF CONNECTICUT CHILDREN'S MEDICAL CENTER. THE ENDOWMENTS CONSIST OF INDIVID UAL DONOR RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES WHICH ARE HELD AND CONTRO LLED BY THE FOUNDATION. AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS AR E CLASSIFIED AND REPORTED BASED ON DONOR-IMPOSED RESTRICTIONS. AT SEPTEMBER 30, 2021 AND 2 020, THE MEDICAL CENTER HAD $28,014,424 AND $26,801,840, RESPECTIVELY, IN ENDOWMENTS HELD AT THE FOUNDATION WHICH ARE RECORDED BY THE MEDICAL CENTER THROUGH ITS INTEREST IN THE FOU NDATION.

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, 2021 AND SEPTEMBER 30, 2020; 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 2021 AND 2020." 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 BY ENTITY BASIS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2021 AND SEPTEMBER 30, 2020 THAT REPORTS THE SYSTEM'S 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 2021 AND 2020."

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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" on Form 990, Part IV, line 14b.

1 **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**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites 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 the region	**(d)** Activities conducted in region (by type) (such as, 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 the region	**(f)** Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Program Services	FINANCIAL VEHICLE	8,597,700
3a Sub-total	0	0			8,597,700
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)	0	0			8,597,700

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't 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 NEW ENGLAND PEDIATRICS INDEMNITY, LTD. ("NEPI"), A FINANCIAL VEHICLE, $8,597,700 ON BEHALF OF AND FOR THE BENEFIT OF THIS ORGANIZATION.

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* 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	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	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)			848,987		848,987	0.220 %
b Medicaid (from Worksheet 3, column a)			192,781,809	129,024,004	63,757,805	16.290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			193,630,796	129,024,004	64,606,792	16.510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,978,791	3,377,618	2,601,173	0.660 %
f Health professions education (from Worksheet 5)			21,635,774	199,623	21,436,151	5.480 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			7,912,356	5,031,598	2,880,758	0.740 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			31,750		31,750	0.010 %
j **Total.** Other Benefits			35,558,671	8,608,839	26,949,832	6.890 %
k **Total.** Add lines 7d and 7j			229,189,467	137,632,843	91,556,624	23.400 %

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			1,257,946	1,174,052	83,894	0.020 %
2 Economic development						
3 Community support			2,491,435	2,748,468		
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			223,438		223,438	0.060 %
7 Community health improvement advocacy			3,974,497	3,185,434	789,063	0.200 %
8 Workforce development						
9 Other						
10 Total			7,947,316	7,107,954	1,096,395	0.280 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
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 2,774,460			
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. 3 776,849			
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	654,808
6	Enter Medicare allowable costs of care relating to payments on line 5	6	634,110
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	20,698
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	
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	

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)

Name of hospital facility or letter of facility reporting group CONNECTICUT CHILDREN'S MEDICAL CENTER

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.	3	Yes	
	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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
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	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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWWW.CONNECTICUTCHILDRENS.ORG			
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.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): WWWW.CONNECTICUTCHILDRENS.ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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? $			

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
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250. % and FPG family income limit for eligibility for discounted care of 500. %			
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	Was widely publicized 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): WWW.CONNECTICUTCHILDRENS.ORG			
b	☑ The FAP application form was widely available on a website (list url): WWW.CONNECTICUTCHILDRENS.ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.CONNECTICUTCHILDRENS.ORG			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	19		No
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
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?	21	Yes	
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)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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? **23**		No
	If "Yes," explain in Section C.		
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? **24**		No
	If "Yes," explain in Section C.		

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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
See Add'l Data	

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? **9**

	Name and address	Type of Facility (describe)
1	CCMC SPECIALTY CENTER 505 FARMINGTON AVENUE FARMINGTON, CT 06030	SPEECH THERAPY, AUDIOLOGY, SLEEP LAB, EEG, EMG, AMBULATORY SURGERY CENTER
2	CCMC SPECIALTY CENTER 399 FARMINGTON AVENUE FARMINGTON, CT 06032	OCCUPATIONAL & PHYSICAL THERAPY, RADIOLOGY, MOTION ANALYSIS
3	CCMC SPECIALTY CENTER 310 WESTERN BOULEVARD GLASTONBURY, CT 06033	OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, AUDIOLOGY, RADIOLOGY, ECHO
4	CCMC HARTFORD HOSP BONE & JOINT INST 31 SEYMOUR STREET HARTFORD, CT 06106	RADIOLOGY
5	CCMC SPECIALTY CENTER 676 HEBRON AVENUE GLASTONBURY, CT 06033	SLEEP LAB, PHYSICAL THERAPY
6	CCMC 100 RETREAT 100 RETREAT AVENUE HARTFORD, CT 06016	SPEECH THERAPY, NUTRITION
7	CCMC 111 FOUNDERS 111 FOUNDERS PLAZA EAST HARTFORD, CT 06108	CLINICAL NUTRITION
8	CCMC AVON FAMILY WELLNESS CENTER 100 SIMSBURY ROAD AVON, CT 06001	PHYSICAL THERAPY, OCCUPATIONAL THERAPY
9	CCMC SOLTERA ACADEMY 300 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06051	OCCUPATIONAL THERAPY
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I; LINE 3C	CONNECTICUT CHILDREN'S IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO FAMILIES WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR OTHER GOVERNMENT ASSISTANCE, OR ARE OTHERWISE UNABLE TO PAY FOR EMERGENT OR OTHER MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATIONS. ITS FINANCIAL ASSISTANCE POLICY OUTLINES ELIGIBILITY CRITERIA, PARAMETERS, AND THE PROCESS FOR PROVIDING FAIR AND CONSISTENT FINANCIAL ASSISTANCE TO PATIENTS AND FAMILIES. IN CONTINUANCE OF ITS MISSION, CONNECTICUT CHILDREN'S HAS ESTABLISHED THE FINANCIAL ASSISTANCE PROGRAMS TO ASSIST FAMILIES WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED AND INELIGIBLE FOR OTHER GOVERNMENT ASSISTANCE. ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE CONSIDERED FOR INDIVIDUALS WHO ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR ANY GOVERNMENT HEALTHCARE BENEFIT PROGRAM, AND WHO ARE UNABLE TO PAY FOR THEIR CARE, BASED UPON DETERMINATION OF FINANCIAL NEED IN ACCORDANCE WITH ITS FINANCIAL ASSISTANCE POLICY. THE GRANTING OF FINANCIAL ASSISTANCE SHALL BE BASED ON AN INDIVIDUALIZED DETERMINATION OF FINANCIAL NEED, AND SHALL NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL OR IMMIGRANT STATUS, SEXUAL ORIENTATION OR RELIGIOUS AFFILIATION. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON FPL, WHICH IS DEPENDENT UPON FAMILY SIZE AND FAMILY INCOME. FULL FINANCIAL ASSISTANCE (FREE CARE): PATIENTS MAY QUALIFY FOR A 100% DISCOUNT OF BILLED CHARGES FOR EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES OR INSURANCE COST SHARES (CO-PAYS, COINSURANCE AND DEDUCTIBLES) AS LONG AS THE FOLLOWING CRITERIA ARE MET: - ANNUAL FAMILY INCOME THAT IS LESS THAN OR EQUAL TO 250% OF THE FEDERAL POVERTY LEVEL, AS DETERMINED BY GUIDELINES PUBLISHED ANNUALLY BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (FPL); - CONNECTICUT, MASSACHUSETTS OR NEW YORK RESIDENT; - EFFORTS TO EXHAUST ALL OTHER PAYMENT OPTIONS SUCH AS MEDICAID, COPAY PROGRAMS, ENDOWMENT FUNDS, HEALTH SPENDING ACCOUNTS AND FLEXIBLE SPENDING ACCOUNTS HAVE BEEN SATISFIED; AND - COMPLETED A PROGRAM APPLICATION, AND PROVIDED SUPPORTING DOCUMENTATION TO VERIFY INCOME PARTIAL FINANCIAL ASSISTANCE (DISCOUNTED CARE): UNINSURED PATIENTS, WHO DO NOT QUALIFY FOR MEDICAID, WITH FAMILY INCOME OVER 250% BUT LESS THAN OR EQUAL TO 500% OF FPL, ARE ELIGIBLE FOR PARTIAL FINANCIAL ASSISTANCE. THESE PATIENTS MAY QUALIFY FOR A 45% DISCOUNT OF BILLED CHARGES FOR EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I; LINE 6A	THE ORGANIZATION PREPARED A 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 ORGANIZATION'S COMMUNITY BENEFIT REPORT IS MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE AND CAN BE FOUND AT THIS ADDRESS: HTTPS://WWW.CONNECTICUTCHILDRENS.ORG/ABOUT-US/COMMUNITY-BENEFITS/ ADDITIONALLY, HARD COPIES WERE DISTRIBUTED TO KEY COMMUNITY LEADERS AND WERE MADE AVAILABLE ON REQUEST THROUGH CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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. WE RECOGNIZE THAT CHILDREN DO NOT LIVE IN ISOLATION. THEY ARE PART OF FAMILIES AND COMMUNITIES. IN ORDER TO FULFILL OUR MISSION, WE PROVIDE LEADERSHIP, PARTICIPATE IN COMMUNITY BASED PROGRAMS THAT HELP BUILD HEALTHIER COMMUNITIES, AND STRENGTHEN SYSTEMS THAT SUPPORT FAMILIES. CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") WAS CREATED TO SERVE AS A COORDINATING ENTITY FOR OUR COMMUNITY-ORIENTED PROGRAMS AND PROVIDE US WITH A STRONGER ADVOCACY VOICE IN SUPPORTING IMPROVED SYSTEMS FOR SUPPORTING FAMILIES. THE FOLLOWING ARE COMMUNITY BASED PROGRAMS UNDER THE OFFICES UMBRELLA: - CARE COORDINATION COLLABORATIVE MODEL - CENTER FOR CARE COORDINATION - CHILDHOOD PROSPERITY LAB - CHILDREN'S CENTER ON FAMILY VIOLENCE - CO-MANAGEMENT - CONNECTICUT CHILDREN'S CENTER FOR GLOBAL HEALTH - CONNECTICUT NEWBORN SCREENING NETWORK - EASY BREATHING - EDUCATING PRACTICES - HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM - HEALTHY HOMES PROGRAM - HELP ME GROW NATIONAL CENTER - INJURY PREVENTION CENTER - NORTH HARTFORD ASCEND PIPELINE - PERSON-CENTERED MEDICAL HOME - RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH - START CHILDHOOD OFF RIGHT PROGRAM ALL PROGRAMS HAVE ELEMENTS OF COMMUNITY BUILDING IN THEIR PURPOSE. SOME INVOLVE WORKING WITH LOCAL COMMUNITIES, SOME WITH STATEWIDE COMMUNITIES, SOME WORK ON NATIONAL LEVELS, AND SOME PROVIDE OUR EXPERTISE TO CLINICIANS TO HELP THEM BETTER SERVE FAMILIES IN THEIR COMMUNITIES. THE OFFICE FOCUSES ON PROMOTING OPTIMAL HEALTHY DEVELOPMENT ACROSS ALL SECTORS IMPACTING CHILDREN. IT PAYS PARTICULAR ATTENTION TO ADDRESSING SOCIAL DETERMINANTS OF HEALTH THAT SERVE AS MAJOR RISK FACTORS FOR POORER OUTCOMES. NO ONE ENTITY ALONE CAN HAVE THE KIND OF IMPACT THAT IS DESIRED. TO THAT END, THE PROGRAMS LISTED ABOVE, WORK WITH MORE THAN 150 COMMUNITY PARTNERS. ADDITIONAL COMMUNITY BUILDING INCLUDES THE OFFICE'S WORK WITH THE NEIGHBORHOOD PARTNERSHIP KNOWN AS SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE ("SINA"). SINA IS A NEIGHBORHOOD PARTNERSHIP BETWEEN CONNECTICUT CHILDREN'S, HARTFORD HOSPITAL, AND TRINITY COLLEGE. CONNECTICUT CHILDREN'S PAYS DUES TO SUPPORT SINA'S ANNUAL OPERATIONS BUDGET. THREE EMPLOYEES FROM CONNECTICUT CHILDREN'S ARE ON SINA'S BOARD OF DIRECTORS. SINA WORKS TO BUILD NEW OWNER OCCUPIED HOUSING, IN PLACE OF BLIGHTED PROPERTIES. TO DATE, SINA HAS BUILT MORE THAN 85 HOMES IN THE AREA, ADDING CLOSE TO $500,000 PER YEAR TO THE CITY'S TAX BASE. HARTFORD WAS HAVING DISCUSSIONS WITH THE STATE REGARDING ITS LARGE OPERATING DEFICIT. CONTRIBUTING TO THE DEFICIT IS THE LOW RATE OF HOMEOWNERSHIP. ADDITIONALLY, OUR HEALTHY HOMES PROGRAM BEGAN WORKING WITH SINA TO IDENTIFY WAYS THAT THE TWO COULD COMPLEMENT ONE ANOTHER. SINA'S OUTREACH STAFF BEGAN TO LOOK AT OPPORTUNITIES TO IDENTIFY PROPERTY OWNERS IN THE NEIGHBORHOOD WHO COULD BENEFIT FROM HEALTHY HOMES INTERVENTIONS. STAFF AT CONNECTICUT CHILDREN'S ATTEND AND PARTICIPATE WITH THE NEIGHBORHOOD REVITALIZATION ZONE MEETINGS HELD MONTHLY, WHERE THE FOCUS IS ON PUBLIC SAFETY AND OTHER QUALITY OF LIFE ISSUES. A COMPONENT OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT WAS SINA'S ECONOMIC DEVELOPMENT STUDY, IDENTIFYING THE POVERTY IN THE NEIGHBORHOOD AS A MAJOR SOCIAL DETERMINANT. A PORTION OF THE STUDY RECOMMENDED THAT SINA AND ITS INSTITUTIONAL PARTNERS DEVELOP AN EMPLOYMENT PROGRAM. INSTITUTIONAL PARTNERS DEVELOP AN EMPLOYMENT PROGRAM. SOCIAL DETERMINANT. A PORTION OF THE STUDY RECOMMENDED THAT SINA AND ITS INSTITUTIONAL PARTNERS DEVELOP AN EMPLOYMENT PROGRAM. INSTITUTIONAL PARTNERS DEVELOP AN EMPLOYMENT PROGRAM.

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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 STATE MENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES. CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONN ECTICUT CHILDREN'S") AND ITS SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. CONNECTICUT CHILDREN'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) MET HODOLOGY 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: NET REVENUE FROM SERVICES TO PATIENTS AND CHARIT Y CARE ---------- ---------- NET PATIENT SERVICE REVENUES ARE RECOGNIZED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE MEDICAL CENTER EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING COMMERCIAL AND GOVERNMENTAL PROGRAMS) AND OTHERS A ND INCLUDES VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT O F AUDITS, REVIEWS AND INVESTIGATIONS. GENERALLY, THE MEDICAL CENTER BILLS THE PATIENTS AND THIRD-PARTY PAYORS SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS DI SCHARGED FROM THE FACILITY. REVENUES ARE RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFI ED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE MEDICAL CENTER. REVENUES FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME ARE RECOGNIZ ED BASED ON ACTUAL SERVICES INCURRED IN RELATION TO TOTAL EXPECTED (OR ACTUAL) PAYMENTS. T HE MEDICAL CENTER BELIEVES THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATI SFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIE NTS IN THE MEDICAL CENTER RECEIVING INPATIENT ACUTE CARE SERVICES. THE MEDICAL CENTER MEAS URES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE FACILITY TO THE POINT WHEN IT IS N O LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF D ISCHARGE. REVENUES FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME ARE RECOGNIZED WHEN SERVICES ARE PROVIDED AND THE MEDICAL CENTER DOES NOT BELIEVE IT IS REQUIRED TO PROV IDE ADDITIONAL SERVICES TO THE PATIENT. GENERALLY, BECAUSE ALL THE MEDICAL CENTER'S PERFOR MANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, THE MEDICAL C ENTER HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION PROVIDED IN ASC 606-10-50-14(A), AND THE REFORE, THE MEDICAL CENTER IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSAC TION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY UNSATISF IED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMAN CE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENE RALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WE EKS OF THE END OF THE REPORTING PERIOD. THE MEDICAL CENTER DETERMINES THE TRANSACTION PRIC E BASED ON STANDARD CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROV IDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED PATIENTS IN ACCORDANCE WITH TH E MEDICAL CENTER'S POLICY, AND/OR IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED PATIENT S. THE MEDICAL CENTER DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BA SED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. THE MEDICA L CENTER DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COL LECTION EXPERIENCE WITH THIS CLASS OF PATIENTS. THE MEDICAL CENTER HAS ELECTED THE PRACTIC AL EXPEDIENT ALLOWED UNDER FASB ASC 606-10-32-18 AND DOES NOT ADJUST THE PROMISED AMOUNT O F CONSIDERATION FROM PATIENTS AND THIRD-PARTY PAYORS FOR THE EFFECTS OF A SIGNIFICANT FINA NCING COMPONENT DUE TO THE MEDICAL CENTER'S EXPECTATION THAT THE PERIOD BETWEEN THE TIME T HE SERVICE IS PROVIDED TO A PATIENT AND THE TIME THAT THE PATIENT OR A THIRD-PARTY PAYOR P AYS FOR THAT SERVICE WILL BE ONE YEAR OR LESS. THE MEDICAL CENTER DOES, IN CERTAIN INSTANC ES, ENTER INTO PAYMENT AGREEMENTS WITH PATIENTS THAT ALLOW PAYMENTS IN EXCESS OF ONE YEAR, HOWEVER IN THESE CASES THE FINANCING COMPONENT IS NOT DEEMED TO BE SIGNIFICANT TO THE CON TRACT. LAWS AND REGULATIONS GOVERNING THE MEDICAID PROGRAMS ARE COMPLEX AND SUBJECT TO INT ERPRETATION. THE MEDICAL CENTER BELIEVES THAT IT IS IN COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS AND IS NOT AWARE OF ANY PENDING OR THREATENED INVESTIGATIONS INVOLVING AL LEGATIONS OF POTENTIAL WRONGDOING. WHILE NO SUCH REGULATORY INQUIRIES HAVE BEEN MADE, COMP LIANCE WITH SUCH LAWS AND REGULATIONS CAN BE SUBJE

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SCHEDULE H, PART III, SECTION A; QUESTIONS 2, 3 & 4	CT TO FUTURE GOVERNMENT REVIEW AND INTERPRETATION, AS WELL AS SIGNIFICANT REGULATORY ACTIO N, INCLUDING FINES, PENALTIES AND EXCLUSION FROM THE MEDICAID PROGRAM. CHANGES IN THE MEDI CAID PROGRAM AND THE REDUCTION OF FUNDING LEVELS COULD HAVE AN ADVERSE IMPACT ON THE MEDIC AL CENTER. SETTLEMENTS WITH THIRD PARTY PAYORS FOR RETROACTIVE ADJUSTMENTS DUE TO AUDITS, REVIEWS OR INVESTIGATIONS ARE CONSIDERED VARIABLE CONSIDERATION AND ARE INCLUDED IN THE DE TERMINATION OF THE ESTIMATED TRANSACTION PRICE FOR PROVIDING PATIENT CARE. THESE SETTLEMEN TS ARE ESTIMATED BASED ON THE TERMS OF THE PAYMENT AGREEMENT WITH THE PAYOR, CORRESPONDENC E FROM THE PAYOR AND THE MEDICAL CENTER'S HISTORICAL SETTLEMENT ACTIVITY, INCLUDING AN ASS ESSMENT TO ENSURE THAT IT IS PROBABLE THAT A SIGNIFICANT REVERSAL IN THE AMOUNT OF CUMULAT IVE REVENUE RECOGNIZED WILL NOT OCCUR WHEN THE UNCERTAINTY ASSOCIATED WITH THE RETROACTIVE ADJUSTMENT IS SUBSEQUENTLY RESOLVED. ESTIMATED SETTLEMENTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN (THAT IS, NEW INFORMATION BECOMES AVAILABLE), OR AS YEARS ARE SETTLED OR ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS. THERE WAS NO IMPACT TO NET PATIENT SERVICE REVENUES IN 2021 AND 2020 DUE TO CHANGES IN ESTIMATES OF TH IRD-PARTY RESERVES. THE MEDICAL CENTER HAS AGREEMENTS WITH VARIOUS HEALTH MAINTENANCE ORGA NIZATIONS (HMOS) TO PROVIDE MEDICAL SERVICES TO SUBSCRIBING PARTICIPANTS. UNDER THESE AGRE EMENTS, THE MEDICAL CENTER RECEIVES PER DIEM AND FEE-FOR-SERVICE PAYMENTS FOR CERTAIN COVE RED SERVICES BASED UPON DISCOUNTED FEE SCHEDULES. GENERALLY, PATIENTS WHO ARE COVERED BY T HIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN A MOUNT. THE MEDICAL CENTER ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OFFERS THOSE U NINSURED OR UNDERINSURED PATIENTS A DISCOUNT, EITHER BY POLICY OR LAW, FROM STANDARD CHARG ES. THE MEDICAL CENTER ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND C OINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MAR KET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING TH E STANDARD CHARGES BY ANY CONTRACTUAL ADJUSTMENT, DISCOUNTS AND IMPLICIT PRICE CONCESSIONS . SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS AD JUSTMENT TO NET PATIENT SERVICE REVENUES IN THE PERIOD OF THE CHANGE. FOR THE YEAR ENDED S EPTEMBER 30, 2021, THE IMPACT OF CHANGES IN THE ESTIMATES OF DISCOUNTS AND CONTRACTUAL ADJ USTMENTS FOR PERFORMANCE OBLIGATIONS SATISFIED IN PRIOR YEARS WAS INSIGNIFICANT TO THE CON SOLIDATED FINANCIAL STATEMENTS. THE MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEI R ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLI SHED POLICIES OF THE MEDICAL CENTER. ESSENTIALLY, THOSE POLICIES DEFINE CHARITY SERVICES A S THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY T O 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 SIGNIFICA NT WHEN COMPARED TO INCOME. THE COSTS OF CHARITY CARE INCURRED WERE APPROXIMATELY $1,071,0 00 AND $1,554,000 FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, RESPECTIVELY. THE COST OF CHARITY CARE IS DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHAR ITY 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 B Y THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

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SCHEDULE H, PART III, SECTION B; QUESTION 8	MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT. THE ORGANIZATION FEELS THAT MED ICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS AR E INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZ ATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY A S A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PU RPOSES 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 I RS. 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 5 01(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITA BLE" 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 S ENSE,PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVI LEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SC IENCE. 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 I RC 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." UNDE R 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 PATIEN TS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NO T NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COU LD 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 HOSPIT AL'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 C HARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHIC H IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMO TE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSP ITAL 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 ORGAN IZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT B ECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CH ARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS RE QUIRED BY TREAS. REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEA LTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF T HE 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 T HE 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 INCLUD ED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FAC ILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION,

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SCHEDULE H, PART III, SECTION B; QUESTION 8	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 POS ITION. 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 ME DICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASO NS: - 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 IT S MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARG INS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE TH EIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENE FICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE ME DICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES." THERE IS EVER Y COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY F OR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDUL E 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 S ERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AN D THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUD ABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE A LSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNI TY 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 ELIGI BILITY 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 PAT IENTS 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 INDUSTR IES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO T HE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARD LESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OT HER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON RE PORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCU MENTATION 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 BEN EFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS ARO UND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND

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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 ORGANIZATION'S 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. 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. COMPLIANCE WITH IRC 501(R)(6) ---------- CONNECTICUT CHILDREN'S DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS ("ECAS") PRIOR TO THE EXPIRATION OF THE "NOTIFICATION PERIOD." THE NOTIFICATION PERIOD IS DEFINED AS A 120-DAY PERIOD, WHICH BEGINS ON THE DATE OF THE 1ST POST-DISCHARGE BILLING STATEMENT, IN WHICH NO ECAS MAY BE INITIATED AGAINST THE PATIENT. SUBSEQUENT TO THE NOTIFICATION PERIOD CONNECTICUT CHILDREN'S, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF A FAP-ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE. A) REPORTING ADVERSE INFORMATION ABOUT THE INDIVIDUAL TO CONSUMER CREDIT REPORTING AGENCIES OR CREDIT BUREAUS; OR B) DEFERRING, DENYING OR REQUIRING PAYMENT BEFORE PROVIDING MEDICALLY NECESSARY CARE BECAUSE OF AN INDIVIDUAL'S NONPAYMENT FOR PREVIOUSLY PROVIDED CARE. CONNECTICUT CHILDREN'S MAY AUTHORIZE THIRD PARTIES TO INITIATE ECAS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD. THEY WILL ENSURE REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER OR NOT AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS FAP AND WILL TAKE THE FOLLOWING ACTIONS AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA: - THE PATIENT WILL BE PROVIDED WITH WRITTEN NOTICE WHICH: (1) INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS; (2) IDENTIFIES THE ECA(S) THAT CONNECTICUT CHILDREN'S INTENDS TO INITIATE TO OBTAIN PAYMENT FOR THE CARE; AND (3) STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED; - THE PATIENT WILL RECEIVE A COPY OF THE PLS WITH THIS WRITTEN NOTIFICATION; AND - REASONABLE EFFORTS HAVE BEEN MADE TO ORALLY NOTIFY THE INDIVIDUAL ABOUT THE FAP AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. CONNECTICUT CHILDREN'S WILL ACCEPT AND PROCESS ALL APPLICATIONS FOR FINANCIAL ASSISTANCE SUBMITTED DURING THE APPLICATION PERIOD.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 2	IN ADDITION TO THE CHNA REPORTED IN SCHEDULE H, PART V, SECTION B, THE ORGANIZATION CONTINUALLY WORKS TO ASSESS THE HEALTH OF THE COMMUNITY IN A NUMBER OF WAYS. WE COLLECT DATA REGARDING HOSPITAL USAGE AND REPORT THAT INFORMATION TO THE CONNECTICUT HOSPITAL ASSOCIATION. THAT DATA IS ANALYZED TO LOOK AT TRENDS AND OFTEN SUPPORTS OUR RESEARCH OR APPLICATIONS FOR GRANTS. EACH OF THE GRANTS THAT WE APPLY FOR INCORPORATES THE USE OF DATA AND RESEARCH TO EITHER RESPOND TO A NEED IDENTIFIED BY AN OUTSIDE FUNDING SOURCE, OR RESPOND TO A NEED THAT OUR ORGANIZATION HAS IDENTIFIED. CONNECTICUT HOSPITAL ASSOCIATION HAS A NUMBER OF MEETING GROUPS THAT GATHER PEOPLE FROM HOSPITALS ACROSS THE STATE TO SHARE TRENDS THAT THEY ARE SEEING AND SHARE BEST PRACTICES. THERE IS A POPULATION HEALTH GROUP AND A COMMUNITY HEALTH GROUP. A RECENTLY FORMED SOCIAL DETERMINANTS OF HEALTH GROUP HAS REPLACED THE HEALTH EQUITY GROUP. CONNECTICUT CHILDREN'S IS REPRESENTED ON ALL OF THESE. WE ARE ALSO REPRESENTED ON BOARDS OF DIRECTORS/ADVISORY BOARDS OF A NUMBER OF ENTITIES THAT HELP US UNDERSTAND THE NEEDS OF THE COMMUNITY. A FEW EXAMPLES INCLUDE: - BEHAVIORAL AND MENTAL HEALTH POLICY OVERSIGHT COMMITTEE - BEHAVIORAL HEALTH PARTNERSHIP OVERSIGHT COUNCIL - CHILDREN'S MENTAL HEALTH PLAN IMPLEMENTATION COMMITTEE - CITY OF HARTFORD'S HEALTH DEPARTMENT'S PUBLIC HEALTH ADVISORY COMMITTEE - COMMISSION ON RACIAL EQUITY IN PUBLIC HEALTH - CONNECTICUT AREA HEALTH EDUCATION CENTER - CONNECTICUT HOSPITAL ASSOCIATION'S COMMUNITY HEALTH AND EQUITY COMMITTEE - CONNECTICUT HOSPITAL ASSOCIATION'S HEALTH EQUITY ADVISORY GROUP - CONNECTICUT HOSPITAL ASSOCIATION'S MENTAL HEALTH COMMITTEE - CONNECTICUT HOSPITAL ASSOCIATION'S WORKGROUP ON PEDIATRIC EMERGENCY CARE - NORTH HARTFORD'S TRIPLE AIM - SOUTHSIDE INSTITUTE NEIGHBORHOOD ALLIANCE - STATE DEPARTMENT OF PUBLIC HEALTH'S HEALTH IMPROVEMENT TASK FORCE - STATE SUICIDE ADVISORY COMMITTEE - THE CHILDREN'S FUND/CHILD HEALTH AND DEVELOPMENT INSTITUTE - UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - URBAN LEAGUE OF GREATER HARTFORD

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 3	IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING VARIOUS DOCUMENTS. THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS: 1) THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ("PLS") ARE ALL AVAILABLE ON THE ORGANIZATION'S WEBSITE. 2) PAPER COPIES OF THE FAP, APPLICATION AND THE PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE WITHIN VARIOUS AREAS THROUGHOUT CT CHILDREN'S FACILITIES. THIS INCLUDES, BUT IS NOT LIMITED TO, EMERGENCY ROOMS, PATIENT REGISTRATION CHECK-IN AREAS AND THE PATIENT ACCESS DEPARTMENT. 3) THE ORGANIZATION'S FAP, APPLICATION AND PLS ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTES THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY SERVED WITHIN CT CHILDREN'S PRIMARY SERVICE AREA. 4) ALL PATIENTS OF THE MEDICAL CENTER WILL BE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE/DISCHARGE PROCESS. COPIES OF THE PLS WILL BE MADE AVAILABLE AT ALL CONNECTICUT CHILDREN'S SPECIALTY GROUP OFFICE LOCATIONS. 5) SIGNS OR DISPLAYS INFORMING PATIENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE CONSPICUOUSLY POSTED IN PUBLIC LOCATIONS INCLUDING THE EMERGENCY DEPARTMENT, PATIENT REGISTRATION CHECK-IN AREAS AND THE PATIENT ACCESS DEPARTMENT. 6) CT CHILDREN'S WILL ALSO MAKE REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 4	CONNECTICUT CHILDREN'S PROVIDES STATE OF THE ART MEDICAL AND SURGICAL CARE FOR PATIENTS ACROSS CONNECTICUT AND BEYOND. IN ADDITION, THE ORGANIZATION IS COMMITTED TO STRENGTHENING CHILDREN, FAMILIES AND COMMUNITIES SO THEY ARE BEST POSITIONED TO PROMOTE CHILDREN'S HEALTH, DEVELOPMENT AND WELL-BEING. AMONG ITS MOST NOTABLE EFFORTS LOCALLY, CONNECTICUT CHILDREN'S IS NOW IN THE PROCESS OF OVERSEEING A FIVE-YEAR, $30-MILLION MULTI-PARTNER EFFORT TO BUILD A CRADLE TO CAREER INITIATIVE, THE NORTH HARTFORD ASCEND PIPELINE, TO ADDRESS EDUCATIONAL, HEALTH AND OTHER DISPARITIES FACED BY RESIDENTS OF NORTH HARTFORD. IN ADDITION, CONNECTICUT CHILDREN'S IS WELL KNOWN FOR PILOT-TESTING INITIATIVES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN HARTFORD, AND THEN REFINING THEM AND SCALING THEM FOR IMPLEMENTATION IN ADDITIONAL COMMUNITIES AROUND THE STATE AND COUNTRY. FOUNDED IN 1637, HARTFORD IS AMONG THE OLDEST CITIES IN THE UNITED STATES. IT IS HOME TO THE COUNTRY'S OLDEST ART MUSEUM, THE WADSWORTH ATHENEUM MUSEUM OF ART; THE OLDEST PUBLIC PARK, BUSHNELL PARK; AND THE OLDEST CONTINUOUSLY PUBLISHED NEWSPAPER, THE HARTFORD COURANT. HARTFORD IS ALSO HOME TO REAL ART WAYS, A NON-PROFIT ART SPACE ESTABLISHED IN 1975 HOSTING CONTEMPORARY ART, MUSIC, AND FILM PRODUCTION. AUTHORS MARK TWAIN AND HARRIET BEECHER STOWE ARE AMONG THE CITY'S MOST NOTABLE FORMER RESIDENTS. DESPITE ITS RICH HISTORY, RESIDENTS WHO LIVE IN HARTFORD CONTINUE TO EXPERIENCE EXTENSIVE DISPARITIES COMPARED TO RESIDENTS LIVING IN OTHER PARTS OF THE STATE. SUCH DISPARITIES INCLUDE ACCESS TO AFFORDABLE AND EQUITABLE HEALTHCARE; HEALTHY, STABLE AND AFFORDABLE HOUSING; NUTRITIOUS FOOD AND PLACES TO SAFELY PLAY; HIGHER RATES OF CHRONIC ILLNESSES IN THE AREAS OF MENTAL HEALTH, ASTHMA, OBESITY, DIABETES, LEAD POISONING; GREATER EXPOSURE TO TRAUMA, VIOLENCE AND INJURIES; AND LOWER RATES OF ACADEMIC AND CAREER SUCCESS. IN 2021, THE LATEST YEAR DATA ARE AVAILABLE, HARTFORD HAD A POPULATION OF 120,576 RESIDENTS, OF WHICH 44.7 PERCENT ARE HISPANIC OR LATINO, 37.2 PERCENT ARE BLACK OR AFRICAN AMERICAN, AND 14.9 PERCENT ARE WHITE. HARTFORD CONSISTENTLY RANKS AMONG THE POOREST CITIES OF ITS SIZE IN THE COUNTRY. TABLE 1 DEPICTS AREAS IN WHICH HARTFORD RESIDENTS LAG BEHIND THE STATE OF CONNECTICUT AS A WHOLE. U.S. CENSUS DATA HIGHLIGHT THAT HARTFORD RESIDENTS ARE POORER, EXPERIENCE LESS HOUSING STABILITY, ACHIEVE LOWER LEVELS OF EDUCATION, ARE LESS LIKELY TO HAVE HEALTH INSURANCE, AND ARE MORE LIKELY TO HAVE A DISABILITY THAN RESIDENTS ACROSS CONNECTICUT, WHICH IS AMONG THE WEALTHIEST STATES IN THE NATION BASED ON PER CAPITA INCOME. TABLE 1: HARTFORD DISPARITIES SOURCE: U.S. CENSUS MEDIAN HOUSEHOLD INCOME: HARTFORD RESIDENTS = $36,154 & CONNECTICUT RESIDENT = $79,855 HOMEOWNERSHIP RATE: HARTFORD RESIDENTS = 24.9% & CONNECTICUT RESIDENTS = 66.1% RESIDENTS LIVING IN POVERTY: HARTFORD RESIDENTS = 28% & CONNECTICUT RESIDENTS= 9.7% OWNER OCCUPIED HOUSING RATES: HARTFORD RESIDENTS = 24.9% & CONNECTICUT RESIDENTS = 66.1% HIGH SCHOOL GRADUATE OR HIGHER EDUCATION: HARTFORD RESIDENTS = 73.9% & CONNECTICUT RESIDENTS = 90.9% BACHELOR'S DEGREE OR HIGHER EDUCATION: HARTFORD RESIDENTS = 17% & CONNECTICUT RESIDENTS = 40% PERSONS WITHOUT HEALTH INSURANCE UNDER AGE 65: HARTFORD RESIDENTS = 10.4% & CONNECTICUT RESIDENTS = 7.0% PERSONS WITH DISABILITIES UNDER AGE 65: HARTFORD RESIDENTS = 11.3% & CONNECTICUT RESIDENTS = 7.6% THE CITY'S MAJOR EMPLOYERS INCLUDE THE STATE OF CONNECTICUT, RAYTHEON TECHNOLOGIES, EVERSOURCE ENERGY, HARTFORD HEALTHCARE, THE HARTFORD FINANCIAL SERVICES GROUP, AETNA, THE TRAVELERS, UNITEDHEALTHCARE, TRINITY COLLEGE, UNIVERSITY OF CONNECTICUT, AND CONNECTICUT CHILDREN'S. AS OF MAY 2022, THE UNEMPLOYMENT RATE FOR RESIDENTS OF HARTFORD STOOD AT 3.9% COMPARED TO 4.0% FOR THE STATE OF CONNECTICUT, ACCORDING TO THE CONNECTICUT DEPARTMENT OF LABOR.

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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 OF COMMUNITY CHILD HEALTH (THE OFFICE) SERVES AS OUR ORGANIZATION'S KEY VEHICLE FOR PROMOTING CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. WE PROMOTE COMMUNITY HEALTH ON A LOCAL, STATEWIDE AND NATIONAL LEVEL. OFFICE ADMINISTRATORS, PROGRAM LEADERS, AND STAFF ALL INTERFACE WITH DIFFERENT COMMUNITY LEADERS AND PARTNERS. OUR WORK IS SHARED, AND OUR EXPERTISE IS OFTEN WELCOMED IN THE NUMEROUS SETTINGS TO WHICH WE ARE INVOLVED. WE CONTINUALLY DEVELOP PARTNERSHIPS ON ALL LEVELS AS WE RECOGNIZE THAT AN "ALL SECTORS IN" APPROACH IS WHAT WILL LEAD TO POSITIVE CHANGE. WE BRING A LEVEL OF HEALTH PROMOTION EVIDENT WITH OUR MISSION STATEMENT TO ALL PARTNERSHIPS, WITH CONCEPT THAT WE ALL NEED EACH OTHER'S HELP. SOME OF THE PROGRAMS UNDER THE OFFICE (EASY BREATHING, EDUCATING PRACTICES, CO-MANAGEMENT) WORK WITH HEALTH PROVIDERS ACROSS THE STATE TO IDENTIFY BETTER APPROACHES TO MANAGING CHILDREN'S HEALTH ISSUES. WEEKLY GRAND ROUNDS ARE ALSO HELD FOR BOTH INTERNAL AND EXTERNAL PROVIDERS WITH TOPICS THAT OFTEN INCLUDE THE PROMOTION OF COMMUNITY HEALTH. PROGRAMS LIKE THOSE OF OUR CONNECTICUT CHILDREN'S INJURY PREVENTION CENTER FOCUS MUCH OF THEIR EFFORTS IN THE SHARING OF THEIR RESEARCH AND PROMOTING PREVENTION THROUGH THEIR ACTIVITIES. HEALTHY HOMES, EASY BREATHING, HYHIL, AND RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH ALL HAVE HEALTH PROMOTION OR PREVENTION AS COMMON THEMES WITH THEIR ACTIVITY. THE OFFICE OF GOVERNMENT RELATIONS USES INFORMATION GATHERED FROM THE PROGRAMS UNDER THE OFFICE TO ALSO PROMOTE HEALTH TO KEY LEADERS OF OUR STATE LEGISLATORS AS WELL AS OUR REPRESENTATIVES AT THE FEDERAL LEVEL. AN EXAMPLE OF THEIR WORK CAN BE SEEN THROUGH THEIR EFFORTS IN HELPING STATE OFFICIALS INTERPRET CAR ACCIDENT STATISTICS GATHERED BY OUR INJURY PREVENTION EXPERTS, LEADING TO OUR STATE EXAMINING LAWS SURROUNDING NEW TEEN DRIVERS. CONNECTICUT IMPLEMENTED NEW DRIVER RESTRICTIONS FOR THAT AGE GROUP AS A RESULT. WE HAVE A REFERRING PROVIDER BOARD OF PEDIATRICIANS, REPRESENTING DIFFERENT GEOGRAPHIC PORTIONS OF CONNECTICUT, THAT HELP US UNDERSTAND WHAT THEY SEE AS KEY ISSUES IN THEIR COMMUNITIES, AND SUPPORT OUR MESSAGES ABOUT HEALTH PROMOTION. OUR TUESDAY MORNING GRAND ROUNDS IS OPEN TO COMMUNITY CLINICIANS AND WILL OFTEN DISCUSS NEW RESEARCH, NEW APPROACHES TO TREATMENT, AND HEALTH PROMOTION.

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE CCMC CORPORATION AND SUBSIDIARI ES: NOT FOR-PROFIT ENTITIES: ========== CCMC CORPORATION ---------- CC MC 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 ORGANIZ ATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENU E 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 OPERAT E A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION O F A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE CHILDREN OF CONNECTICUT AND SURRO UNDING COMMUNITIES. CCMC CORPORATION IS THE SOLE MEMBER OF CONNECTICUT CHILDREN'S MEDICAL CENTER. CONNECTICUT CHILDREN'S MEDICAL CENTER ---------- CONNEC TICUT CHILDREN'S MEDICAL CENTER IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERN AL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURP OSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN RE GARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. NO CHILDREN ARE DE NIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. MOREOVER, CCMC OPERATES CONSISTENTLY W ITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. PROVIDES MEDICALLY NE CESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF ABILITY TO PAY, INCLUDING CHARIT Y CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. OPERATES AN ACTIVE EMERGENCY DEPARTME NT FOR ALL CHILDREN; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. MA INTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. C ONTROL OF THE HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF CCM C CORPORATION. BOTH BOARDS ARE COMPRISED OF A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OT HER PROMINENT MEMBERS OF THE COMMUNITY; AND 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALI TY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES. CONNECTICUT CHILDREN'S FOUNDATION, INC. ---------- - CONNECTICUT CHILDREN'S FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL RE VENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVA TE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THE ORGANIZATION SUPPORTS CONNE CTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EX EMPT ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NA TIONAL ORIGIN OR ABILITY TO PAY. CCMC AFFILIATES, INC. ---------- CCMC AFFILIAT ES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNA L REVENUE CODE 509(A)(2). PRIOR TO CEASING OPERATIONS, THIS ORGANIZATION PROVIDED SPECIALI ZED EDUCATION AND CHILD DEVELOPMENT PROGRAMS TO CHILDREN OF CONNECTICUT AND THE SURROUNDIN G 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 PR OVIDES 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 REC OGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 50 1(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). PRIOR TO CEASING OPERATIONS, THE ORGANIZATION SUPPORTED CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIA TES IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RAC E, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. DURING THE FISCAL YEAR ENDED SEPT EMBER 30, 2021, THIS ORGANIZATION WAS DISSOLVED. CHILDREN'S HEALTH AND DEVELOPMENT INSTITU TE, INC. ---------- CHILDREN'S HEALTH AND DEVELOPME NT INSTITUTE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EX EMPT 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 HEALTHCA RE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE,

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. CAPITAL AREA HEALTH CONSORTIUM, INC . ---------- CAPITAL AREA HEALTH CONSORTIUM, INC. IS AN ORGANIZA TION 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 REV ENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDIC ALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. CONNECTICUT CHILDREN'S CARE NETWORK, LLC ---------- ---------- CONNECTICUT CHILDREN'S CARE NETWORK, LLC IS A LIMITED LIABILITY COMPANY FORMED IN THE STATE OF CONNECTICUT WHOSE SOLE MEMBER IS CONNECTICUT CHILDREN'S ME DICAL CENTER. THE ORGANIZATION WAS FORMED AS A CLINICALLY INTEGRATED NETWORK, DESIGNED TO EVALUATE AND MODIFY PRACTICES OF PARTICIPATING PHYSICIANS AND CREATE A HIGH DEGREE OF INTE RDEPENDENCE AND COOPERATION AMONG PARTICIPATING PHYSICIANS. OTHER HEALTH CARE SYSTEM ENTIT IES: ========== CCMC VENTURES, INC. ---------- AN ENTITY WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION. THE ORGANIZATION IS LOCATED IN HARTFORD, CONNE CTICUT. THIS ENTITY IS CURRENTLY INACTIVE. CONNECTICUT CHILDREN'S EYE CARE, P.C. --------- ---------- CONNECTICUT CHILDREN'S EYE CARE, P.C. IS AN ENTITY LOCATED IN CONNECTICUT. THE ORGANIZATION WAS DISSOLVED FEBRUARY 10, 2021. NEW YORK CHILDREN'S MEDICA L PROVIDER SERVICES, P.C. ---------- NEW YORK CHI LDREN'S MEDICAL PROVIDER SERVICES, P.C. IS AN ENTITY LOCATED IN NEW YORK. THIS ORGANIZATIO N ENGAGES IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE HEALTH CARE SYSTEM. NEW ENGLAND PEDIATRICS INDEMNITY, LTD. ---------- NEW ENGLAND PED IATRIC INDEMNITY, LTD. IS A FOREIGN CORPORATION WHOLLY OWNED BY CCMC CORPORATION. THE ORGA NIZATION IS A FINANCIAL VEHICLE THROUGH WHICH THE SYSTEM INSURERS A PORTION OF ITS PROFESS IONAL LIABILITY AND GENERAL LIABILITY RISK THROUGH THE SINGLE PARENT CAPTIVE INSURANCE COM PANY.

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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.

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	CCMC - NICU JOHN DEMPSEY HOSPITAL 263 FARMINGTON AVENUE FARMINGTON, CT 06030 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
3	CCMC - NICU HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
4	CCMC - PEDIATRIC IP UNIT ST MARY'S 56 FRANKLIN STREET WATERBURY, CT 06706 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X						1
5	CCMC SPECIALTY CENTER - INFUSION 10 BIRDSEYE ROAD FARMINGTON, CT 06032 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X									1

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 5 & 6	WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THE ORGANIZATI ON TOOK 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 I N PUBLIC HEALTH. THE ORGANIZATION DEVELOPED THE CHNA WITH STRONG GUIDANCE FROM THE CONNECT ICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE"). ADDITIONALLY, THE ORGANI ZATION PARTNERED WITH VARIOUS OUTSIDE ORGANIZATIONS AS WELL AS A VARIETY OF KEY COMMUNITY STAKEHOLDERS. THIS COLLABORATION ALLOWED THE ORGANIZATION TO PRESENT COMMUNITY HEALTH NEED S ACROSS THE AGE SPAN AND SECTORS OF SERVICE AND WITHIN THE CONTEXT OF KEY COMMUNITY CONTR IBUTORS TO HEALTH. PRIMARY DATA COLLECTION EFFORTS ========== AS DESC RIBED IN THE ORGANIZATION'S CHNA, IN AN EFFORT TO TAKE INTO ACCOUNT INPUT FORM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED, THE ORGANIZATION USED A VARIETY OF METHODS TO COMPILE DATA. THESE METHODS ARE OUTLINED BELOW: KEY INFORMANT MEETING: ------- ---------- THE HARTFORD FOUNDATION FOR PUBLIC GIVING HOSTED A KEY INFORMANT MEETING T O INFORM THE COMMUNITY HEALTH NEEDS ASSESSMENTS OF CONNECTICUT CHILDREN'S AND ANOTHER INST ITUTION. THE MEETING INCLUDED A PRESENTATION OF HARTFORD WELL-BEING SURVEY DATA FROM DATA- HAVEN. IT ALSO INCLUDED A SURVEY AND SEVEN STATIONS WHERE PARTICIPANTS SHARED THOUGHTS ON DEMOGRAPHICS & INCOME, HOUSEKEEPING, EDUCATION, COMMUNITY HEALTH, HEALTH & CHIME DATA, COM MUNITY VITALITY & INFRASTRUCTURE, AND ECONOMIC OPPORTUNITY & JOB ACCESS. THE MEETING INCLU DED 56 PARTICIPANTS FROM THE FOLLOWING INSTITUTIONS/ORGANIZATIONS: - ASYLUM HILL NEIGHBORH OOD ASSN. (AHNA) - BICICO - CAPITOL REGION COUNCIL OF GOVERNMENTS (CRCOG) - CATHOLIC CHARI TIES - CHFA - CHRYSALIS CENTER - CITY COUNCIL/CHARTER OAK HEALTH CENTER - CITY OF HARTFORD - CITY OF HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES - COMMUNITY HEALTH SERVICES, I NC. - COMMUNITY RENEWAL TEAM, INC. - CONNECTICUT CHILDREN'S - CONNECTICUT CHILDREN'S HEALT HY HOMES PROGRAM - CONNECTICUT CHILDREN'S INJURY PREVENTION CENTER - CONNECTICUT HEALTH FO UNDATION - CT RIDES - DATAHAVEN . - ECHN, INC./MANCHESTER MEMORIAL HOSPITAL - FARMINGTON V ALLEY HEALTH DISTRICT - FOODSHARE - GREATER HARTFORD HARM REDUCTION - HARTFORD BEHAVIORAL HEALTH - HARTFORD COMMUNITIES THAT CARE - HARTFORD FOOD SYSTEM - HARTFORD FOUNDATION FOR P UBLIC GIVING - HARTFORD HEALTHCARE - HISPANIC HEALTH COUNCIL - HOSPITAL FOR SPECIAL CARE - INTERVAL HOUSE - LISC - NHPZ REP FOR HEALTH AND HUMAN SERVICES WORKGROUP - NORTH CENTRAL DISTRICT HEALTH DEPARTMENT (ENFIELD, ELLINGTON ETC) - NORTH HARTFORD TRIPLE AIM COLLABORAT IVE - OPEN COMMUNITIES ALLIANCE - PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - PPSNE - PRU DENCE CRANDALL CENTER - SINA - TOWN OF EAST HARTFORD HEALTH DEPARTMENT - TRINITY COLLEGE C ENTER FOR URBAN AND GLOBAL STUDIES - TRINITY HEATH - SAINT FRANCIS - UNITED WAY CNCT - UNI TED WAY OF CENTRAL AND NORTHEA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 5 & 6	STERN CONNECTICUT - UPPER ALBANY REVITALIZATION ZONE ORGANIZATION (UARZO) - WELLVILLE - WE ST HARTFORD BLOOMFIELD HEALTH DISTRICT - WHEELER CLINIC, INC. FOCUS GROUPS: ---------- CONNECTICUT CHILDREN'S SPONSORED TWO FOCUS GROUPS TO INFORM THIS CHNA. ELEVEN PARTICIPANTS TOOK PART IN THE FOCUS GROUP HELD AT CATHOLIC CHARITIES IN HARTFORD'S SOUTH END, INCLUDIN G FOUR STAFF MEMBERS AND SEVEN COMMUNITY MEMBERS. CONNECTICUT CHILDREN'S ALSO HOSTED A FOC US GROUP AT THE FAMILY CENTER AT PARKER MEMORIAL COMMUNITY CENTER IN HARTFORD'S NORTH END, IN WHICH MORE THAN A DOZEN COMMUNITY MEMBERS AND ONE STAFF MEMBER PARTICIPATED. SCHOOL NU RSE SURVEY: ---------- CONNECTICUT CHILDREN'S COMMISSIONED A SURVEY OF SCHOOL NU RSES WHO WORK AT HARTFORD PUBLIC SCHOOLS AND RECEIVED 31 RESPONSES. ADDITIONAL SOURCES: -- ---------- CONNECTICUT CHILDREN'S REVIEWED MANY ADDITIONAL SOURCES OF INFORMATION T O INFORM THIS CHNA, WHICH ARE LISTED IN THE REFERENCES PAGE OF THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 7A & 10	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTIONS 7A AND 10, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FULL CHNA, IMPLEMENTATION STRATEGY AND ANNUAL COMMUNITY BENEFIT REPORTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: WWW.CONNECTICUTCHILDRENS.ORG/ABOUT-US/COMMUNITY-BENEFITS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 11	THROUGHOUT THE CHNA THE ORGANIZATION IDENTIFIED THE FOLLOWING UNMET COMMUNITY HEALTH NEEDS : - MENTAL HEALTH, BEHAVIORAL HEALTH, AND TRAUMA - SCHOOL READINESS - CHILDHOOD OBESITY PR EVENTION - HOUSING, ENVIRONMENT AND COMMUNITY FACTORS THE ORGANIZATION'S CHNA OFFERS A NUM BER OF LONG-RANGE RECOMMENDATIONS THAT INFORM THE THREE-YEAR IMPLEMENTATION STRATEGY ("STR ATEGY). THE STRATEGY SERVES AS A FLUID DOCUMENT AND MAY FLUCTUATE AS THE CAPACITY OF CONNE CTICUT CHILDREN'S TO BUILD PARTNERSHIPS TO ADDRESS THE STATED OBJECTIVES, ALONG WITH OTHER OBJECTIVES YET TO BE IDENTIFIED, BECOMES CLEARER. THE PROCESS FOR SETTING GOALS AND OBJEC TIVES IN THE STRATEGY INVOLVED REVIEWING THE CHNA RECOMMENDATIONS AND ENGAGING WITH HOSPIT AL LEADERSHIP, COMMUNITY PROGRAM STAFF, AND COMMUNITY BASED PROGRAMS TO DETERMINE THE FOLL OWING COURSE OF ACTION. CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFF ICE") HOUSES THE MANY PROGRAMS AND RESOURCES THAT CONNECT THE LARGER ORGANIZATION TO COMMU NITY OPPORTUNITIES THAT CONTRIBUTE TO THE HEALTH AND WELL-BEING OF CONNECTICUT'S CHILDREN. THE OFFICE'S PROGRAMS ENGAGE IN RIGOROUS DATA COLLECTION AND MEASUREMENT TO ENSURE THAT T HEIR EFFORTS ARE EFFECTIVE. THESE PROGRAMS CURRENTLY USE, OR HAVE DEVELOPED IN RESPONSE TO THE 2019 CHNA, THE FOLLOWING OBJECTIVES AND ASSOCIATED MEASURES TO TRACK CONNECTICUT CHIL DREN'S PROGRESS IN ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENT CHNA. BEHAVIORAL HEA LTH, MENTAL HEALTH AND TRAUMA ---------- GOAL: PROMOTE WE LL-BEING AMONG CHILDREN AND YOUTH BY ENSURING EQUITABLE ACCESS TO AFFORDABLE BEHAVIORAL AN D MENTAL HEALTH SERVICES. OBJECTIVES: 1) TRACK NUMBER OF MATERNAL DEPRESSION SCREENS BILLE D TO MEDICAID BY PEDIATRIC PRIMARY CARE PROVIDERS. 2) INCREASE COLLABORATION WITH HARTFORD COMMUNITIES THAT CARE AND COMPASS YOUTH COLLABORATIVE IN IMPLEMENTATION OF VIOLENCE PREVE NTION MODEL ADVOCATED BY THE HEALTH ALLIANCE FOR VIOLENCE INTERVENTION. 3) PROVIDE CARE CO ORDINATION TRAININGS AT SCHOOLS WORKING WITH COMPASS YOUTH COLLABORATIVE TO INCREASE REFER RALS TO CONNECTICUT CHILDREN'S AND ENHANCE COMMUNITY PARTNERSHIPS. 4) INCREASE CLIENTS SER VED THROUGH CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH TRANSITIONS CLINIC. 5) INCREASE REFER RALS FROM CONNECTICUT CHILDREN'S CLINICIANS AND/OR CARE NETWORK CLINICIANS TO CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION FOR THOSE WHO SEEK CARE FOR MENTAL HEALTH CONCERNS IN AN EFFORT TO DECREASE ED VISITS. 6) INCREASE REFERRALS FROM CONNECTICUT CHILDREN'S CLI NICIANS AND/OR CARE NETWORK CLINICIANS TO COMMUNITY SUPPORTS FOR CHILDREN AND YOUTH EXPOSE D TO DOMESTIC VIOLENCE, ABUSE, NEGLECT, AND OTHER TRAUMA. SCHOOL READINESS ---------- - GOAL: PREPARE HARTFORD STUDENTS FOR KINDERGARTEN BY PROMOTING EARLY LITERACY AMONG INFAN TS, TODDLERS AND PRE-SCHOOL AGE CHILDREN. OBJECTIVES: 1) TRACK NUMBER OF DEVELOPMENTAL SCR EENS BILLED TO MEDICAID BY PEDIATRIC PRIMARY CARE PROVIDERS. 2) STRENGTHEN HELP ME GROW CT 'S ADOPTION OF HELP ME GROW NA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 11	TIONAL CENTER RESOURCES TO INCREASE HELP ME GROW CT'S CAPACITY TO CONNECT CHILDREN AND FAM ILIES TO SERVICES. 3) WORK WITH COMMUNITY PARTNERS TO BRING THE IMAGINATION LIBRARY EARLY LITERACY PROGRAM TO ALL CHILDREN OF HARTFORD RESIDENTS. 4)INCREASE COLLABORATION WITH EARL Y CARE AND EDUCATION PROVIDERS, HOME VISITORS, FAMILY CENTERS, AND PUBLIC SCHOOLS TO CHAMP ION SCHOOL READINESS INITIATIVES, WHICH INCLUDE EARLY LITERACY PROMOTION, BACK TO SCHOOL E VENTS, SCHOOL SUPPLY DRIVES, ETC. CHILDHOOD OBESITY PREVENTION ---------- - GOAL: INCREASE EDUCATION AND AWARENESS ABOUT HEALTHY LIFESTYLES TO REDUCE CHILDHOOD OBES ITY. OBJECTIVES: 1) DEVELOP AND DEPLOY AN ELECTRONIC MEDICAL RECORD TOOL TO HELP PRIMARY C ARE CHILD HEALTH PROVIDERS PREVENT CHILDHOOD OBESITY AND TRACK DOWNLOADS UPON EXPECTED DEP LOYMENT IN 2021. 2) INCREASE NUMBER OF FAMILIES SERVED THROUGH COMMUNITY OUTREACH PROGRAMS THAT PROMOTE NUTRITION AND PHYSICAL ACTIVITY AS MEASURED BY ATTENDANCE AT START CHILDHOOD OFF RIGHT MONTHLY WELLNESS EVENTS. HOUSING AND COMMUNITY FACTORS ---------- ----- GOAL: INCREASE HEALTH AND WELL-BEING OF HARTFORD RESIDENTS BY RAISING AWARENESS ABOU T THE CRITICAL LINK BETWEEN HOUSING, ENVIRONMENTAL FACTORS, AND HEALTH. 1) INCREASE THE US E OF THE EASY BREATHING ASTHMA MANAGEMENT PROGRAM AMONG PRIMARY CARE CHILD HEALTH PROVIDER S. 2) INCREASE THE NUMBER OF TRAININGS COMPLETED FOR CARE NETWORK PRACTICES THAT ADDRESS S OCIAL AND ENVIRONMENTAL NEEDS OF CHILDREN. 3) EXPAND THE BUILDING FOR HEALTH CROSS-SECTOR REFERRAL INITIATIVE FROM ITS CURRENT SERVICE AREAS OF FROG HOLLOW AND NORTH HARTFORD TO SE RVE RESIDENTS CITYWIDE. 4) INCREASE REFERRALS FROM CONNECTICUT CHILDREN'S CLINICIANS TO CO NNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION FOR THOSE WHO SEEK SUPPORT FOR CHRONIC H EALTH CONDITIONS. 5) CONTINUE TO PARTNER WITH NORTH HARTFORD TRIPLE AIM COLLABORATIVE WITH GOAL OF LAUNCHING A HEALTH HUB IN NORTH HARTFORD, FEATURING A HEALTH CLINIC, SUPERMARKET, AFFORDABLE CHILD CARE, EXERCISE FACILITIES, JOB TRAINING, ETC. STATEWIDE AND LOCAL POLICY ADVOCACY ---------- GOAL: TO ENHANCE SYSTEMS OF SUPPORT FOR CHIL DREN AND FAMILIES THROUGH ADMINISTRATIVE AND LEGISLATIVE POLICY CHANGES. OBJECTIVES: 1) AD VOCATE FOR INCREASED INSURANCE COVERAGE FOR, AND ACCESS TO, MENTAL HEALTH COUNSELING. 2) A DVOCATE FOR A CENTRALIZED SYSTEM OF CARE COORDINATION IN HARTFORD. 3) ADVOCATE FOR HOUSING AND DEVELOPMENTAL SERVICES FOR CHILDREN WITH BLOOD LEAD LEVELS AS LOW AS 5 MICROGRAMS PER DECILITER. 4) INCREASE THE ADOPTION OF STRENGTHENING FAMILIES PROTECTIVE FACTORS FRAMEWOR K AMONG PEDIATRICIANS, COMMUNITY HEALTH WORKERS, AND OTHERS WHO WORK WITH CHILDREN.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: WWW.CONNECTICUTCHILDRENS.ORG/BILLING-AND-FINANCES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONNECTICUT DOUBLE PLAY LLC PO BOX 231417 HARTFORD, CT 06103	45-2704533		35,000				PROGRAM SUPPORT
(2) FARMINGTON SPORTS ARENA LLC 21 HYDE ROAD FARMINGTON, CT 06032	06-1634489		25,000				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL SCHOLARSHIPS	8	62,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 I, PART II	PLEASE NOTE, THE ORGANIZATION PROVIDED A NUMBER OF GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS THAT DID NOT EXCEED $5,000 AND THEREFORE, ARE NOT REQUIRED TO BE INCLUDED WITHIN SCHEDULE I, PART II.

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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 on 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured 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	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2020 FORMS W-2.
SCHEDULE J, PART I; QUESTION 3	EACH YEAR, AN INDEPENDENT COMPENSATION CONSULTANT 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 INDEPENDENT COMPENSATION CONSULTANT 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 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2020 WHICH WERE INCLUDED IN THEIR 2020 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: CHERYL HOEY, RN, BSN, MBA, $93,974 AND KELLY STYLES, MBA, $157,355.
SCHEDULE J, PART I; QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2020 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JAMES E. SHMERLING, DHA, FACHE, $193,956; CHRISTINE FINCK, M.D., FACS, $85,863; JUAN C. SALAZAR, M.D., MPH, $55,412; PAUL H. DWORKIN, M.D., $44,070; R. MOSES VARGAS, ESQ., $39,518; LAWRENCE E. MILAN, MA, $35,817; MICHAEL ISAKOFF, M.D., $26,390; DEB PAPPAS, MBA, $31,994; LORI PELLETIER, PH.D., $34,852; JUNG PARK, $35,000; SARAH MATNEY, MSOL, BSN, RN, CPON, CENP, $32,000; AIMEE MONROY SMITH, $22,852 AND BRIDGETT FEAGIN, MBA, $52,500.
SCHEDULE J, PART I; QUESTIONS 6A & 6B	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"). ACCORDINGLY, THE ORGANIZATION'S COMMITTEE MAY ELECT TO MAKE INCENTIVE AWARDS IN ITS SOLE DISCRETION. IF THE COMMITTEE ELECTS TO MAKE SUCH INCENTIVE AWARDS, THE AMOUNT OF AN ELIGIBLE EMPLOYEE'S INCENTIVE AWARD IS BASED GENERALLY UPON THE FOLLOWING CRITERIA: - CCMC CORPORATION ACHIEVING THRESHOLD FOR THE FINANCIAL GOALS, OTHERWISE NO INCENTIVE WILL BE PAID; - INDIVIDUAL AND CORPORATION PERFORMANCE AND WHETHER THE LEVEL OF PERFORMANCE ACHIEVED IS AT THRESHOLD, TARGET, OR STRETCH; AND - THE PERCENTAGE OF THE AWARD COMPRISED OF CORPORATION VERSUS INDIVIDUAL PERFORMANCE. THE COMPENSATION FOR CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II OF THIS FORM 990 CONSIST OF BOTH A FIXED SALARY AND ADDITIONAL AT-RISK INCENTIVE COMPENSATION.
SCHEDULE J, PART I; QUESTION 7	IF THE COMPENSATION COMMITTEE ELECTS TO MAKE INCENTIVE AWARDS, THESE AWARDS ARE TO BE PAID NO LATER THAN TWO AND ONE-HALF MONTHS AFTER THE END OF THE FISCAL OR CALENDAR YEAR, WHICHEVER IS LATER, AFTER WHICH THE AMOUNT OF SUCH AWARDS ARE DETERMINED. THEREFORE, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, RULES AND REGULATIONS, CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED INCENTIVE AWARDS DURING CALENDAR YEAR 2020 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2020 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				
1 JAMES E SHMERLING DHA FACHE DIRECTOR - PRESIDENT/CEO	(i)	1,136,064	328,415	17,697	208,156	24,831	1,715,163	0
	(ii)	0	0	0	0	0	0	0
1CHRISTINE FINCK MD FACS EVP SURGEON-IN-CHIEF	(i)	0	0	0	0	0	0	0
	(ii)	834,764	195,081	1,290	102,863	32,794	1,166,792	0
2GIL PERI MBA MPH PRESIDENT & COO (TERMED 06/21)	(i)	684,589	190,952	20,453	11,392	36,241	943,627	0
	(ii)	0	0	0	0	0	0	0
3JUAN C SALAZAR MD MPH EVP ACAD AFF/PHYS-IN-CHIEF	(i)	525,064	130,941	9,283	71,918	31,241	768,447	0
	(ii)	0	0	0	0	0	0	0
4PAUL H DWORKIN MD EVP COMMUNITY CHILD HEALTH	(i)	501,716	94,512	10,067	59,553	0	665,848	0
	(ii)	0	0	0	0	0	0	0
5R MOSES VARGAS ESQ SVP CHIEF LEGAL OFFICER	(i)	388,131	67,142	953	54,502	32,929	543,657	0
	(ii)	0	0	0	0	0	0	0
6LAWRENCE E MILAN MA SVP HUMAN RESOURCES	(i)	372,143	66,893	7,528	48,684	12,913	508,161	0
	(ii)	0	0	0	0	0	0	0
7GLENN FLORES MD CHIEF RESEARCH OFFICER	(i)	361,766	81,710	2,024	14,200	31,023	490,723	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL ISAKOFF MD DIRECTOR - PRESIDENT MED STAFF	(i)	0	0	0	0	0	0	0
	(ii)	344,714	65,602	765	37,531	31,547	480,159	0
9DEB PAPPAS MBA VP MKTG/COMMUNICATIONS OFFICER	(i)	315,117	58,909	2,733	42,906	28,491	448,156	0
	(ii)	0	0	0	0	0	0	0
10LORI PELLETIER PHD CHIEF QUAL & PAT SAFETY OFF	(i)	322,366	34,947	1,462	44,273	32,929	435,977	0
	(ii)	0	0	0	0	0	0	0
11 CHERYL HOEY RN BSN MBA FORMER KEY EMPLOYEE	(i)	242,021	64,096	98,168	5,600	25,375	435,260	0
	(ii)	0	0	0	0	0	0	0
12KELLY STYLES MBA FORMER KEY EMPLOYEE	(i)	151,533	62,672	182,169	12,532	16,548	425,454	0
	(ii)	0	0	0	0	0	0	0
13RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	(i)	309,600	43,238	1,083	14,711	10,122	378,754	0
	(ii)	0	0	0	0	0	0	0
14JUNG PARK SVP CHIEF INFORMATION OFFICER	(i)	237,158	53,013	792	47,525	24,784	363,272	0
	(ii)	0	0	0	0	0	0	0
15 SARAH MATNEY MSOL BSN RN SVP CLINICAL SVCS/CNO	(i)	0	0	0	0	0	0	0
	(ii)	224,916	47,866	751	41,592	35,087	350,212	0
16AIMEE MONROY SMITH SVP GOVT. RELATIONS & EXT AFF	(i)	230,680	49,708	763	30,556	28,491	340,198	0
	(ii)	0	0	0	0	0	0	0
17BRIDGETT FEAGIN MBA EVP CHIEF FINANCIAL OFFICER	(i)	244,809	0	704	57,099	8,871	311,483	0
	(ii)	0	0	0	0	0	0	0
18SETH VAN ESSENDELFT FORMER OFFICER	(i)	96,902	114,845	325	9,448	4,800	226,320	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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		09-01-2016	35,270,000	REISSUANCE OF SERIES D		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,421,046			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	35,270,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	35,270,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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						
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?								
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 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?	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						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.	0 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?	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							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	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)?								
b	Name of provider	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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

990 Schedule O, Supplemental Information

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 S ERVICES TO ALL CHILDREN REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, ME DICARE 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. CONNEC TICUT CHILDREN'S MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFI ED 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 COMMUN ITY; 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 CONNECTIC UT 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 N O PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIV ATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. ADDITION ALLY, CONNECTICUT CHILDREN'S BOARD CERTIFIED PHYSICIANS AND HIGHLY TRAINED SPECIALISTS PRO VIDE ADVANCED CLINICAL AND SURGICAL CARE TO CHILDREN OF ALL AGERS. HOWEVER, THE IMPACT MAD E ON HEALTH CARE IN CONNECTICUT REACHES FAR BEYOND THEIR WALLS AND INTO COMMUNITIES ACROSS THE STATE. CONNECTICUT CHILDREN'S PIONEERED AN INNOVATIVE COMMUNITY CHILD HEALTH MODEL WH ICH LEADS RESEARCH, DEVELOPMENT AND DELIVERY OF ROBUST OUTREACH PROGRAMS THAT ADDRESS CRIT ICAL ISSUES AFFECTING THE HEALTH, DEVELOPMENT AND WELL-BEING OF CONNECTICUT'S CHILDREN. TH IS MODEL, WHICH SERVES AS AN EXAMPLE FOR OTHER CHILDREN'S HOSPITALS NATIONWIDE, HELPS KEEP CHILDREN SAFER AND HEALTHIER. IT ALSO EMPOWERS COMMUNITY PEDIATRICIANS TO PROVIDE BETTER PRIMARY CARE, SO THAT TOGETHER THEY CAN SUCCEED IN MAKING CHILDREN IN CONNECTICUT THE HEAL THIEST IN THE NATION. PATIENTS AND FAMILIES FROM EVERY CORNER OF CONNECTICUT, AND NOW MASS ACHUSETTS, HAVE BENEFITED FROM CONNECTICUT CHILDREN'S ONGOING CLINICAL AND COMMUNITY-FOCUS ED GROWTH. NEW CONSTRUCTION AND EXTENDED PATIENT SERVICES HAVE EXPANDED CAPABILITIES THROU GHOUT CONNECTICUT AND SOUTHERN NEW ENGLAND. HISTORY ======= CONNECTICUT CHILDREN'S IS A NA TIONALLY RECOGNIZED NOT-FOR-PR

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OFIT WITH A MEDICAL STAFF OF MORE THAN 1,000 WHO PROVIDE COMPREHENSIVE, WORLD-CLASS HEALTH CARE IN MORE THAN 30 PEDIATRIC SPECIALTIES AND SUBSPECIALTIES. CONNECTICUT CHILDREN'S IS T HE PRIMARY PEDIATRIC TEACHING HOSPITAL FOR THE UCONN SCHOOL OF MEDICINE, HAS A TEACHING PA RTNERSHIP WITH THE FRANK H. NETTER, M.D. SCHOOL OF MEDICINE AT QUINNIPIAC UNIVERSITY AND I S A RESEARCH PARTNER OF THE JACKSON LABORATORY. THE HISTORY OF CONNECTICUT CHILDREN'S SPAN S MORE THAN 100 YEARS. FOUNDED AS A 10-BED HOSPITAL FOR CHILDREN WHO SUFFERED THEN INCURAB LE CONDITIONS SUCH AS CEREBRAL PALSY, SPINA BIFIDA AND POLIO, CONNECTICUT CHILDREN'S IS NO W ONE OF ONLY TWO FREESTANDING CHILDREN'S HOSPITALS IN NEW ENGLAND AND IS THE ONLY FREESTA NDING CHILDREN'S HOSPITAL IN CONNECTICUT. CONNECTICUT CHILDREN'S PROVIDES AN ARRAY OF PEDI ATRIC SERVICES IN LOCATIONS ACROSS CONNECTICUT AND IN MASSACHUSETTS, INCLUDING AT HOSPITAL S 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 HA RTFORD, FIVE SPECIALTY CARE CENTERS, AND 11 OTHER LOCATIONS. ITS LEVEL 1 PEDIATRIC TRAUMA CENTER IS THE BUSIEST BETWEEN BOSTON AND NEW YORK. MISSION ======= CONNECTICUT CHILDREN'S IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CEN TERED CARE, RESEARCH, EDUCATION AND ADVOCACY. CONNECTICUT CHILDREN'S EMBRACES DISCOVERY, T EAMWORK, INTEGRITY AND EXCELLENCE IN ALL THAT IT DOES. PROGRAMS OF EXCELLENCE ========== ========== CONNECTICUT CHILDREN'S OFFERS THE HIGHEST LEVEL OF CARE TO CHILDREN AND OUR PHY SICIANS AND PROGRAMS ARE CONSISTENTLY HONORED FOR THEIR EXCELLENCE. RECENT AWARDS INCLUDE THE 2021 WOMEN'S CHOICE AWARD FOR BEST CHILDREN'S HOSPITALS AND THE 2020-21 U.S. NEWS & WO RLD REPORT BEST CHILDREN'S HOSPITAL. IN ADDITION, THERE ARE SEVERAL PROGRAMS OF EXCELLENCE AT THE MEDICAL CENTER THAT HAVE TIME AND AGAIN EARNED NATIONAL AND INTERNATIONAL HONORS A ND ACCOLADES INCLUDING, BUT NOT LIMITED TO: - DIABETES & ENDOCRINOLOGY; - GASTROENTEROLOGY ; - NEONATOLOGY; - ORTHOPAEDICS; - RECONSTRUCTIVE AND SOLID TUMOR SURGERY; - SURGERY; AND - UROLOGY. EACH OF OUR PROGRAMS OF EXCELLENCE OFFERS SUPERIOR PEDIATRIC 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 CLINICAL PRACTICE TO PROVIDE E XPANDED ADVANCED CARE; 3) DEVELOP OPPORTUNITIES TO EXPAND BASIC AND CLINICAL RESEARCH; AND 4) CREATE OPPORTUNITIES TO BE AN INNOVATIVE LEADER IN EDUCATION AND TRAINING. OUTCOMES -- ------ NOTHING MATTERS MORE THAN THE OUTCOME. CONNECTICUT CHILDREN'S KEEPS KIDS HEALTHY, P ROTECTS THEM FROM SURGICAL COMPLICATIONS AND IMPROVES THE QUALITY OF LIFE OF THOSE WITH CH RONIC CONDITIONS. PROCESS OF CARE ---------- SEVERAL ELEMENTS ARE CONSIDERED, INCLUDI NG HOSPITAL COMPLIANCE WITH BEST PRACTICES AND A COMMITMENT TO INFECTION CONTROL. RESEARCH ======== CONNECTICUT CHILDREN

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	'S IS COMMITTED TO MAKING CHILDREN AND FAMILIES HEALTHIER. OUR TALENTED MEDICAL PROFESSION ALS ARE AT THE FOREFRONT OF RESEARCH AND CLINICAL TRIALS. SUCH SCIENTIFIC INQUIRIES CHANGE THE FUTURE OF CHILDREN'S HEALTHCARE. FROM FUNDAMENTAL MOLECULAR SCIENCE THAT HELPS US UND ERSTAND DISEASES AT THE MOST BASIC LEVEL, TO MOTION STUDIES DESIGNED TO DISCOVER NEW WAYS FOR YOUNG ATHLETES TO AVOID INJURIES AND CLINICAL TRIALS THAT ESTABLISH THE MOST EFFECTIVE AND EFFICIENT PROTOCOLS FOR TREATING CHILDREN, CONNECTICUT CHILDREN'S IS A RESEARCH LEADE R. FOR EXAMPLE, CONNECTICUT CHILDREN'S DIVISION OF HEMATOLOGY & ONCOLOGY IS ENGAGED IN CON DUCTING MORE THAN 100 ACTIVE CLINICAL TRIALS AND RESEARCH STUDIES THROUGH THE CHILDREN'S O NCOLOGY GROUP, THE NEUROBLASTOMA AND MEDULLOBLASTOMA TREATMENT RESEARCH CONSORTIUM, THE PE DIATRIC CANCER FOUNDATION'S SUNSHINE PROJECT, THE SUNCOAST COMMUNITY CLINICAL ONCOLOGY PRO GRAM AND PHARMACEUTIC COMPANY SPONSORS. THIS NUMBER OF OPEN PROTOCOLS DISTINGUISHES CONNEC TICUT CHILDREN'S HEMATOLOGY & ONCOLOGY DIVISION AMONG THE TOP 20 PERCENT AMONG ITS PEERS. ADDITIONALLY, THE DIVISION IS IN THE TOP THIRD PERCENTILE FOR TOTAL PEDIATRIC CANCER PATIE NTS ENROLLED IN TRIALS. THIS IS ESPECIALLY IMPRESSIVE GIVEN THAT CONNECTICUT CHILDREN'S IS CONSIDERED ONE OF THE SMALLER FREE-STANDING CHILDREN'S HOSPITALS IN THE COUNTRY. AWARDS A ND RECOGNITION ========== CONNECTICUT CHILDREN'S HAS RECEIVED THE FOLLOWING AW ARDS: - 2021, 2019, 2018 & 2017 WOMEN'S CHOICE AWARD FOR BEST CHILDREN'S HOSPITALS; - 2020 , 2019, 2018 & 2017 CHIME HEALTHCARE'S MOST WIRED AWARD; - 2020-21, 2019, 2018 & 2017 U.S. NEWS & WORLD REPORT BEST CHILDREN'S HOSPITAL; - 2020, 2019, 2018 & 2017 LANTERN AWARD; - 2018 3M AWARD FOR EXCELLENCE IN SKIN SAFETY; - 2016 CHILDKIND HOSPITAL DESIGNATION; - 2016 PRESS GANEY SUCCESS STORY AWARD; - 2016 HARTFORD BUSINESS JOURNAL HEALTHCARE HERO (CHRIST INE FINCK, M.D.); - 2016 HARTFORD BUSINESS JOURNAL BEST IN BUSINESS, ONCOLOGY (CENTER FOR CANCER AND BLOOD DISORDERS); - 2016 TOP MASTER'S IN HEALTHCARE ADMINISTRATION; - 2016 GET WITH THE GUIDELINES - RESUSCITATION SILVER AWARD; AND - 2015 TOP WORKPLACE IN CONNECTICUT, RANKED 10TH IN LARGE ORGANIZATION CATEGORY.

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Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OFFICE OF COMMUNITY CHILD HEALTH ("OCCH") ========== CONNEC TICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") ELEVATES THE EFFECTIVENE SS AND STATUS OF THE MEDICAL CENTER AS A CRITICAL COMMUNITY RESOURCE BY DEVELOPING, PROMOT ING, SUPPORTING, EVALUATING AND DISSEMINATING INNOVATIVE, EFFECTIVE COMMUNITY-ORIENTED PRO GRAMS AND SERVICES TO ADDRESS CHILDREN'S CRITICAL HEALTH NEEDS. WHAT WE DO ---------- THE OFFICE ADDRESSES CRITICAL CONTEMPORARY ISSUES IN CHILDREN'S LIVES THAT HAVE THE POTENTIAL TO ADVERSELY AFFECT THEIR HEALTH AND DEVELOPMENT. THE OFFICE NOT ONLY SERVES AS A CRITICAL COMMUNITY RESOURCE, BUT ALSO CULTIVATES INNOVATIVE AND COST-EFFECTIVE SOLUTIONS TO ADDRES S EXISTING GAPS IN OUR HEALTH CARE AND CHILD SERVICE SYSTEMS. THROUGH THE OFFICE, CONNECTI CUT CHILDREN'S MEDICAL CENTER ENSURES THAT FAMILIES HAVE ACCESS TO A COMPREHENSIVE SYSTEM OF COMMUNITY PROGRAMS AND SERVICES THAT SUPPORTS THEM IN PROMOTING THEIR CHILDREN'S OPTIMA L HEALTHY DEVELOPMENT. OUR MODEL --------- THE OFFICE OVERSEES A VARIETY OF COMMUNITY-ORIE NTED PROGRAMS THAT ADDRESS A WIDE RANGE OF FACTORS THAT INFLUENCE CHILDREN'S HEALTHY DEVEL OPMENT. THOSE PROGRAMS, AND THEIR COMMUNITY-BASED PARTNERS, NOT ONLY FOCUS ON THE TRADITIO NAL AREAS OF CHILD HEALTH SERVICES, FAMILY SUPPORT, AND EARLY CARE AND EDUCATION, BUT ALSO TOUCH OTHER SECTORS INCLUDING FOOD AND NUTRITION, HOUSING, ECONOMIC DEVELOPMENT, CHILD WE LFARE, AND TRANSPORTATION. THE OFFICE TAKES A THREE-PRONGED APPROACH TO PROMOTING CHILDREN 'S OPTIMAL HEALTHY DEVELOPMENT: 1. STRENGTHENING EXISTING COMMUNITY-ORIENTED PROGRAMS; 2. FACILITATING SYNERGIES AMONG THOSE PROGRAMS; AND 3. SERVING AS AN INNOVATION INCUBATOR FOR PROMISING APPROACHES THAT IMPROVE SHORT AND LONG-TERM HEALTH OUTCOMES FOR CHILDREN. THE O FFICE SERVES AS A NEW MODEL FOR OTHER CHILDREN'S HOSPITALS TO FOLLOW IN TERMS OF DEMONSTRA TING THEIR COMMUNITY BENEFIT TO MAINTAIN TAX EXEMPT STATUS. IN THE PAST, HOSPITALS HAVE TR ADITIONALLY RELIED ON DOCUMENTING THE DISCOUNTED AND UNREIMBURSED CARE THAT THEY PROVIDE T O PATIENTS. NOW, UNDER THE AFFORDABLE CARE ACT, THERE HAS BEEN A SHARP REDUCTION IN THE NU MBER 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 OFFICE'S MODEL OFFERS A STRA TEGIC APPROACH THAT SHOWS HOW ITS PROGRAMS ARE LINKED TO CRITICAL COMMUNITY NEEDS AND HOW THEY ARE ADDRESSING THOSE NEEDS. ALSO, THE OFFICE'S FOCUS ON PREVENTIVE AND COST-EFFECTIVE MODELS OF CARE FOR CHILDREN IS TIMELY GIVEN THE SHIFT IN HEALTHCARE TOWARDS ACCOUNTABLE C ARE THAT EMPHASIZES VALUE IN TERMS OF KEEPING POPULATIONS HEALTHY. THE OFFICE TAKES AN ACT IVE LEADERSHIP ROLE IN INFORMING POPULATION HEALTH EFFORTS AT THE LOCAL, STATE AND NATIONA L LEVELS. OUR IMPACT, AT A GLANCE ---------- THE OFFICE HAS ESTABLISHED ITSEL F AS A CRITICAL RESOURCE IN TH

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	E STATE AND ACROSS THE NATION AND IS: - PARTNERING WITH THE CONNECTICUT OFFICE FOR EARLY C HILDHOOD TO LEAD THE DEVELOPMENT OF A COMPREHENSIVE, STATEWIDE EARLY CHILDHOOD SYSTEM; AND - ENGAGED IN ONGOING DIALOGUE ON KEY PUBLIC POLICY CONCEPTS NECESSARY FOR SYSTEM-BUILDING WITH A WIDE ARRAY OF FEDERAL AGENCIES, INCLUDING THE MATERNAL AND CHILD HEALTH BUREAU, TH E ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVI CES ADMINISTRATION. THE OFFICE PROGRAMS ---------- CONNECTICUT CHILDREN'S OFFICE OF COMMUNITY CHILD HEALTH OPERATES A TOTAL OF 15 PROGRAMS: INNOVATION: - THE HELP ME GROW NATIONAL CENTER; - CHILDHOOD PROSPERITY LAB - EASY BREATHING; - KOHL'S START CHILDHOOD OFF RIGHT PROGRAM; AND - CARE COORDINATION COLLABORATIVE MODEL. DIRECT SERVICES: - CONNECTICU T CHILDREN'S CENTER FOR CARE COORDINATION; - CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM; - HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM; AND - PERSON-CENTERED MEDICAL HOME. EDUCATION AND RESEARCH: - INJURY PREVENTION CENTER; - CO-MANAGEMENT; - CHILDREN'S C ENTER ON FAMILY VIOLENCE; - EDUCATING PRACTICES IN THE COMMUNITY; - PRACTICE QUALITY IMPRO VEMENT PROGRAM; AND - RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH. DESCRIPTIONS OF THOSE PROGRAMS ARE LISTED BELOW: INNOVATION ---------- THE HELP ME GROW NATIONAL CENTER, INNOVATED IN HARTFORD AND BASED AT CONNECTICUT CHILDREN'S MEDICAL CENTER, SERVES AS A NATI ONAL RESOURCE FOR SUPPORTING THE REPLICATION OF HELP ME GROW SYSTEMS THROUGHOUT THE COUNTR Y. TESTED AS A PILOT PROJECT IN HARTFORD IN 1997, THE PROGRAM EXPANDED STATEWIDE IN 2002 A ND IS ALSO BEING REPLICATED AROUND THE COUNTRY. HELP ME GROW LINKS CHILDREN WHO ARE AT RIS K FOR DEVELOPMENTAL OR BEHAVIORAL PROBLEMS TO HELPFUL COMMUNITY-BASED PROGRAMS AND SERVICE S. CONNECTICUT CHILDREN'S CHILDHOOD PROSPERITY LAB OFFERS INDIVIDUALS AND ORGANIZATIONS AN EXCITING OPPORTUNITY TO GET CRUCIAL GUIDANCE, ACCESS TO KEY STAKEHOLDERS, AND TECHNICAL A SSISTANCE NEEDED TO MAKE INNOVATIONS PROMOTING THE OPTIMAL HEALTHY DEVELOPMENT OF CHILDREN SUCCESSFUL ON A LOCAL, STATEWIDE, AND EVEN NATIONAL LEVEL. THE PROSPERITY LAB, WHICH IS P ART OF CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH (THE OFFICE), SEEKS TO EST ABLISH A PIPELINE OF INNOVATIONS THAT FOCUS ON THE HEALTH OF CHILDREN, STRENGTHEN FAMILIES , AND SHOW HIGH POTENTIAL FOR BEING BOTH SUSTAINABLE AND REPLICABLE. THE CHILDHOOD PROSPER ITY LAB 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 CHILDREN'S HEALTHY DEVELOPMENT. THE PROGRAM PLANS TO SUPPORT INNOVATIONS AS THEY MOVE TOWARDS MORE EVIDENCE-INFORMED, HIGHER I MPACT SOLUTIONS DESIGNED TO CLOSE EXISTING GAPS IN PROGRAMS AND SERVICES CURRENTLY OFFERED TO CHILDREN ACROSS A VARIETY

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OF SECTORS. EASY BREATHING IS A COMMUNITY-BASED ASTHMA MANAGEMENT PROGRAM INNOVATED AT CON NECTICUT CHILDREN'S AND HOUSED IN OUR ASTHMA CENTER. IT ENSURES CHILDREN, FAMILIES AND PHY SICIANS WORK TOGETHER TO MANAGE ASTHMA SYMPTOMS USING NATIONAL ASTHMA GUIDELINES. THE PROG RAM IS AVAILABLE TO CHILDREN ACROSS CONNECTICUT AND IS ALSO BEING REPLICATED IN OTHER STAT ES. THE KOHL'S START CHILDHOOD OFF RIGHT (SCOR) PROGRAM IS DEDICATED TO DECREASING OBESITY IN HARTFORD CHILDREN FROM BIRTH TO AGE 2 BY FIVE PERCENT. SCOR IS WORKING TO ACCOMPLISH T HAT GOAL THROUGH THE FOLLOWING ACTIVITIES: 1) CONVENE A COLLABORATIVE OF COMMUNITY PARTNER S WHO ARE MOBILIZED TO COMBAT CHILDHOOD OBESITY; 2) EDUCATE PEDIATRIC PROVIDERS TO COUNSEL HARTFORD FAMILIES ON HEALTHY NUTRITION AND ACTIVITY AND PROVIDE REFERRALS TO COMMUNITY RE SOURCES FOR AT RISK 0-2 YEAR OLDS; 3) TRAIN COMMUNITY OUTREACH WORKERS ON COUNSELING AND S UPPORTING FAMILIES WITH 0-2 YEAR OLDS TO UTILIZE CONSISTENT HEALTHY GROWTH MESSAGING; 4) C ONNECT HARTFORD FAMILIES TO HEALTH PROMOTION ORGANIZATIONS DURING WELLNESS EVENTS AND SHAR ING HEALTHY EATING MESSAGES; AND 5) REFER AT RISK FAMILIES TO CHILD DEVELOPMENT INFOLINE T O CONNECT THEM TO COMMUNITY RESOURCES. THE CARE COORDINATION COLLABORATIVE MODEL IS THE SI GNATURE INNOVATION OF CONNECTICUT CHILDREN'S CETNER FOR CARE COORDINATION. THE MODEL IMPRO VES COLLABORATION AMONG CARE COORDINATORS FROM DIVERSE SECTORS INCLUDING CHILD HEALTH, EAR LY CARE AND EDUCATION, AND FAMILY SUPPORT. IT ALSO PROVIDES CHILDREN AND FAMILIES WITH LIN KS TO EFFECTIVE SERVICES. IT WORKS BY BRINGING TOGETHER CARE COORDINATORS FROM SEVERAL CHI LD-SERVING SECTORS FOR PERIODIC MEETINGS TO LEARN ABOUT AVAILABLE SERVICES AND HOW TO HELP FAMILIES ACCESS THEM, TO REVIEW CHALLENGING CASES AND DEVELOP SOLUTIONS FOR FAMILIES, AND TO ADVOCATE FOR POLICY LEVEL SOLUTIONS TO HELP FAMILIES ADDRESS CHALLENGES THEY FACE CONN ECTING TO SERVICES. INITIALLY LAUNCHED IN THE GREATER HARTFORD AREA, THE PROGRAM HAS EXPAN DED ACROSS THE STATE OF CONNECTICUT AND INTO ADDITIONAL STATES.

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DIRECT SERVICES ---------- THE CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION (T HE CENTER) EMPOWERS FAMILIES OF ALL CHILDREN, INCLUDING THOSE WITH SPECIAL NEEDS, BY HELPI NG THEM ADVOCATE FOR ACCESS TO APPROPRIATE MEDICAL, BEHAVIORAL, EDUCATIONAL, LEGAL, AND SO CIAL SERVICES. THE CENTER ALSO PROVIDES TRAINING AND TECHNICAL SUPPORT FOR COMMUNITY-BASED PRIMARY CARE PROVIDERS, SUPPORTING THEM TO BECOME MEDICAL HOMES FOR THE CHILDREN THEY SER VE. THE CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM IMPROVES THE LIVES OF CHILDREN BY MAK ING 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 TRIGGER S, AND SAFETY HAZARDS. IT ALSO PROVIDES FINANCIAL ASSISTANCE FOR REMEDIATION, RELOCATION A SSISTANCE DURING CONSTRUCTION, REFERRALS TO LOW-COST OR NO-COST WEATHERIZATION PROGRAMS TO INCREASE ENERGY EFFICIENCY, AND EDUCATION PERTAINING TO HEALTHY AND SAFE HOMES. THE HARTF ORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM WORKS TO PREVENT THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES AMONG YOUTH. THE PROGRAM PROVIDES INTERACTIVE PREVENT ION EDUCATION, COMMUNITY ENGAGEMENT AND OUTREACH, AND YOUTH FRIENDLY HIV/STD SCREENINGS. T HE CONSORTIUM ALSO LINKS YOUTH TO MEDICAL CARE SERVICES, EMPLOYMENT SERVICES AND OTHER COM MUNITY RESOURCES. THE CONNECTICUT CHILDREN'S PRIMARY CARE CENTER RECENTLY RECEIVED DESIGNA TION AS A PERSON CENTERED MEDICAL HOME. IN ACHIEVING THAT RECOGNITION, THE CENTER MET RIGO ROUS STANDARDS SET BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AND WAS RECOGNIZED FOR COORDINATING PATIENT CARE, MAINTAINING A HIGH LEVEL OF QUALITY IN SERVICE DELIVERY, AND EN SURING THAT PATIENTS AND FAMILIES REMAIN AT THE CENTER OF ALL CARE. SEVERAL PROGRAMS OVERS EEN BY THE OFFICE FOR COMMUNITY CHILD HEALTH SUPPORT THE PRIMARY CARE CENTER IN ITS MEDICA L HOME STATUS. EDUCATION AND RESEARCH ---------- THE INJURY PREVENTION CENTER ENGAGES IN RESEARCH, COMMUNITY OUTREACH, EDUCATION, TRAINING, AND PUBLIC POLICY WORK TO RE DUCE PREVENTABLE INJURIES AND VIOLENCE TO CHILDREN. ITS THREE PRIMARY FOCUS AREAS ARE TEEN DRIVING SAFETY, TEEN SUICIDE PREVENTION AND DOMESTIC VIOLENCE PREVENTION. ITS COMMUNITY P ROGRAMS, INCLUDING SAFE KIDS CONNECTICUT AND THE INJURY FREE COALITION FOR KIDS OF HARTFOR D, ADDRESS A WIDE RANGE OF CHILD SAFETY CONCERNS RANGING FROM CHILD PASSENGER SAFETY TO PO ISONING PREVENTION AND OTHER HOME SAFETY ISSUES. CO-MANAGEMENT EMPOWERS PRIMARY CARE PROVI DERS TO IMPROVE THE BREADTH AND QUALITY OF CARE THEY PROVIDE TO CHILDREN. PRIMARY CARE PRO VIDERS PARTNER WITH SUBSPECIALISTS TO DESIGN PROTOCOLS FOR THE CARE OF CERTAIN HIGH PREVAL ENCE CONDITIONS THAT ARE TYPICALLY REFERRED TO SUBSPECIALISTS. BY DOING SO, THIS CARE MODE L 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 SUBSP ECIALTY APPOINTMENTS FOR CHILD

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	REN WHOSE CONDITIONS CANNOT BE MANAGED IN THE PRIMARY CARE SETTING. THE CHILDREN'S CENTER ON FAMLIY 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 PARTNERSH IP BETWEEN THE CONNECTICUT CHILDREN'S SUSPECTED CHILD ABUSE AND NEGLECT PROGRAM, THE CONNE CTICUT CHILDREN'S INJURY PREVENTION CENTER, AND THE CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE. THE CENTER'S GOALS INCLUDE IMPROVING SERVICE SYSTEMS FOR AFFECTED FAMILIES, WHI CH 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 P LANS 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 CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH. IT'S DESIGNED TO BRING THE NEWEST DEVELOPMENTS IN PEDIATRIC PRIMARY CARE TO CONNECTICUT'S CHILD HEALTH P ROVIDERS THROUGH THE PROCESS OF ACADEMIC DETAILING AND WORKS TO ADVANCE SUSTAINABLE IMPROV EMENTS IN PRIMARY AND PREVENTIVE HEALTH AND MENTAL HEALTH CARE PRACTICES FOR ALL CONNECTIC UT 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 DEVELOPME NTAL RISKS, IMPROVE THEIR IDENTIFICATION OF BEHAVIORAL CONCERNS, AND CONNECT CHILDREN AND FAMILIES TO HELPFUL SERVICES. THE RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH PROG RAM HELPS TO FOSTER THE GROWTH OF FUTURE GENERATIONS OF PEDIATRICIANS WHO ARE COMMUNITY CH ILD 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 CHILDREN'S HEALTHY D EVELOPMENT.

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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.

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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.

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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.

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CORE FORM, PART VI, SECTION B; QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT IN TEGRATED HEALTHCARE DELIVERY SYSTEM. THE ORGANIZATION'S BOARD OF DIRECTORS HAS AN EXECUTIV E COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMP ENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF CONNECTICUT CHILDREN'S SENIOR MANAGEMENT. THE COMMITTEE REVIEWS THE "TOTAL COM PENSATION" OF THESE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COM PENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REV IEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIO R 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 I NTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBER S OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO REC EIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION A RRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORG ANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTERES T" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORIZED BODY OBTAINED AND RELIE D UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. TH E AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WIT H MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEE S EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE R ELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMP ENSATION 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 COM PLEXITY OF SERVICES. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION T HROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DU RING 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 REB UTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGAN IZATION'S SENIOR VICE PRESIDENT OF HUMAN RESOURCES AND THE HUMAN RESOURCES DEPARTMENT, IN CONJUNCTION WITH THE INDIVIDUA

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CORE FORM, PART VI, SECTION B; QUESTION 15	L'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTH ER 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 FOR FURTHER INFORMATION ON HOW CONNECTICUT CHILDREN'S MEDICAL CENTER SATISFIES THE CRITERI A TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO EXECUTIVE COMPENSATION REVIEW AND APPROVAL.

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CORE FORM, PART VI, SECTION C; QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE CONNECTICUT SECRETARY OF STATE. ADDITIONALLY, THE ORGANIZATION'S GOVERNING POLICIES AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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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.

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CORE FORM, PART VII AND SCHEDULE J	JAMES E. SHMERLING, DHA, FACHE IS INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION ON A FULL TIME BASIS. ADDITIONALLY, MR. SHMERLING IS EMPLOYED AND RECEIVES A FORM W-2 FROM THIS ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH CONNECTICUT CHILDREN'S MEDICAL CENTER (EIN: 06-0646755). ACCORDINGLY, THIS ORGANIZATION FILED A 2020 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. SHMERLING'S COMPENSATION IN EXCESS OF $1M. CHRISTINE FINCK, M.D., FACS IS THE EXECUTIVE VICE PRESIDENT, SURGEON IN CHIEF OF THIS ORGANIZATION AND THUS, IS REPORTED AS A KEY EMPLOYEE ON THIS ORGANIZATION'S FEDERAL FORM 990. ALTHOUGH DR. FINCK RECEIVES A FEDERAL FORM W-2 FROM CONNECTICUT CHILDREN'S SPECIALTY GROUP; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, HER COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH CONNECTICUT CHILDREN'S MEDICAL CENTER. DR. FINCK PROVIDES LICENSED MEDICAL SERVICES, AS WELL AS, NON-CLINICAL SERVICES. THIS ORGANIZATION WAS NOT REQUIRED TO FILE A FEDERAL FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO DR. FINCK BECAUSE THE PORTION OF HER COMPENSATION ATTRIBUTABLE TO NON-CLINICAL SERVICES WAS NOT IN EXCESS OF $1M AND THUS EXEMPT FROM EXCISE TAX AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

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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 CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, 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 INCLUDE: - CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - $39,076,884; - NET TRANSFER TO RELATED ORGANIZATIONS - ($28,304,817); - CHANGE IN FUNDED STATUS OF PENSION AND POST-RETIREMENT PLANS - $15,538,027; - CHANGE IN INTEREST IN NET ASSETS OF CONNECTICUT CHILDREN'S FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION; DUE TO TRANSFERS AND FORGIVENESS - $35,382,566; - DONOR RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - ($4,402,922); - NET PERIODIC PENSION CREDIT - $1,676,534; - DONOR RESTRICTED CHANGE IN FUNDS HELD IN TRUST BY OTHERS - $16,772,651; AND - LOSS ON EARLY LEASE TERMINATION - ($2,959,188).

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, 2021 AND SEPTEMBER 30, 2020; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED 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, 2021 AND SEPTEMBER 30, 2020; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES TOTAL FEES:26048612

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED SERVICES TOTAL FEES:8670182

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACTED SERVICES TOTAL FEES:10632465

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING FEES TOTAL FEES:6149124

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION FEES TOTAL FEES:1145447

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:ADMINITSTRATIVE FEES TOTAL FEES:165932

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:AGENCY FEES TOTAL FEES:60295

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:627376

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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
(1) CONNECTICUT CHILDREN'S CARE NETWORK LLC 282 WASHINGTON STREET HARTFORD, CT 06106 83-4451707	CLIN INT NTWK	CT	0	0	CT CHILDRENS

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	(g) Section 512(b)(13) controlled entity? 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 FOUNDATION INC 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	INACTIVE	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)CHILD HEALTH AND DEV INSTITUTE OF CT 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) 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
(3)CONNECTICUT CHILDREN'S EYE CARE PC 10 COLUMBUS BOULEVARD HARTFORD, CT 06106 85-2351691	INACTIVE	CT	CCMC	C CORP.	0	0	100.000 %	Yes	
(4)NY CHILDREN'S MEDICAL PROVIDER SVCS PC 282 WASHINGTON STREET HARTFORD, CT 06106 85-3381942	HEALTH SERVICES	NY	CCMC	C CORP.	1,763,015	392,866	100.000 %	Yes	

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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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
(1)CCMC CORPORATION	O	236,081	COST
(2)CONNECTICUT CHILDREN'S SPECIALTY GROUP	P	16,422,321	COST
(3)CONNECTICUT CHILDREN'S SPECIALTY GROUP	R	18,967,996	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF CCMC CORPORATION AND SUBSIDIARIES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE CCMC CORPORATION ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.