

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- 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
% SETH VAN ESSENDELFT
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 \$ 367,329,012

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)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	2,133
6 Total number of volunteers (estimate if necessary)	406
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,651,195	23,044,053
9 Program service revenue (Part VIII, line 2g)	319,837,504	341,889,316
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,342,446	-131,835
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,051,462	2,186,170
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,882,607	366,987,704

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	98,922	185,281
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)	154,154,143	167,892,476
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,331,024		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	159,510,751	165,277,411
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	313,763,816	333,355,168
19 Revenue less expenses Subtract line 18 from line 12	42,118,791	33,632,536

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	416,884,241	447,316,131
21 Total liabilities (Part X, line 26)	147,541,897	132,927,688
22 Net assets or fund balances Subtract line 21 from line 20	269,342,344	314,388,443

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2019-08-15
JAMES SHMERLING PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Scott J Mariani Preparer's signature: Scott J Mariani 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

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

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

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 \$ 253,343,112 including grants of \$ 185,281) (Revenue \$ 341,889,316)
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 ▶ 253,343,112

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 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		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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		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		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)		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		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		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID (e.g., 1a, 1b, 2a), question text, and Yes/No response columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] 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: SETH VAN ESSEDELFT 282 WASHINGTON STREET HARTFORD, CT 06106 (860) 545-9000

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

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

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

(A) Name and Title	(B) Average hours per week (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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	7,895,118	2,079,947	3,129,461

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 ▶ 207

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CONNECTICUT HEALTH CE, 263 FARMINGTON AVENUE FARMINGTON, CT 06032	MEDICAL	38,277,064
HARTFORD HOSPITAL, 80 SEYMOUR STREET PO BOX 5037 HARTFORD, CT 061025037	MEDICAL	8,783,955
ARAMARK FACILITY SERVICES, PO BOX 651009 CHARLOTTE, NC 282651009	CAFETERIA/DIETARY	2,656,319
AMN HEALTHCARE INC, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	STAFFING	2,194,033
EPIC SYSTEMS CORPORATION, PO BOX 88314 MILWAUKEE, WI 53288	IT	1,629,370

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 ▶ 40

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	10,219,145				
	e Government grants (contributions)	1e	4,562,009				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,262,899				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			23,044,053			
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		541900	338,506,874	338,506,874		
	b OTHER HEALTHCARE RELATED REVENUE		541900	3,382,442	3,382,442		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			341,889,316				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			68,165		68,165	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
			243,043				
		b Less rental expenses		141,308			
		c Rental income or (loss)		101,735	0		
	d Net rental income or (loss)			101,735		101,735	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					0		
		b Less cost or other basis and sales expenses			200,000		
		c Gain or (loss)			-200,000		
	d Net gain or (loss)			-200,000		-200,000	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			0		
		b Less direct expenses	b		0		
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a			0			
	b Less direct expenses	b		0			
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a			0			
	b Less cost of goods sold	b		0			
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a FOOD SERVICES		453000	1,197,337			1,197,337	
b CONSULTING		541900	814,097			814,097	
c OTHER INCOME		541900	73,001			73,001	
d All other revenue							
e Total. Add lines 11a-11d			2,084,435				
12 Total revenue. See Instructions			366,987,704	341,889,316	0	2,054,335	

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	185,281	185,281		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,355,564	0	9,355,564	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	133,784,006	106,941,166	25,435,719	1,407,121
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,267,603	6,345,802	-161,696	83,497
9 Other employee benefits	4,360,866	3,576,742	737,062	47,062
10 Payroll taxes	14,124,437	10,734,572	3,248,621	141,244
11 Fees for services (non-employees)				
a Management	0			
b Legal	533,767	405,663	122,766	5,338
c Accounting	210,972	160,338	48,524	2,110
d Lobbying	402,178		402,178	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	67,474		67,474	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,127,871	34,403,582	10,271,610	452,679
12 Advertising and promotion	1,003,820	762,903	230,879	10,038
13 Office expenses	5,038,032	3,828,904	1,158,748	50,380
14 Information technology	4,871,974	3,702,700	1,120,554	48,720
15 Royalties	0			
16 Occupancy	13,073,307	9,935,713	3,006,861	130,733
17 Travel	536,680	407,876	123,437	5,367
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	771,559	586,384	177,459	7,716
20 Interest	2,445,468	1,858,555	562,458	24,455
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,290,885	15,421,073	4,666,903	202,909
23 Insurance	2,751,417	2,091,077	632,826	27,514
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	39,597,533	30,094,125	9,107,433	395,975
b SPECIALITY GROUP SUPPORT	14,271,226	10,846,132	3,282,382	142,712
c GRANT EXPENDITURES	7,824,456	5,946,586	1,799,625	78,245
d REPAIRS & MAINTENANCE	5,003,951	3,803,003	1,150,909	50,039
e All other expenses	1,454,841	1,304,935	132,736	17,170
25 Total functional expenses. Add lines 1 through 24e	333,355,168	253,343,112	76,681,032	3,331,024
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 <input type="checkbox"/> 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	4,834,224	1	3,092,574
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	42,169,894	4	44,677,260
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,885,311	8	3,107,959
	9 Prepaid expenses and deferred charges	659,808	9	982,807
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 327,870,625		
	b Less accumulated depreciation	10b 190,769,654	134,801,235	10c 137,100,971
	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	210,661,386	13	224,181,831
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	20,872,383	15	34,172,729
16 Total assets. Add lines 1 through 15 (must equal line 34)	416,884,241	16	447,316,131	
Liabilities	17 Accounts payable and accrued expenses	46,357,136	17	43,852,537
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	44,100,166	20	36,736,470
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	20,250,974	23	23,515,792
	24 Unsecured notes and loans payable to unrelated third parties	4,713	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	36,828,908	25	28,822,889
	26 Total liabilities. Add lines 17 through 25	147,541,897	26	132,927,688
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	132,758,918	27	168,221,729
	28 Temporarily restricted net assets	27,947,554	28	32,148,611
	29 Permanently restricted net assets	108,635,872	29	114,018,103
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	269,342,344	33	314,388,443
	34 Total liabilities and net assets/fund balances	416,884,241	34	447,316,131

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	366,987,704
2	Total expenses (must equal Part IX, column (A), line 25)	2	333,355,168
3	Revenue less expenses Subtract line 2 from line 1	3	33,632,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	269,342,344
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,413,563
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	314,388,443

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646755

Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

Form 990 (2017)

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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID M ROTH ESQ CHAIRMAN - DIRECTOR	1 0 0 0	X		X				0	0	0
JAMES W FANELLI CFP SECRETARY - DIRECTOR	1 0 0 0	X		X				0	0	0
ANDREA BALOGH DIRECTOR	1 0 0 0	X						0	0	0
KEVIN COUNIHAN DIRECTOR	1 0 0 0	X						0	0	0
E CLAYTON GENGRAS III DIRECTOR	1 0 0 0	X						0	0	0
SUSAN V HERBST PHD DIRECTOR	1 0 0 0	X						0	0	0
JEFFREY HYAMS MD DIRECTOR - PRESIDENT MED STAFF	55 0 0 0	X						0	548,572	106,809
PRESTON KODAK III DIRECTOR	1 0 0 0	X						0	0	0
CATO LAURENCIN MD PHD DIRECTOR	1 0 0 0	X						0	0	0
DOROTHY LEVINE MD 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			
MEGAN MACKEY DIRECTOR	1 0 0 0	X						0	0	0
KATHERINE O NIXON DIRECTOR	1 0 0 0	X						0	0	0
KOLAWOLE A OLOFINBOBA MD DIRECTOR	1 0 0 0	X						0	0	0
TINA ST PIERRE DIRECTOR	1 0 0 0	X						0	0	0
WILLIAM C POPIK MD DIRECTOR	1 0 0 0	X						0	0	0
JONATHAN RUBIN DIRECTOR	1 0 0 0	X						0	0	0
JAMES E SHMERLING DHA FACHE DIRECTOR - PRESIDENT/CEO	55 0 0 0	X		X				1,110,384	0	490,244
AIMEE MONROY SMITH DIRECTOR	1 0 0 0	X						0	0	0
TINA STEVENSON-BROWN DIRECTOR	1 0 0 0	X						0	0	0
GENO AURIEMMA DIRECTOR (TERM ENDED 12/17)	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			
THOMAS O BARNES DIRECTOR (TERM ENDED 12/17)	1 0 0 0	X						0	0	0
JEFFREY S HOFFMAN DIRECTOR (TERM ENDED 12/17)	1 0 0 0	X						0	0	0
ROBERT S LE BLANC DIRECTOR (TERM ENDED 12/17)	1 0 0 0	X						0	0	0
EDWARD LEWIS DIRECTOR (TERM ENDED 12/17)	1 0 0 0	X						0	0	0
ROBERT J SHANFIELD DIRECTOR (TERM ENDED 12/17)	1 0 0 0	X						0	0	0
PATRICK J GARVEY CPA CHFP TREASURER-SVP/CFO (TERM 12/17)	55 0 0 0			X				420,072	0	127,958
SETH VAN ESSENDELFT TREASURER - SVP/CFO (EFF 5/18)	55 0 0 0			X				0	0	20,417
GIL PERI PRESIDENT & COO	55 0 0 0			X				260,887	0	85,321
CHRISTINE FINCK MD FACS EVP, SURGEON IN CHIEF	55 0 0 0			X				0	878,842	246,610
PAUL H DWORKIN MD EVP, COMMUNITY CHILD HEALTH	55 0 0 0			X				883,644	0	159,971

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			
JUAN SALAZAR MD MPH EVP, ACADEMIC AFFAIRS	55 0 0 0			X				613,309	0	236,056
ANN G TAYLOR JD EVP, CHIEF ADMIN OFFICER	55 0 0 0			X				474,583	0	159,784
ANDREA L BENIN MD SVP, PATIENT SAFETY(TERM 6/18)	55 0 0 0			X				485,289	0	144,340
KELLY STYLES MBA SVP, CHIEF INFORMATION OFFICER	55 0 0 0			X				392,185	0	120,289
CHERYL HOEY RN BSN MBA SVP, CLINICAL SERVICES & CNO	55 0 0 0			X				355,456	0	131,593
LAWRENCE E MILAN MA SVP, HUMAN RESOURCES	55 0 0 0			X				330,713	0	121,009
BOBBY M VARGAS ESQ VP, GENERAL COUNSEL	55 0 0 0			X				352,895	0	143,943
WILLIAM AGOSTINUCCI MS RPH VP, CLINICAL & SUPPORT SVCS	55 0 0 0			X				226,114	0	116,993
TRISHA FARMER MSN RN CPHRM VP, REG PARTNERSHIPS & OPS	55 0 0 0			X				213,393	0	107,955
HEATHER TORY MD MPH CPPS INTERM EXEC PT SFTY (EFF 6/18)	55 0 0 0			X				0	158,984	37,313

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			
SARAH MATNEY MSOL BSN RN VP, AMBULATORY OPS (EFF 5/18)	55 0 0 0			X				0	142,166	73,067
DEB PAPPAS MBA VP MRKT/COMM OFFICER(EFF 2/18)	55 0 0 0			X				0	0	20,001
RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	55 0 0 0			X				354,055	0	82,471
GLENN FLORES CHIEF RESEARCH OFFICER	55 0 0 0			X				153,926	0	48,784
JUNG PARK SR DIR, INFORMATION SERVICES	55 0 0 0					X		225,176	0	49,987
MARLENE E FERRIS SR DIR, ORGANIZATIONAL EFFECT	55 0 0 0					X		223,014	0	64,934
PETER BORLA SENIOR DIRECTOR FINANCE	55 0 0 0					X		200,154	0	70,784
SHANNON M GRAD SR DIR, FAMILY EXP & PROF PRAC	55 0 0 0					X		195,735	0	40,635
PHILIP B HOPKINS DIRECTOR TECHNICAL SERVICES	55 0 0 0					X		195,546	0	33,182
DEAN A RAPOZA FORMER OFFICER	0 0 0 0						X	0	351,383	50,240

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			
AUDREY WISE MBA FORMER OFFICER	0 0 0 0						X	228,588	0	38,771

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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 **section 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 06-0646755

Name: CONNECTICUT CHILDREN'S MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CONNECTICUT CHILDREN'S MEDICAL CENTER	Employer identification number 06-0646755
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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		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		339,048
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		63,130
j Total Add lines 1c through 1i			402,178
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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 \$63,130 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2018, THE ORGANIZATION PAID TWO OUTSIDE INDEPENDENT CONSULTING FIRMS A TOTAL OF \$140,000 TO LOBBY ON BEHALF OF THE MEDICAL CENTER FOR LEGISLATION AFFECTING CHILDREN'S HEALTH AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITIES A PERCENTAGE OF COMPENSATION PAID TO TWO CONNECTICUT CHILDREN'S MEDICAL CENTER EMPLOYEES TO REPRESENT TIME SPENT LOBBYING ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO \$199,048 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 VOLUNTEER PARTICIPATION IN LOBBYING ACTIVITIES INCLUDING PHONE CALLS, EMAILS AND LETTERS TO LEGISLATORS AND FEDERAL AND STATE POLICY MAKERS REGARDING VARIOUS CHILD-RELATED ISSUES THERE WAS NO MONEY INVOLVED IN THESE VOLUNTEER TRANSACTIONS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 8/17/06, 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	22,333,915	22,429,597	22,267,000	21,942,979	19,645,169
b Contributions	1,611,103	100,411	883,341	498,716	431,168
c Net investment earnings, gains, and losses	1,154,088	163,306	263,705	1,211,645	2,467,087
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	852,572	359,399	984,449	1,386,340	600,445
f Administrative expenses	0	0	0	0	0
g End of year balance	24,246,534	22,333,915	22,429,597	22,267,000	21,942,979

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 86 120 %
 - c** Temporarily restricted endowment ▶ 13 880 %
- 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 |
|--|--------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		123,441,760	64,412,858	59,028,902
c Leasehold improvements		34,956,489	13,214,824	21,741,665
d Equipment		141,815,923	112,032,838	29,783,085
e Other		27,656,453	1,109,134	26,547,319
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				137,100,971

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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) 501(C)(3) TAX-EXEMPT ORG	130,944,518	F
(2) FUNDS HELD IN TRUST BY OTHERS	93,137,313	F
(3) SPECIALISTS, INC INVESTMENT	100,000	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	224,181,831	

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) DUE FROM AFFILIATED ENTITIES	23,349,329
(2) INSURANCE RECEIVABLE	4,028,489
(3) GROUND LEASE	2,240,930
(4) OTHER RECEIVABLES	2,650,556
(5) OTHER ASSETS	1,903,425
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	34,172,729

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO THIRD PARTIES	5,631,453
DUE TO AFFILIATED ENTITIES	848,681
ACCRUED PENSION LIABILITY	6,475,931
LEASE INCENTIVE OBLIGATION	4,770,791
OTHER LONG-TERM LIABILITIES	11,096,033
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	28,822,889

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 MEDICAL CENTER FOUNDATION, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION FOR THE BENEFIT OF CONNECTICUT CHILDREN'S MEDICAL CENTER INCOME FROM ENDOWMENT FUNDS IS CONSIDERED TEMPORARILY RESTRICTED UNTIL IT MEETS THE ORIGINAL DONOR'S TIME OR PURPOSE RESTRICTION OF THE DONATION THESE FUNDS ARE COMMINGLED WITH OTHER TEMPORARILY RESTRICTED CONTRIBUTIONS FOR THE SAME PURPOSES AND INVESTED UNTIL SUCH TIME THAT THE FUNDS ARE UTILIZED CONNECTICUT CHILDREN'S MEDICAL CENTER'S SPENDING POLICY IS THAT ANY EXPENDITURE ASSOCIATED WITH THE ENDOWMENT IS APPROPRIATED BASED ON THE DONOR'S INTENTION RESTRICTED FUNDS ARE USED TO SUPPORT AND FURTHER THE MISSION OF CONNECTICUT CHILDREN'S MEDICAL CENTER BY PROVIDING FUNDS IN SUPPORT OF OPERATIONS AND CAPITAL PURCHASES OF CONNECTICUT CHILDREN'S MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, QUESTION 2	AN INDEPENDENT FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S MEDICAL CENTER AND SUBSIDIARIES FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2018 AND SEPTEMBER 30, 2017, 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 2018 AND 2017 " 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, 2018 AND SEPTEMBER 30, 2017 THAT REPORTS THE SYSTEMS LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) "THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT HAS DETERMINED THAT THERE WERE NO MATERIAL TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2018 AND 2017 "

**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.

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

OMB No 1545-0047

2017

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" to 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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Program Services	FINANCIAL VEHICLE	3,023,000
3a Sub-total					3,023,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					3,023,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 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 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, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
 CONNECTICUT CHILDREN'S MEDICAL CENTER

OMB No 1545-0047

2017

Open to Public Inspection

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250 %</u>	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500 %</u>	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	No
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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)			1,160,673		1,160,673	0 350 %
b Medicaid (from Worksheet 3, column a)			163,049,420	102,503,201	60,546,219	18 160 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			164,210,093	102,503,201	61,706,892	18 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,750,224	4,304,228	4,445,996	1 330 %
f Health professions education (from Worksheet 5)			20,553,963	266,001	20,287,962	6 090 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			8,250,565	1,965,961	6,284,604	1 890 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			185,281		185,281	0 060 %
j Total. Other Benefits			37,740,033	6,536,190	31,203,843	9 370 %
k Total. Add lines 7d and 7j			201,950,126	109,039,391	92,910,735	27 880 %

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			23,238		23,238	0.010 %
2 Economic development						
3 Community support			3,865,805	1,561,337	2,304,468	0.690 %
4 Environmental improvements						
5 Leadership development and training for community members			600		600	0 %
6 Coalition building			264,207		264,207	0.080 %
7 Community health improvement advocacy			133,056	93,374	39,682	0.010 %
8 Workforce development						
9 Other						
10 Total			4,286,906	1,654,711	2,632,195	0.790 %

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	2,082,672
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	583,148
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	390,921
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	295,319
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	95,602
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> 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

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?

4

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)

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 CONNECTICUT CHILDREN'S MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment

		Yes	No
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?		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		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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		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		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW CONNECTICUTCHILDRENS ORG</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>WWW CT GOV</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW CT GOV</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> 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? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CONNECTICUTCHILDRENS ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CONNECTICUTCHILDRENS ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CONNECTICUTCHILDRENS ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> 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 _____

- 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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 10

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
6 CCMC 100 RETREAT 100 RETREAT AVENUE 4TH FLOOR HARTFORD, CT 06016	SPEECH THERAPY
7 CCMC 111 FOUNDERS 111 FOUNDERS PLAZA EAST HARTFORD, CT 06108	CLINICAL NUTRITION
8 CCMC HARTFORD HOSP MED OFFICE BLDG 85 SEYMOUR STREET HARTFORD, CT 06106	PULMONARY FUNCTION LAB
9 CCMC AVON FAMILY WELLNESS CENTER 100 SIMSBURY ROAD AVON, CT 06001	PHYSICAL THERAPY, OCCUPATIONAL THERAPY
10 CCMC SOLTERA ACADEMY 300 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06051	OCCUPATIONAL THERAPY

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	NOT APPLICABLE

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 ORGANIZATIONS COMMUNITY BENEFIT REPORT IS MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE ADDITIONALLY, HARD COPIES WERE DISTRIBUTED TO KEY COMMUNITY LEADERS AND WERE MADE AVAILABLE ON REQUEST THROUGH THE OFFICE OF 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 I, QUESTION 7G	THE SUBSIDIZED HEALTH SERVICE REPORTED ON LINE 7G ARE FOR SHARED PSYCHIATRIC SERVICES WITH THE INSTITUTE OF LIVING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART II</p>	<p>CONNECTICUT CHILDRENS MEDICAL CENTERS ("CONNECTICUT CHILDRENS") 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 OUR OFFICE OF COMMUNITY CHILD HEALTH ("OCCH") 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 IN 2017, THE FOLLOWING WERE COMMUNITY BASED PROGRAMS UNDER OCCHS UMBRELLA - ADVANCING KIDS INNOVATION PROGRAM (AKIP) - CARE COORDINATION COLLABORATIVE MODEL - CENTER FOR CARE COORDINATION - CHILDRENS CENTER ON FAMILY VIOLENCE - CHILDRENS HOSPITAL LEARNING COLLABORATIVE - CO-MANAGEMENT - EASY BREATHING - EDUCATING PRACTICES IN THE COMMUNITY - HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM - HEALTH HOMES PROGRAM - HELP ME GROW NATIONAL CENTER - INJURY PREVENTION CENTER - MID-LEVEL DEVELOPMENTAL ASSESSMENT - PERSON-CENTERED MEDICAL HOME - PRACTICE QUALITY IMPROVEMENT - RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH ALL PROGRAMS HAVE ELEMENTS OF COMMUNITY BUILDING IN THEIR PURPOSE SOME INVOLVE WORKING WITH LOCAL COMMUNITIES, SOME WITH STATE-WIDE COMMUNITIES, SOME WORK ON NATIONAL LEVELS, AND SOME PROVIDE OUR EXPERTISE TO CLINICIANS TO HELP THEM BETTER SERVE FAMILIES IN THEIR COMMUNITIES OCCH FOCUSES ON PROMOTING OPTIMAL HEALTHY DEVELOPMENT ACROSS ALL SECTORS IMPACTING CHILDREN WE PAY 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 WE DESIRE TO THAT END, THE PROGRAMS LISTED ABOVE, WORK WITH MORE THAN 150 COMMUNITY PARTNERS ADDITIONAL COMMUNITY BUILDING INCLUDES OUR WORK WITH THE NEIGHBORHOOD PARTNERSHIP KNOWN AS SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE ("SINA") SINA IS A NEIGHBORHOOD PARTNERSHIP BETWEEN CONNECTICUT CHILDRENS, HARTFORD HOSPITAL, AND TRINITY COLLEGE WE PAY DUES TO SUPPORT SINAS ANNUAL OPERATIONS BUDGET THREE EMPLOYEES FROM CONNECTICUT CHILDRENS ARE ON SINAS BOARD OF DIRECTORS, AND IN 2017, THERE WERE ABOUT 20 EMPLOYEES WHO PARTICIPATED IN SINA COORDINATED COMMUNITY ACTIVITIES THAT PROMOTED EDUCATION, IMPROVED HOUSING, AND PUBLIC SAFETY IN OUR NEIGHBORHOOD TWO WAYS THAT WE SUPPORTED EDUCATION DURING THE YEAR INCLUDE THE SPONSORSHIP OF A LOCAL ELEMENTARY SCHOOLS SCIENCE FAIR SINA PAID FOR THE MANY OF THE SCHOOL SUPPLIES, FOOD FOR THE DAY, AND RECRUITING AND COORDINATED THE JUDGES FOR THE DAY MOST OF THE JUDGES WERE CONNECTICUT CHILDRENS EMPLOYEES OUR ORGANIZATION ALSO COORDINATED A BOOK DRIVE TO SUPPORT THE SCHOOLS AFTER-SCHOOL PROGRAM AND GET BOOKS INTO THE HOMES OF MANY OF THE STUDENTS SINA RECEIVED A MAJOR GRANT FROM THE STATE OF CONNECTICUT TO BUILD NEW OWNER OCCUPIED HOUSING, IN PLACE OF SOME OF THE NEIGHBORHOODS BLIGHTED PROPERTIES TWELVE NEW HOMES WILL BE A PART OF THE PROJECT, COMPLETED IN 2019 TO DATE, SINA HAS BUILT MORE THAN 60 HOMES IN THE AREA, ADDING CLOSE TO \$500,000 PER YEAR TO THE CITY TAX BASE IN 2017, HARTFORD WAS HAVING DISCUSSIONS WITH THE STATE REGARDING ITS LARGE OPERATING DEFICIT CONTRIBUTING TO THE DEFICIT IS THE LOW RATE OF HOMEOWNERSHIP ADDITIONALLY, OUR HEALTH HOMES PROGRAM BEGAN WORKING WITH SINA TO IDENTIFY WAYS THAT THE TWO COULD COMPLEMENT ONE ANOTHER SINAS OUTREACH STAFF BEGAN TO LOOK AT OPPORTUNITIES TO IDENTIFY PROPERTY OWNERS IN THE NEIGHBORHOOD WHO COULD BENEFIT FROM THE HEALTHY HOMES INTERVENTIONS FOR PUBLIC SAFETY, SINA DEVELOPED A NEIGHBORHOOD SAFETY TEAM IN 2017 MADE UP OF REPRESENTATIVES FROM RESIDENTS, THE POLICE, LOCAL BUSINESSES, AND THE SINA PARTNERS, THE GOALS OF THE TEAM ARE TO GET TO KNOW EACH OTHER, OPEN UP THE LINES OF COMMUNICATION, IDENTIFY PROBLEMS IN THE NEIGHBORHOOD, AND GET A QUICK RESPONSE TO THOSE PROBLEMS ADDITIONALLY, STAFF AT CONNECTICUT CHILDRENS 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 SINAS 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 IN 2017, SINA WAS AWARDED A GRANT FROM THE HARTFORD FOUNDATION FOR PUBLIC GIVING TO HIRE A CAREER NAVIGATOR, WHO COULD WORK WITH NEIGHBORHOOD RESIDENTS IN GETTING EMPLOYMENT ONE OF CONNECTICUT CHILDRENS HUMAN RESOURCES STAFF HAS BEEN IDENTIFIED TO SUPPORT THESE EFFORTS BEGINNING IN 2018</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4</p>	<p>BAD DEBT IS BASED UPON HISTORICAL COLLECTION PERCENTAGE ANALYSIS OF ACCOUNTS WRITTEN OFF BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") AND ITS SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONNECTICUT CHILDREN'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL FACILITIES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S AND SUBSIDIARIES PATIENT ACCOUNTS RECEIVABLE ----- PATIENT ACCOUNTS RECEIVABLE AND REVENUES ARE RECORDED WHEN PATIENT SERVICES ARE PERFORMED AMOUNTS RECEIVED FROM CERTAIN PAYORS ARE DIFFERENT FROM ESTABLISHED BILLING RATES OF THE MEDICAL CENTER, AND THE DIFFERENCE IS ACCOUNTED FOR AS ALLOWANCES THE MEDICAL CENTER RECORDS ITS PROVISION FOR BAD DEBTS BASED UPON A REVIEW OF ALL OF ITS OUTSTANDING RECEIVABLES WRITE-OFFS OF RECEIVABLE BALANCES ARE RELATED PRIMARILY TO ITS POPULATION OF UNDERINSURED PATIENTS AN UNDERINSURED PATIENT IS ONE WHO HAS COMMERCIAL INSURANCE WHICH LEAVES A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S REIMBURSEMENT TO BE PAID BY THE PATIENT, EITHER THROUGH LARGE DEDUCTIBLES OR CO-PAY REQUIREMENTS SELF-PAY PATIENTS ARE RARE IN THE PEDIATRIC ENVIRONMENT, AS MEDICAID IS READILY AVAILABLE TO CHILDREN SELF-PAY NET REVENUE APPROXIMATED \$3,436,490 AND \$2,982,900 FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY CHARITY CARE ----- THE MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE MEDICAL CENTER ESSENTIALLY, THOSE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S INABILITY TO PAY, THE MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY GUIDELINES THE COSTS OF CHARITY CARE INCURRED WERE APPROXIMATELY \$935,887 AND \$865,319 FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017, RESPECTIVELY THE COSTS OF CHARITY CARE ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE MEDICAL CENTER'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>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 AS 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 INDIVIDUAL' S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGI N OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARIT ABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AN D STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIV ILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND S CIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS , IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CAR E STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHIC H 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 IR C 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UN DER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE O R REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMEN T DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIE NTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID N OT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL CO ULD 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 HOSPI TAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMAND S COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE [D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHI CH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROM OTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOS PITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVAT E 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 ORGA NIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF C HARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS R EQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HE ALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM IT S ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF TH E COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPE N 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 INCLU DED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FA CILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION,</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVI C LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIAN S MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD B E 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 THU S INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA PO SITION 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 SHOUL D INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING M EDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REAS ONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART O F 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 T O TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN I TS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MAR GINS REACHING A 10-YEAR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE T HEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BEN EFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE M EDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES " THERE IS EVE RY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDU LE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINU E TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA A ND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLU DABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUN ITY 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 ELIG I 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 PA TIENTS 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 INDUST RIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGAR DLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE O THER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON R EPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOC UMENTATION 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 BE NEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AR OUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE AS OUTLINED BY THE AHA, DESPITE TH E HOSPITALS' BEST EFFORTS AN</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	<p>CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") HAS A BILLING AND COLLECTION POLICY THE PURPOSE OF THIS POLICY IS TO ENSURE THAT THE ORGANIZATIONS BILLING, CREDIT AND COLLECTION PRACTICES COMPLY WITH ALL FEDERAL AND STATE LAWS, REGULATIONS GUIDELINES AND POLICIES CONNECTICUT CHILDREN'S IS COMMITTED TO PROVIDING THE AVAILABLE HEALTHCARE, ALONG WITH CONVENIENT BILLING SERVICES, PAYMENT OPTIONS AND FINANCIAL ASSISTANCE CONNECTICUT CHILDREN'S WILL MAKE EVERY EFFORT TO COMMUNICATE THE PATIENT FINANCIAL ASSISTANCE, BILLING, CREDIT AND COLLECTION PROCESSES TO THE PATIENT AND/OR THEIR FAMILY PATIENTS AND THEIR FAMILIES ARE RESPONSIBLE TO PROVIDE TIMELY AND ACCURATE INFORMATION SUCH AS, BUT NOT LIMITED TO, DEMOGRAPHIC, INSURANCE, AND INCOME TO CONNECTICUT CHILDREN'S TO FACILITATE THE PATIENT FINANCIAL ASSISTANCE, BILLING, CREDIT AND COLLECTION PROCESSES IT IS THE RESPONSIBILITY OF THE PATIENTS AND THEIR FAMILIES TO KNOW, UNDERSTAND, AND COMPLY WITH THEIR INSURANCE COVERAGE, COINSURANCE, COPAYS, DEDUCTIBLES, AND BENEFIT/COVERAGE LIMITATIONS WE ASK OUR PATIENTS FAMILIES TO REMEMBER THAT AN INSURANCE POLICY IS A CONTRACT BETWEEN THEM AND THE INSURANCE COMPANY, AND THAT THEY HAVE THE FINAL RESPONSIBILITY FOR PAYMENT OF THEIR HOSPITAL BILL CONNECTICUT CHILDREN'S PROVIDES PATIENT FINANCIAL SERVICES TO HELP FAMILIES NAVIGATE THE PROCESS OF BILLING AND MEDICAL INSURANCE IN ADDITION, CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO PROVIDE COPIES OF ITEMIZED PATIENT BILLS, EXPLAIN PARTICULAR BILLS, SET UP PAYMENT ARRANGEMENTS OR REVIEW WHAT COSTS INSURANCE HAS PAID AND WHAT PAYMENTS ARE DUE AS A COURTESY TO ITS PATIENTS, CONNECTICUT CHILDREN'S SUBMITS BILLS TO THEIR INSURANCE COMPANIES AND MAKES EVERY EFFORT TO ADVANCE THEIR CLAIM HOWEVER, IT MAY BECOME NECESSARY FOR A POLICY HOLDER TO CONTACT THEIR INSURANCE PROVIDER OR SUPPLY ADDITIONAL INFORMATION REQUIRED FOR CLAIMS PROCESSING PURPOSES OR TO EXPEDITE PAYMENT THE ORGANIZATION REQUESTS BILLS BE PAID IN FULL WITHIN THIRTY (30) DAYS THE GUARANTOR IS RESPONSIBLE TO OBTAIN THE NECESSARY FUNDS FROM ANY SOURCE, SUCH AS OBTAINING A LOAN THROUGH THEIR BANK AND/OR CREDIT UNION IF THE GUARANTOR IS UNABLE TO PAY BY OBTAINING A LOAN OR USE OF A CREDIT CARD, PAYMENT ARRANGEMENTS MAY BE MADE WITH COUNSELORS MONTHLY PAYMENTS ARE REQUIRED REQUESTS FOR ESTABLISHING PAYMENT PLANS THAT EXTEND PAST THE ABOVE RECOMMENDED TERMS GREATER THAN 12 MONTHS MUST BE REVIEWED AND APPROVED BY MANAGEMENT IN ADDITION, ANY REQUESTS FOR ESTABLISHING PAYMENT PLANS THAT EXTEND PAST A 60 MONTH TERM MUST BE REVIEWED AND APPROVED BY MANAGEMENT CONNECTICUT CHILDREN'S WILL ONLY REFER THOSE ACCOUNTS TO COLLECTION AGENCIES WHEN IT HAS BEEN DETERMINED THAT THE PATIENT/GUARANTOR HAS THE MEANS TO PAY THE BALANCE AND HAS CHOSEN NOT TO APPLY FOR PATIENT FINANCIAL ASSISTANCE</p>

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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 CHILDRENS 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 - THE CHILDRENS FUND/CHILD HEALTH AND DEVELOPMENT INSTITUTE - CONNECTICUT AREA HEALTH EDUCATION CENTER - SOUTHSIDE INSTITUTE NEIGHBORHOOD ALLIANCE - URBAN LEAGUE OF GREATER HARTFORD - UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - STATE DEPARTMENT OF PUBLIC HEALTHS HEALTH IMPROVEMENT TASK FORCE - CITY OF HARTFORDS HEALTH DEPARTMENTS PUBLIC HEALTH ADVISORY COMMITTEE - NORTH HARTFORDS TRIPLE AIM CONNECTICUT CHILDRENS FORMED A COMMUNITY CHILD HEALTH LEARNING COLLABORATIVE, WITH THE FIRST COHORT CONSISTING OF NINE OTHER CHILDRENS HOSPITALS FROM AROUND THE COUNTRY THE COLLABORATIVE EMPHASIZES PEER TO PEER LEARNING THROUGH SITE VISITS AND WEBINARS THIS HELPS ALL PARTICIPANTS COMPARE TRENDS AND SHARE BEST PRACTICES

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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 ORGANIZATIONS FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ("PLS") ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE WWW.CONNECTICUTCHILDRENS.ORG/PATIENTS-AND-FAMILIES/BILLING-AND-FINANCES 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 CHILDRENS FACILITIES THIS INCLUDES, BUT IS NOT LIMITED TO, EMERGENCY ROOMS, PATIENT REGISTRATION CHECK-IN AREAS AND THE PATIENT ACCESS DEPARTMENT 3) THE ORGANIZATIONS 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 CHILDRENS 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 CHILDRENS 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 CHILDRENS 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
<p>SCHEDULE H, PART VI, QUESTION 4</p>	<p>CONNECTICUT CHILDREN'S MEDICAL CENTER IS LOCATED IN HARTFORD CONNECTICUT WE SERVE CHILDREN AND FAMILIES FROM THE ENTIRE STATE, THOUGH THE HEAVIEST CONCENTRATION OF THOSE SERVED COME FROM THE HARTFORD/GREATER HARTFORD AREA CONNECTICUT RANKS AS ONE OF THE WEALTHIER STATES IN THE U S BASED ON PER CAPITA INCOME WHILE HARTFORD HAS A RICH HISTORY, IT IS NOW CONSISTENTLY RANKED AMONG THE POOREST CITIES OF ITS SIZE IN THE COUNTRY, WITH ONE RECENT STUDY PLACING IT AT SEVENTH POOREST SOME STATISTICS THAT DESCRIBE OUR COMMUNITY SERVED INCLUDE - THE U S CENSUS LISTS CT'S POPULATION AT 3 5 MILLION PEOPLE 70% OF THE RESIDENTS ARE WHITE, 15% ARE HISPANIC OF LATINO, AND 11% ARE BLACK OR AFRICAN AMERICAN ACCORDING TO NUMEROUS SOURCES, CONNECTICUT RANKS ANYWHERE FROM #1 - #3 OF THE RICHEST STATES IN PER CAPITA INCOME - HARTFORDS POPULATION IS CLOSE TO 125,000 43% OF THE RESIDENTS ARE HISPANIC OR LATINO, 38% ARE BLACK OR AFRICAN AMERICAN, AND 15% ARE IDENTIFIED AS WHITE AN ESTIMATED 38% OF THE CITY'S RESIDENTS LIVE IN POVERTY, COMPARED TO 10 7% OF THE STATE'S OVERALL POPULATION AN ESTIMATED 44% OF HARTFORD FAMILIES WITH CHILDREN BELOW AGE 18 LIVE IN POVERTY MORE THAN 50,000 RESIDENTS (42%) PARTICIPATE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM AN ESTIMATED 77% OF HARTFORD STUDENTS WERE ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS DURING THE YEAR MORE THAN 52% OF THE 70,501 REQUESTS FROM HARTFORD RESIDENTS TO THE UNITED WAY'S INFORMATION AND REFERRAL SERVICE, 2-1-1, WERE FOR ASSISTANCE FOR BASIC NEEDS SUCH AS HOUSING, FOOD AND UTILITIES (INFORMATION FROM THE BLUEPRINT ON WOMEN AND CHILDREN'S HEALTH) - ACCORDING TO SINA'S NEIGHBORHOOD ECONOMIC DEVELOPMENT STUDY, THE NEIGHBORHOODS AROUND CONNECTICUT CHILDREN'S MEDICAL CENTER CONSIST OF MORE THAN 60% LATINO RESIDENTS AND MORE THAN 20% OTHER MINORITIES, MAINLY AFRICAN AMERICAN ALMOST 60% OF THE HOUSEHOLDS HAVE ANNUAL INCOMES OF LESS THAN \$25,000, AND ABOUT 25% HAVE ANNUAL INCOMES OF LESS THAN \$10,000 FEWER THAN 20% HAVE INCOMES GREATER THAN \$50,000 THESE FIGURES ARE ALL LOWER THAN THE CITY AVERAGE ADDITIONALLY, MORE THAN 50% OF THE HOUSEHOLDS RECEIVE CASH ASSISTANCE AND/OR FOOD STAMPS, FIGURES THAT ARE HIGHER THAN THE CITY AVERAGE ABOUT 40% OF THE ADULTS AGE 25 AND OLDER DO NOT HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT LESS THAN 20% HAVE EARNED AN ASSOCIATE'S DEGREE OR HIGHER</p>

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<p>SCHEDULE H, PART VI, QUESTION 5</p>	<p>CONNECTICUT CHILDREN'S MEDICAL CENTER HAS A VISION TO MAKE CONNECTICUTS 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 CONNECTICUTS COMMUNITIES THE OFFICE OF COMMUNITY CHILD HEALTH (OCCH) SERVES AS OUR ORGANIZATIONS KEY VEHICLE FOR PROMOTING CHILDRENS OPTIMAL HEALTHY DEVELOPMENT WE PROMOTE COMMUNITY HEALTH ON A LOCAL, STATE-WIDE AND NATIONAL LEVEL OCCH 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 ARE CONTINUALLY DEVELOPING 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 OTHERS HELP SOME OF THE PROGRAMS UNDER OCCH (EASY BREATHING, EPIC, MAINTENANCE OF CERTIFICATION, CO-MANAGEMENT) WORK WITH HEALTH PROVIDERS ACROSS THE STATE TO IDENTIFY BETTER APPROACHES TO MANAGING CHILDRENS 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 OUT 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 REACH ALL HAVE HEALTH PROMOTION OR PREVENTION AS COMMON THEMES WITH THEIR ACTIVITY THE OFFICE OF GOVERNMENT RELATIONS USES INFORMATION GATHERED FROM THE PROGRAMS UNDER OCCH 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 CENTER, 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</p>

Form and Line Reference

Explanation

SCHEDULE H, PART VI, QUESTION 6

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 6</p>	<p>ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY FOR-PROFIT ENTITIES CCMC VENTURES, INC ----- A FOR-PROFIT ENTITY, WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION THE ORGANIZATION IS LOCATED IN HARTFORD, CONNECTICUT THIS ENTITY IS CURRENTLY INACTIVE NEW ENGLAND PEDIATRICS INDEPENDENCY, LTD ----- A FOR-PROFIT ENTITY, WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION THE ORGANIZATION IS A MEDICAL MALPRACTICE INSURANCE FOREIGN CAPTIVE ORGANIZATION LOCATED IN BERMUDA</p>

990 Schedule H, Supplemental Information

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 HOSPITALS SCHEDULE H OF THE 990 FILING TO ENSURE THAT COMMUNITY BENEFITS HAVE BEEN REPORTED IN LIEU OF SEPARATE REPORTS FROM HOSPITALS

Schedule H (Form 990) 2017

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 <small>(list in order of size from largest to smallest—see instructions)</small> How many hospital facilities did the organization operate during the tax year? 4		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

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 3J</p>	<p>THE ORGANIZATION'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") TAKE S A COMPREHENSIVE LOOK AT THE NEEDS OF CHILDREN AND FAMILIES IN THE GREATER HARTFORD AREA AND OUTLINES HOW CONNECTICUT CHILDRENS WILL CONTINUE TO WORK TO ADDRESS THOSE NEEDS THIS COMMUNITY HEALTH IMPROVEMENT PLAN ("CHIP") SERVES AS OUR RESPONSE TO OUR NEW CHNA BACKGRO UND IN 2013, CONNECTICUT CHILDRENS PARTICIPATED WITH HARTFORD HOSPITAL, ST FRANCIS HOSPI TAL, AND THE CITY OF HARTFORDS HEALTH AND HUMAN SERVICES DEPARTMENT TO CREATE THE FIRST CH NA THAT ADDRESSED REQUIREMENTS OF THE AFFORDABLE CARE ACT THE CHNA IDENTIFIED CHILDHOOD O BESITY AND CHILDHOOD ASTHMA AS NEEDS, BUT ALSO IDENTIFIED A LACK OF COORDINATED EFFORTS TO ADDRESS MANY SOCIAL DETERMINANTS THAT AFFECT THE HEALTH OF ALL RESIDENTS OUR EASY BREATH ING PROGRAM CONTINUES ITS FOCUS ON ASTHMA PREVENTION AND CONTROL, AND MONITORS ITS IMPACT BY SEEING A REDUCTION IN USAGE OF OUR EMERGENCY DEPARTMENT FOR ASTHMA TREATMENT IN THE AR EA OF CHILDHOOD OBESITY, WE HAVE CLINICAL SERVICES THROUGH OUR ENDOCRINOLOGY AND CLINICAL NUTRITION DEPARTMENTS THAT CONTINUE TO FOCUS ON OBESITY, AND ARE WORKING WITH MANY COMMUNI TY PARTNERS THROUGH OUR FORMATION OF THE HARTFORD CHILDHOOD WELLNESS ALLIANCE TO MAKE INRO ADS IN THE REDUCTION OF CHILDHOOD OBESITY IN THE CITY OF HARTFORD IN RESPONSE TO THE SYST EMATIC NEEDS IDENTIFIED, CONNECTICUT CHILDRENS LEADERSHIP AND BOARD OF DIRECTORS ENDORSED THE CREATION OF THE OFFICE FOR COMMUNITY CHILD HEALTH ("OCCH") AS ITS CHIP FOR THE NEXT TH REE YEARS AS A COORDINATING ENTITY FOR CONNECTICUT CHILDRENS COMMUNITY CHILD HEALTH EFFOR TS, OCCH OVERSEES 15 COMMUNITY-ORIENTED PROGRAMS, INCLUDING THE HELP ME GROW AND EASY BREA THING NATIONAL CENTERS OCCHS THREE MAJOR STRATEGIES INCLUDE ENHANCING THE EFFECTIVENESS OF EXISTING COMMUNITY-ORIENTED INITIATIVES THROUGH TECHNICAL ASSISTANCE FOCUSED ON PROGRAM DESIGN AND PERFORMANCE AND OUTCOME MEASUREMENT, PROMOTING STRATEGIC SYNERGIES AMONG PROGR AMS, AND DEVELOPING, SUPPORTING, AND DISSEMINATING PROMISING INNOVATIONS TO ADDRESS CRITIC AL CONTEMPORARY CHALLENGES TO CHILDRENS HEALTH OCCHS MISSION IS TO ELEVATE THE EFFECTIVEN ESS AND STATUS OF CONNECTICUT CHILDRENS AS A CRITICAL COMMUNITY RESOURCE IN PROMOTING THE OPTIMAL HEALTHY DEVELOPMENT OF ALL CHILDREN IN ADDITION TO CHAMPIONING A SHIFT IN CONNECT ICUT CHILDRENS MISSION, VISION, AND PRIORITIES, OCCH ACHIEVED REMARKABLE SUCCESS IN EACH O F ITS THREE STRATEGIC FOCUS AREAS OCCH DEVELOPED AND IMPLEMENTED RIGOROUS PERFORMANCE MET RICS TO MONITOR ITS PROGRESS AND TO ASSESS THE IMPACT OF ITS WORK OFFICE AND PROGRAM LEVE L PROCESS AND OUTCOME METRICS CONTINUE TO DRIVE OCCHS COMMITMENT TO DATA-DRIVEN CONTINUOUS QUALITY IMPROVEMENT SECONDLY, OCCH HAS BUILT SYNERGIES AMONG PREVIOUSLY SILOED PROGRAMS TO INCREASE THEIR COLLECTIVE IMPACT ON CHILDREN AND FAMILIES THIRDLY, OCCH HAS DEVELOPED EXTENSIVE EXPERTISE AND TOOLS TO OFFER TECHNICAL ASSISTANCE TO ENABLE THE REPLICATION AND DISSEMINATION OF INNOVATIONS T</p>

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 3J</p>	<p>HAT LAUNCHED IN THE GREATER HARTFORD AREA AND ARE NOW BEING REPLICATED ACROSS THE COUNTRY FOR MORE INFORMATION ON OUR PROGRESS, PLEASE REFER TO OUR LATEST COMMUNITY BENEFIT REPORT ON OUR WEBSITE OUR 2016 CHNA (2015 TAX YEAR) OUR APPROACH TO ASSESSING THE HEALTH NEEDS OF CHILDREN IN OUR COMMUNITY HAS EVOLVED THOUGH WE HAVE SEEN IMPORTANT RESULTS WITH THE REDUCTION OF CHILDREN USING OUR EMERGENCY DEPARTMENT FOR ASTHMA TREATMENT, THE FUNDING FOR THE HARTFORD CHILDHOOD WELLNESS ALLIANCE RAN OUT BEFORE WE COULD DO A FOLLOW-UP STUDY OF ANY IMPACT THAT THE ALLIANCE MAY HAVE HAD ON THE REDUCTION OF CHILDHOOD OBESITY IN HARTFOR D WHILE WE WILL CONTINUE TO LOOK FOR ADDITIONAL FUNDING SOURCES TO SUPPORT THE ALLIANCES EFFORTS, RELIANCE ON THE MANY VARIABLES BEYOND OUR CONTROL REINFORCED OUR BELIEF THAT THE CREATION OF OCCH AND TAKING A MORE SYSTEMATIC APPROACH IN MAKING LONG-TERM STRIDES IN MAKI NG CHILDREN IN OUR COMMUNITY HEALTHIER HAS MERIT OUR APPROACH TO OUR 2016 COMMUNITY HEALT H NEEDS ASSESSMENT REFLECTS THAT THINKING OUR MOST RECENT CHNA UTILIZED A NUMBER OF COMPO NENTS THAT INCLUDED THE INPUT OF MANY PEOPLE WORKING WITH THE UNDERSERVED, REPRESENTING VO ICES FROM BOTH A LOCAL AND STATE-WIDE LEVEL TWO MAJOR COMPONENTS WERE THE HARTFORD BLUEPRINT FOR WOMEN AND CHILDRENS HEALTH ("THE BLUEPRINT") AND SOUTHSIDE INSTITUTIONS NEIGHBORH OOD ALLIANCES ("SINA") ECONOMIC DEVELOPMENT PLAN IT IS FROM THOSE SOURCES THAT CONNECTICU T CHILDRENS WILL PRIORITIZE ITS INITIAL ACTIONS FOR OUR CHIP OTHER SOURCES OF INFORMATION OF THE STATEWIDE DATA HAVEN REPORT, THE SCHOOL NURSE SURVEY, AND UNITED WAY OF CONNECTICUTS 211 SYSTEM WILL ACT AS A REFERENCES AS WE DEVELOP FURTHER STRATEGIES FOR MORE INFORMATION , PLEASE REFER TO OUR CHNA ON OUR WEBSITE THE BLUEPRINT THE BLUEPRINT RECOMMENDED SIX ST EPS BE TAKEN IN ORDER TO BUILD AN EFFECTIVE HEALTH CARE SYSTEM THAT BENEFITS WOMEN AND CHI LDREN OF HARTFORD THEY ARE 1) ESTABLISH A PUBLIC/PRIVATE LEADERSHIP TEAM THAT INCLUDES T HE CITY, OCCH, THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT, KEY STAKEHOLDERS , AND RESIDENTS TO GUIDE AND OVERSEE BLUEPRINT IMPLEMENTATION 2) ESTABLISH WITHIN THE CIT Y A COMPREHENSIVE WOMEN AND CHILDRENS HEALTH SYSTEM THAT ENSURES WOMEN OF CHILD-BEARING AG E, CHILDREN AND FAMILIES HAVE TIMELY ACCESS TO A SEAMLESS AND USER-FRIENDLY RANGE OF SERVI CES AND SUPPORTS 3) DEVELOP AND DISSEMINATE DATA ON THE HEALTH OF WOMEN, THE HEALTH AND D EVELOPMENTAL STATUS OF CHILDREN, AND THE STATUS OF PROGRAMS AND SERVICES TO PUBLIC OFFICIA LS, PROVIDERS, COMMUNITY BASED ORGANIZATIONS, AND RESIDENTS TO INFORM PRIORITIZATION AND D ECISION MAKING 4) ENGAGE ALL CITY PROVIDERS IN THE CONTINUOUS MONITORING OF THE QUALITY O F THE WOMENS AND CHILDRENS HEALTH CARE SERVICES, INCLUDING DEVELOPMENTAL ASSESSMENT SERVIC ES, CARE COORDINATION, AND HOME VISITING PROGRAMS, AND ENCOURAGE THE TESTING OF CHANGES TO IMPROVE SERVICE EFFICACY AND OUTCOMES 5) SUPPORT THE ONGOING PROFESSIONAL DEVELOPMENT OF WOMENS AND CHILDRENS HEALTH P</p>

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 3J	<p>ROVIDERS, TRAINEES, AND STAFF THROUGH ACCESSIBLE, EFFICACIOUS, AND EFFICIENT TRAINING THAT ENABLES THEM TO PERFORM AT THE TOP OF THEIR PROFESSIONAL LICENSES AND IN COLLABORATION WITH FAMILIES AND ONE ANOTHER 6) BUILD ON AND EXPAND CURRENT PREVENTION EFFORTS AND ACTIVITIES TO PROMOTE THE HEALTHY DEVELOPMENT OF HARTFORDS WOMEN AND CHILDREN ACTIONS TO DATE - OCCH HAS APPLIED FOR MAJOR GRANT FUNDING TO SUPPORT SOME, IF NOT ALL, OF THE RECOMMENDATIONS OF THE BLUEPRINT - OCCH HAS ALLOWED COMMUNITY BASED PARTNERS TO UTILIZE THE DATA FROM THE BLUEPRINT TO APPLY FOR GRANT FUNDING FOR IMPLEMENTATION AND WILL OFFER SUPPORT SHOULD THOSE PARTNERS OBTAIN FUNDING - ADDITIONALLY, ACTIVE CONVERSATIONS WITH HARTFORDS PROMISE ZONE LEADERSHIP AND THEIR COMMUNITY COLLABORATOR, COMMUNITY SOLUTIONS, HAVE BEEN HELD WITH THE PURPOSE OF IMPLEMENTING MANY OF THE BLUEPRINT RECOMMENDATIONS, USING THE DESIGNATED PROMISE ZONE AREA AS A PILOT FOR THE REST OF THE CITY SINAS ECONOMIC DEVELOPMENT PLAN IN KEEPING WITH SINAS MISSION TO MAXIMIZE THE POSITIVE IMPACT THAT THREE NEIGHBORING ANCHOR INSTITUTIONS (CONNECTICUT CHILDRENS, HARTFORD HOSPITAL, TRINITY COLLEGE) CAN HAVE ON AN IMPOVERISHED NEIGHBORHOOD, SINA HAS UNDERTAKEN STEPS TO DEVELOP A PLAN TO DEAL WITH A MAJOR SOCIAL DETERMINANT THAT AFFECTS THE HEALTH OF FAMILIES - THE ECONOMY THIS IS IN ADDITION TO SINAS WORK WITH OTHER SOCIAL DETERMINANTS LIKE HOUSING AND PUBLIC SAFETY SINAS HOUSING PROGRAM, WHICH DEALS WITH NEIGHBORHOOD BLIGHT, CONTINUES TO SUPPORT CITY EFFORTS TO INCREASE THE NUMBER OF OWNER OCCUPIED HOMES IN THE NEIGHBORHOOD A RECENT STATE GRANT WILL ALLOW SINA TO BUILD 11 NEW HOMES IN A STRATEGIC GEOGRAPHIC PORTION OF THE NEIGHBORHOOD, ADDING TO THE 65 HOMES THAT SINA HAS COMPLETED DURING THE PAST SEVEN YEARS NEIGHBORHOOD SAFETY AND SECURITY HAS BEEN ENHANCED THROUGH SINAS RELATIONSHIP WITH THE HARTFORD POLICE DEPARTMENT (HPD) SINA HAS CONVENED DIALOGUES WITH THE SINA MEMBER SECURITY FORCES AND THE POLICE, ENHANCED HPDS ABILITY TO USE CAMERAS IN THE NEIGHBORHOOD FOR SURVEILLANCE IN HIGH CRIME AREAS, AND DEVELOPED A NEIGHBORHOOD SAFETY TEAM THROUGH ITS COMMUNITY ENGAGEMENT STRATEGIES THE PLAN LOOKS AT THE ROLE CONNECTICUT CHILDRENS AND THE TWO OTHER SINA PARTNERS CAN PLAY IN WORKING WITH EXISTING ASSETS, BOTH INTERNALLY AND EXTERNALLY, TO IMPROVE NEIGHBORHOOD CONDITIONS WITH SOME INITIATIVES, THE PARTNERS WILL TAKE AN ACTIVE ROLE, WHILE IN OTHERS THE PARTNERS WILL ACT AS CONVENERS, COLLABORATORS, OR INFLUENCERS THE FOUR AREAS OF FOCUS WILL BE - CAREER PREPARATION, JOB TRAINING AND EMPLOYMENT - ENTREPRENEURSHIP AND SMALL BUSINESS DEVELOPMENT - PUBLIC REALM INVESTMENTS - CULTURAL DEVELOPMENT A COMPLETE OVERVIEW OF THE PLAN, DETAILING INITIATIVES AND OUTLINING THE ROLE OF THE PARTNERS CAN BE FOUND ON SINAS WEBSITE, WWW.SINAINC.ORG SUMMARY WE ARE EXCITED TO FORGE AHEAD TO ADDRESS THE NEEDS IDENTIFIED IN OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT WE RECOGNIZE THAT THIS WORK CANNOT BE UNDERTAKEN SOLELY BY</p>

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THE ORGANIZATION 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 IN PUBLIC HEALTH THE ORGANIZATION DEVELOPED THE CHNA WITH STRONG GUIDANCE FROM THE CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") ADDITIONALLY, THE ORGANIZATION PARTNERED WITH VARIOUS OUTSIDE ORGANIZATIONS AS WELL AS A VARIETY OF KEY COMMUNITY S TAKEHOLDERS THIS COLLABORATION ALLOWED THE ORGANIZATION TO PRESENT COMMUNITY HEALTH NEEDS ACROSS THE AGE SPAN AND SECTORS OF SERVICE AND WITHIN THE CONTEXT OF KEY COMMUNITY CONTRIBUTORS TO HEALTH PRIMARY DATA COLLECTION EFFORTS ----- AS DESCRIBED IN THE ORGANIZATIONS CHNA, IN AN EFFORT TO TAKE INTO ACCOUNT INPUT FROM 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 (1) KEY INFORMANT INTERVIEWS IN DEVELOPING THIS ASSESSMENT, PRIMARY DATA COLLECTION EFFORTS RELIED HEAVILY ON INFORMATION OBTAINED DURING INTERVIEWS WITH KEY INFORMANTS THOSE INTERVIEWS INCLUDED CITY OFFICIALS SUCH AS - THE DIRECTOR OF THE HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES, - LEADERS OF PRIVATE FOUNDATIONS, - LEADERS OF COMMUNITY-BASED NONPROFIT ORGANIZATIONS, AND - LEADERS OF STATE AGENCIES IN ADDITION TO CONNECTICUT CHILDREN'S, VARIOUS OTHER AGENCIES PARTICIPATED IN THE KEY INFORMANT INTERVIEWS THOSE AGENCIES INCLUDE THE FOLLOWING - CITY OF HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES, - CITY OF HARTFORD FRESH FOOD INITIATIVE IN EARLY CARE AND EDUCATION, - COMADRONA, - COMMUNITY HEALTH NETWORK OF CONNECTICUT, - CONNECTICUT DENTAL HEALTH PARTNERSHIP, - CONNECTICUT DEPARTMENT OF EDUCATION, - HARTFORD CHILD HOOD WELLNESS ALLIANCE, - HARTFORD FOUNDATION FOR PUBLIC GIVING, - HEALTHY START, - HISPANIC HEALTH COUNCIL, - MATERNAL AND INFANT OUTREACH PROGRAM, - MINDING THE BABY HOME VISITING PROGRAM, - NORTHEAST NEIGHBORHOOD PARTNERSHIP, - NURTURING FAMILIES NETWORK, - SUCCESSFUL FATHERHOOD INITIATIVE, - UNITED WAY OF CONNECTICUT, AND - VILLAGE FOR FAMILIES AND CHILDREN INTERVIEWEES WERE ASKED A VARIETY OF QUESTIONS THAT FOCUSED ON IDENTIFYING UNMET NEEDS WITHIN THE COMMUNITY (2) HARTFORD BLUEPRINT FOR WOMENS AND CHILDRENS HEALTH THE HARTFORD BLUEPRINT FOR WOMENS AND CHILDRENS HEALTH ("THE BLUEPRINT") PROVIDES A COMPREHENSIVE LOOK AT THE NEEDS OF THE CITY'S WOMEN AND YOUNG CHILDREN THE CITY OF HARTFORD COMMISSIONED THE OFFICE TO PREPARE THE BLUEPRINT AS TO ARTICULATE THE NEED FOR BUILDING A COMPREHENSIVE SYSTEM IN HARTFORD TO ENSURE STRONG FAMILIES AND LIFELONG OUTCOMES FOR CHILDREN THE DOCUMENT PROVIDES A ROADMAP TO ADDRESS THE NEEDS IDENTIFIED FOR HARTFORD'S WOMEN AND CHILDREN THROUGH SYSTEM BUILDING AND COLLECTIVE IMPACT ADDITIONAL PRIMARY COLLECTION DATA EFFORTS INCLUDE THE FOLLOWING WITH RESPE</p>

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>CT TO THE BLUEPRINT - THE ORGANIZATION REVIEWED PRIOR REPORTS AND SURVEYS RELATED TO HEALTH, PRENATAL CARE, AND EARLY CARE AND EDUCATION, - FOCUS GROUPS WITH EARLY CARE AND EDUCATION PROVIDERS, COMMUNITY LEADERS, AND RESIDENTS WERE CONDUCTED, - VARIOUS MEETINGS WITH HEALTH AND HUMAN SERVICES AND EARLY CARE AND EDUCATION STEERING COMMITTEES AND COLLABORATIVES TOOK PLACE, - SURVEYS FROM MEDICAL, BEHAVIORAL HEALTH, AND DENTAL PROVIDERS IN HARTFORD WERE DISTRIBUTED, AND - LEADERSHIP DISCUSSIONS WITH THE CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH OFFICE TOOK PLACE (3) SCHOOL NURSE SURVEYS A SURVEY OF SCHOOL NURSES FROM ACROSS CONNECTICUT WAS CONDUCTED IN AUGUST 2014 AND PROVIDED CRITICAL INFORMATION ABOUT THE NEEDS OF HARTFORDS OLDER CHILDREN THE SURVEY, WAS CONDUCTED BY THE ORGANIZATION AND LISTED A VARIETY OF PUBLIC HEALTH CONCERNS AND ASKED RESPONDENTS TO RATE THEM FROM ZERO, WHERE THE ISSUE IS PERCEIVED NOT TO BE A PROBLEM, TO FOUR, WHERE THE ISSUE IS PERCEIVED TO BE A MAJOR PROBLEM THE SURVEY ALSO ASKED RESPONDENTS TO PROVIDE IDEAS ABOUT HOW TO IMPROVE THE HEALTH OF CHILDREN IN CONNECTICUT THERE WERE A TOTAL OF 90 SURVEYS COLLECTED FROM SCHOOL NURSES DURING A CONFERENCE IN AUGUST 2015 ARRANGED BY COUNTY, THERE WERE 57 FROM HARTFORD COUNTY, EIGHT FROM TOLLAND COUNTY, SEVEN FROM NEW LONDON COUNTY, SIX FROM FAIRFIELD COUNTY, THREE FROM LITCHFIELD COUNTY, AND TWO EACH FROM NEW HAVEN, WINDHAM, AND MIDDLESEX COUNTIES (4) SINA NEIGHBORHOOD ECONOMIC DEVELOPMENT PLAN BEYOND HEALTH AND CHILD DEVELOPMENT, THE CHNA ALSO CONSIDERS COMMUNITY NEEDS AS IDENTIFIED BY THE 2015 SINA ECONOMIC DEVELOPMENT PLAN SINA, WHICH IS A PARTNERSHIP BETWEEN CONNECTICUT CHILDRENS, HARTFORD HOSPITAL, AND TRINITY COLLEGE, CONDUCTED AN ANALYSIS OF NEIGHBORHOOD NEEDS, OPPORTUNITIES AND RESOURCES AND COMPILED THE RESULTS INTO THE SINA NEIGHBORHOOD ECONOMIC DEVELOPMENT STUDY THE ORGANIZATION CONDUCTED INTERVIEWS WITH SENIOR MANAGERS OF RELEVANT DEPARTMENTS WITH IN SINA MEMBER INSTITUTIONS ADDITIONALLY, FOCUS GROUPS WITH KEY COMMUNITY STAKEHOLDERS WERE HELD SECONDARY DATA COLLECTION EFFORTS ----- IN ADDITION TO THE PRIMARY DATA COLLECTIONS DESCRIBED ABOVE, THE ORGANIZATION TOOK INTO ACCOUNT VARIOUS SECONDARY DATA SOURCES WHEN DEVELOPING ITS CHNA THESE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) HARTFORD FOUNDATION FOR PUBLIC GIVING EARLY DEVELOPMENT INSTRUMENT ("EDI ") THE EDI ATTEMPTS TO ANSWER THE QUESTION OF WHAT CAN BE DONE TO ENSURE CHILDREN ARE READY FOR SCHOOL THE ORGANIZATION ANALYZED THE DATA TO HELP IDENTIFY COMMUNITY NEEDS IN THIS REPORT THE EDI PROJECT WAS CONDUCTED AT SCHOOLS IN HARTFORD AND WEST HARTFORD AS A POPULATION MEASURE OF HOW YOUNG CHILDREN ARE DEVELOPING IN COMMUNITIES IT MEASURES FIVE AREAS OF EARLY CHILDHOOD DEVELOPMENT PHYSICAL HEALTH AND WELLBEING, SOCIAL COMPETENCE, EMOTIONAL MATURITY, LANGUAGE AND COGNITIVE DEVELOPMENT, AND COMMUNICATIONS SKILLS AND GENERAL KNOWLEDGE THE WORK WAS GUIDED BY</p>

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>THE UCLA CENTER FOR HEALTHIER FAMILIES, CHILDREN AND COMMUNITIES THE ORGANIZATION USED TH E DATA TO FURTHER GATHER INFORMATION WITH RESPECT TO COMMUNITY NEEDS RELATED TO EARLY CHIL DHOOD CARE AND EDUCATION (2) DATAHAVEN COMMUNITY WELLBEING SURVEY THE DATAHAVEN COMMUNIT Y WELLBEING SURVEY ALSO PROVIDED KEY INFORMATION FOR THE CHNA THE NON-PROFIT GROUP DATAHA VEN, BASED IN NEW HAVEN, CONNECTICUT, IS DEDICATED TO IMPROVING THE QUALITY OF LIFE OF RES IDENTS BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA TO ASSIST LEADERS WITH EFFECTI VE DECISION MAKING THE ORGANIZATION HAS BEEN IN EXISTENCE SINCE 1992 THE SURVEY IS ITS L ARGEST INITIATIVE AND PRODUCES INFORMATION ON THE QUALITY OF LIFE, PUBLIC HEALTH, ECONOMIC DEVELOPMENT AND CIVIC VITALITY FOR MORE THAN 100 STATE AND LOCAL GOVERNMENT, HEALTH CARE, ACADEMIC, AND COMMUNITY PARTNERS ACROSS CONNECTICUT THE ORGANIZATION ANALYZED DATA CONTA INED IN THE 2015 DATAHAVEN COMMUNITY WELL-BEING SURVEY FOR HARTFORD, AND USED PERTINENT IN FORMATION TO IDENTIFY COMMUNITY NEEDS DATAHAVEN CONTRACTED WITH THE SIENA COLLEGE RESEARC H INSTITUTE TO CONDUCT A SURVEY OF 16,820 RESIDENTS ACROSS THE STATE OF CONNECTICUT, INCLU DING 750 RESIDENTS OF THE CITY OF HARTFORD INTERVIEWS WERE CONDUCTED IN ENGLISH AND SPANI SH TO ENSURE THAT THE STATISTICS REPRESENTED THE TRUE DEMOGRAPHICS OF THE STATE, THE OVER ALL STATEWIDE SAMPLE WAS WEIGHTED BY AGE, GENDER, REPORTED RACE, AND COUNTY IT WAS ALSO W EIGHTED TO MATCH CURRENT PATTERNS OF TELEPHONE USAGE (LANDLINE ONLY, CELL PHONE ONLY, OR B OTH) LOCAL LEVEL SAMPLES, LIKE THOSE FOR HARTFORD, WERE WEIGHED USING THE SAME PARAMETERS AND APPLIED AT A LOCAL LEVEL (TOWN INSTEAD OF COUNTY) SURVEYS WERE CONDUCTED VIA LANDLIN ES AND CELL PHONES (3) UNITED WAY OF CONNECTICUTS 211 PROGRAM THE NONPROFIT UNITED WAY O F CONNECTICUT STRIVES TO MEET THE NEEDS OF STATE RESIDENTS BY PROVIDING THEM WITH INFORMAT ION, EDUCATION, AND CONNECTIONS TO SERVICES IT MANAGES AND OPERATES THE CHILD DEVELOPMENT INFOLINE, WHICH IS ACCESSIBLE THROUGH 211, AND SERVES AS THE STATEWIDE CENTRALIZED TELEPH ONE ACCESS POINT WHERE CARE COORDINATORS CONNECT FAMILIES IN NEED WITH SERVICES THAT CAN H ELP THEM IN THE 2014-2015 FISCAL YEAR, HARTFORD RESIDENTS CALLED 211 A TOTAL OF 54,695 TI MES WHICH RESULTED IN 70,501 REQUESTS FOR SERVICES THE CHNA ANALYZED DATA PROVIDED BY THE UNITED WAY OF CONNECTICUTS 211 INFORMATION AND REFERRAL SERVICE, WHICH SHOWS THE ESTIMATE D NUMBER OF CALLS FOR SERVICE COMING IN FROM HARTFORD DURING THE 2015-2016 FISCAL YEAR DA TA FROM THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT, THE REGION THAT INCLUDES H ARTFORD, WAS ALSO USED THE ORGANIZATION USED THIS DATA TO GATHER ADDITIONAL INFORMATION W ITH RESPECT TO THE COMMUNITY NEEDS OF THE GREATER HARTFORD AREA</p>

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 6A & 6B	ALTHOUGH THE CHNA WAS CONDUCTED SOLELY BY CONNECTICUT CHILDRENS MEDICAL CENTER, HARTFORD HOSPITAL IS A SINA PARTNER AND CONTRIBUTED TO THE ECONOMIC DEVELOPMENT PORTION OF OUR CHNA THE ORGANIZATION HAS MANY LONG STANDING AND ACTIVE PARTNERSHIPS WITH VARIOUS GOVERNMENT, SOCIAL AND CIVIC ORGANIZATIONS THEREFORE, THE CHNA IS THE RESULT OF A COLLABORATIVE EFFORT WITH VARIOUS COMMUNITY PARTNERS WHO WORKED TOGETHER TO IDENTIFY THE UNMET NEEDS OF THE COMMUNITY SERVED MANY OUTSIDE ORGANIZATIONS CONTRIBUTED TO OUR CHNA A FEW OF THEM WERE - THE CITY OF HARTFORDS HEALTH AND HUMAN SERVICES DEPARTMENT - CONNECTICUT DEPARTMENT OF PUBLIC HEALTH - HARTFORD HOSPITAL - TRINITY COLLEGE - THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - DATA HAVEN - HARTFORD FOUNDATION FOR PUBLIC GIVING - SPANISH AMERICAN MERCHANTS ASSOCIATION

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 & 7B	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 7A, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S FULL CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE WWW.CONNECTICUTCHILDRENS.ORG/COMMUNITY-CHILD-HEALTH ADDITIONALLY, THE ORGANIZATION'S CHNA IS ALSO MADE WIDELY AVAILABLE AT THE FOLLOWING CONNECTICUT GOVERNMENT WEBSITE HTTP://PORTAL.CT.GOV/-/MEDIA/DEPARTMENTS-AND-AGENCIES/DPH/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2016/2016CONNECTICUTCHILDRENSMEDICALCENTER.PDF?LA=EN

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 7D	THE ORGANIZATION'S CHNA WAS REVIEWED AND APPROVED BY ITS BOARD OF DIRECTORS ONCE APPROVED, THE CHNA WAS POSTED ON THE ORGANIZATION'S WEBSITE, NOTING THAT HARD COPIES WERE AVAILABLE ON REQUEST HARD COPIES OF OUR CHNA WERE DISTRIBUTED TO LEGISLATORS, LOCAL GOVERNMENT OFFICIALS, OTHER HOSPITALS THROUGHOUT CONNECTICUT, OTHER CHILDRENS HOSPITALS THROUGH THE CHILDRENS HOSPITAL ASSOCIATION, THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT, AND AT OUR LOCAL NEIGHBORHOOD REVITALIZATION ZONE MEETING

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 10	DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE GOVERNMENT THE ORGANIZATION'S HOSPITAL IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE GOVERNMENT'S WEBSITE HTTP //PORTAL CT GOV/-/MEDIA/DEPARTMENTS-AND-AGENCIES/DPH/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2017/2017CCMCCOMMUNITYHEALTHIMPROVEMENTPLAN.PDF PD F?LA=EN

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>IN CONDUCTING THE CHNA, THE CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") DEVELOPED A ROBUST STRATEGY FOR ADDRESSING THE IDENTIFIED NEEDS TO ENHANCE HEALTH CARE FOR HARTFORDS WOMEN AND CHILDREN AND TO PROMOTE THE OPTIMAL HEALTHY DEVELOPMENT OF THE CITYS YOUNGEST RESIDENTS THROUGHOUT THE CHNA THE ORGANIZATION IDENTIFIED THE FOLLOWING UNMET COMMUNITY HEALTH NEEDS 1) DEVELOPMENTAL SURVEILLANCE AND SCREENING ----- IDENTIFIED NEED THERE IS A NEED TO BRING TO SCALE AN EXISTING ASSESSMENT SERVICE, MID-LEVEL DEVELOPMENTAL ASSESSMENT, AND HELP ME GROW OPPORTUNITIES FOR AT-RISK CHILDREN WHO ARE NOT ELIGIBLE FOR PUBLICLY FUNDED INTERVENTION PROGRAMS AREA OF FOCUS MANY CHILDREN WITH MILD-TO-MODERATE DEVELOPMENTAL OR BEHAVIORAL CONCERNS ARE ELUDING EARLY DETECTION AND ARE ARRIVING AT KINDERGARTEN WITHOUT THE DEVELOPMENTAL, SOCIO-EMOTIONAL, BEHAVIORAL AND/OR COGNITIVE SKILLS TO BEGIN SCHOOL THESE CHILDREN WERE OFTEN INELIGIBLE FOR EARLY INTERVENTION OR PRESCHOOL SPECIAL EDUCATION SERVICES PRIOR TO SCHOOL ENTRY, AS BOTH OF THESE SERVICES HAVE STRICT ELIGIBILITY REQUIREMENTS 2) CROSS-SECTOR CARE COORDINATION ----- IDENTIFIED NEED THERE IS A NEED TO BRING EXISTING CARE COORDINATION PROGRAMS TO SCALE THROUGHOUT THE CITY AND TO EXPAND THE HARTFORD CARE COORDINATION COLLABORATIVE ("HCCC") TO INCLUDE CARE COORDINATION SERVICES FROM HEALTH, CHILD CARE, HOME VISITING AND OTHER CHILD AND FAMILY SERVICES AREA OF FOCUS CARE COORDINATION FROM A VARIETY OF SERVICE SECTORS IS AVAILABLE TO CHILDREN AND FAMILIES IN HARTFORD THERE IS ALSO A PROGRAM, THE HCCC, WHICH BRINGS HARTFORD AREA CARE COORDINATORS FROM A VARIETY OF CHILD AND FAMILY SERVING SECTORS TOGETHER TO INCREASE THE EFFICIENCY OF SERVICES AND DECREASE THE DUPLICATION THAT CAN OCCUR WHEN FAMILIES WORK WITH MULTIPLE CARE COORDINATORS FROM DIFFERENT SECTORS 3) CHRONIC HEALTH PROBLEMS ----- IDENTIFIED NEED THERE IS A NEED TO BRING EXISTING PROGRAMS THAT ADDRESS ASTHMA AND LEAD CONCERNS, SUCH AS EASY BREATHING AND THE CONNECTICUT CHILDRENS HEALTHY HOMES PROGRAM, TO SCALE THROUGHOUT THE CITY FOR MAXIMUM IMPACT AREA OF FOCUS CHRONIC HEALTH CONDITIONS SUCH AS ASTHMA AND LEAD TOXICITY DISPROPORTIONATELY IMPACT URBAN CHILDREN, ESPECIALLY THOSE WHO LIVE IN POVERTY 4) CHILDHOOD OBESITY ----- IDENTIFIED NEED THERE IS A NEED TO BRING TO SCALE EXISTING NUTRITION AND PHYSICAL ACTIVITY PROGRAMS IN PRESCHOOLS, CHILDCARE CENTERS, AND IN THE PRIMARY CARE SETTING AREA OF FOCUS OBESITY DISPROPORTIONATELY AFFECTS CHILDREN OF COLOR AND THOSE IN LOW-INCOME FAMILIES MORE THAN ONE-THIRD OF HARTFORD PRESCHOOLERS ARE OVERWEIGHT OR OBESE, WITH RATES FAR ABOVE THE NATIONAL AVERAGE ACCORDING TO A UNIVERSITY OF CONNECTICUT STUDY 5) HOME VISITING SERVICES ADDRESSING WOMENS AND CHILDRENS HEALTH ----- IDENTIFIED NEED THE CHALLENGE IS TO REDUCE W</p>

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>AITING LISTS AND BRING THIS TYPE OF FAMILY SUPPORT TO SCALE FOR THE ENTIRE POPULATION ARE A OF FOCUS A VARIETY OF HOME VISITING PROGRAMS, SUCH AS THE MATERNAL AND INFANT OUTREACH PROGRAM, EXIST FOR FAMILIES IN HARTFORD AND HAVE SHOWN SUCCESS IN IMPROVING BIRTH OUTCOMES , ENSURING THAT PREGNANT WOMEN ENTER PRENATAL CARE EARLY, AND ADDRESSING DEVELOPMENTAL AND BEHAVIORAL HEALTH NEEDS OF CHILDREN INITIAL GOALS ----- ----- IN ORDER TO FULFILL THE NEEDS OUTLINED ABOVE THE ORGANIZATION ESTABLISHED INITIAL GOALS THESE GOALS INCLUDE THE F OLLOWING AREAS OF FOCUS TO BE OVERSEEN AND IMPLEMENTED BY THE OFFICE 1) ENGAGE KEY COMMUN ITY STAKEHOLDERS IN SETTING IMPLEMENTATION PRIORITIES, 2) COORDINATE IMPLEMENTATION OF KEY RECOMMENDATIONS AND BRING TO SCALE EVIDENCE INFORMED INNOVATIONS, 3) BUILD THE CAPACITY O F HARTFORD FAMILIES AND SERVICE PROVIDERS ACROSS VARIOUS SETTINGS TO PROMOTE CHILDRENS OPT IMAL HEALTHY DEVELOPMENT, AND 4) ESTABLISHING A DATA-DRIVEN CONTINUOUS QUALITY IMPROVEMENT ("CQI") SYSTEM FOR MONITORING EARLY CHILDHOOD SERVICES AND OUTCOMES IN HARTFORD IN FEBRU ARY OF 2017, THE ORGANIZATION CREATED ITS COMMUNITY HEALTH IMPROVEMENT PLAN ("CHIP") WHICH OUTLINED HOW THE ORGANIZATION WILL CONTINUE TO WORK TO ADDRESS THE NEED IDENTIFIED WITHIN ITS MOST RECENTLY CONDUCTED CHNA THE ORGANIZATIONS CHIP STATES THE FOLLOWING "OUR MOST RECENT CHNA UTILIZED A NUMBER OF COMPONENTS THAT INCLUDED THE INPUT OF MANY PEOPLE WORKING WITH THE UNDERSERVED, REPRESENTING VOICES FROM BOTH A LOCAL AND STATE-WIDE LEVEL TWO MAJ OR COMPONENTS WERE THE HARTFORD BLUEPRINT FOR WOMEN AND CHILDRENS HEALTH ("THE BLUEPRINT") AND SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCES ("SINA") ECONOMIC DEVELOPMENT PLAN IT IS FROM THOSE SOURCES THAT CONNECTICUT CHILDRENS WILL PRIORITIZE ITS INITIAL ACTIONS FOR OUR CHIP " THE COMPONENT OF OUR CHNA THAT EXAMINED THE SYSTEM OF SUPPORT FOR HARTFORDS WOM EN AND CHILDREN MADE SIX KEY RECOMMENDATIONS FOR IMPROVEMENT UNFORTUNATELY, THE CITY LEAD ERSHIP WAS NOT IN THE FINANCIAL POSITION TO SUPPORT MANY OF THE RECOMMENDED CHANGES SHORT LY AFTER THE BLUEPRINT FOR WOMEN AND CHILDRENS HEALTH WAS COMPLETED, HARTFORD VOTED IN A N EW MAYOR, WHOS PRIORITY WAS KEEPING THE CITY FROM FILING BANKRUPTCY WITHOUT LEADERSHIP AN D FULL-FLEDGED ENDORSEMENT FROM THE CITY, APPLICATION OF THOSE THE RECOMMENDATIONS ARE BEI NG EXPLORED IN A SECTION OF HARTFORD, THE NORTH END, WHICH HAPPENS TO BE THE POOREST PART OF HARTFORD AND HAS A PROMISE ZONE DESIGNATION THE CITY IS STILL PARTICIPATING, BUT THERE HAS ALSO BEEN A CHANGE IN LEADERSHIP OF THE CITYS HEALTH AND HUMAN SERVICES DEPARTMENT, W HICH DELAYED SOME OF THE DISCUSSIONS OTHER GROUPS IN DISCUSSIONS ABOUT IMPLEMENTING MEASU RES INCLUDE LOCAL GROUPS NAMED COMMUNITY SOLUTIONS, WELLVILLE, TRINITY HEALTH/ST FRANCIS H OSPITAL, AND THE HARTFORD FOUNDATION FOR PUBLIC GIVING SINAS ECONOMIC DEVELOPMENT PLAN FO CUSING ON SOCIAL DETERMINANTS OF HEALTH HAS MADE SOME PROGRESS WITH ITS EMPLOYMENT PIECE A SUCCESSFUL GRANT AWARD HAS L</p>

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
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>ED TO A CAREER NAVIGATOR BEING HIRED BY SINA TO HELP BOLSTER EMPLOYMENT OPPORTUNITIES FOR NEIGHBORHOOD RESIDENTS IN 2018, HARTFORD ALSO RECEIVED A GRANT IN THE BOSTON FEDERAL RESE RVES WORKING CITIES CHALLENGE, WITH SINA PLAYING A MAJOR PART THAT GRANT WILL ALSO FOCUS ON EMPLOYMENT, WITH THE TARGET AGE GROUP BEING 18-24 YEARS SINA HAS ALSO MADE SOME PROGRE SS WITH CONNECTING EMPLOYEES TO LOCAL RESTAURANTS, TRYING TO CAPITALIZE ON THE PURCHASE PO WER OF EMPLOYEES OF CONNECTICUT CHILDRENS AND HARTFORD HOSPITAL ADDITIONALLY, SINA HAS RE CEIVED GRANTS FROM THE STATE DEPARTMENT OF HOUSING AND SOLD TAX CREDITS THROUGH A STATE FU NDED PROGRAM TO WORK ON HOUSING IMPROVEMENTS IN THE NEIGHBORHOOD THIS IS AN EFFORT TO SHO RE UP LOW INCOME HOUSING UNITS, AND HELP ELIMINATE SOME OF THE NEIGHBORHOODS BLIGHTED PROP ERTIES IT SHOULD BE MENTIONED THAT TWO AREAS IDENTIFIED IN OUR 2013 CHNA CONTINUE TO BE A DDRESSED BY OUR ORGANIZATIONS EFFORTS CHILDHOOD OBESITY AND ASTHMA STILL BEING ADDRESSED WE HAD BEEN LOOKING AT CHILDHOOD OBESITY THROUGH OUR WORK WITH THE HARTFORD CHILDHOOD WEL LNESS ALLIANCE LEADERSHIP CHANGES AND A LACK OF RESOURCES RESULTED IN THAT GROUP DISSOLVI NG IN 2016 IN LATE 2017 A GRANT WAS RECEIVED TO ADDRESS OBESITY IN YOUNG CHILDREN AND THE START CHILDHOOD OFF RIGHT (SCOR) WAS FORMED TO BUILD A COLLABORATE EFFORT IN HARTFORD AS THMA CONTINUES TO BE ADDRESSSED THROUGH MANY OF THE PROGRAMS UNDER THE UMBRELLA OF OUR ORGA NIZATIONS OFFICE OF COMMUNITY CHILD HEALTH EASY BREATHING, EDUCATING PRACTICES IN THE COM MUNITY, HEALTHY HOMES, CENTER FOR CARE COORDINATION, AND PERSON-CENTERED MEDICAL HOME ALL WORK TO ADDRESS ASTHMA RELATED ISSUES</p>

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

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

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 5

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 0

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)					
(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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
LEA'S FOUNDATION FOR LEUKEMIA RESEARCH INC 522 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	06-1520923	501(C)(3)	7,500				PROGRAM SUPPORT
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814	13-1930701	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
CROHN'S & COLITIS FOUNDATION OF AMERICA 733 THIRD AVENUE NEW YORK, NY 10017	13-6193105	501(C)(3)	10,000				PROGRAM SUPPORT
URBAN LEAGUE OF GREATER HARTFORD INC 140 WOODLAND STREET HARTFORD, CT 06105	06-6066491	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102	06-0646668	501(C)(3)	13,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	Yes
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	Yes
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED IN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2017 FORMS W-2
SCHEDULE J, PART I, QUESTION 3	EACH YEAR, Arthur Gallagher Associates 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 Arthur Gallagher Associates REPRESENTATIVE TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE BOARD OF DIRECTORS THEN REVIEW AND DISCUSS SALARY RECOMMENDATIONS FOR THE OFFICERS AND OTHER KEY EMPLOYEES AND SIGN OFF ON THE FINAL RECOMMENDATIONS THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS INDEPENDENTLY WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER TO DISCUSS HIS INDIVIDUAL PERFORMANCE FOLLOWING THE PERFORMANCE EVALUATION, A SALARY RECOMMENDATION IS MADE AND COMMUNICATED TO THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES TO AUTHORIZE PROCESSING
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2017 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES PATRICK J GARVEY, CPA, CHEP, \$6,498, DEAN A RAPOZA, \$185,203 AND AUDREY WISE, MBA, \$78,462
SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNTS 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 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JEFFREY HYAMS, M D , \$11,393, JAMES E SHMERLING, DHA, FACHE, \$145,800, SETH VAN ESSENDELFT, \$20,417, GIL PERI, \$73,450, CHRISTINE FINCK, M D , FACS, \$76,786, PAUL H DWORKIN, M D , \$40,379, JUAN SALAZAR, M D , MPH, \$46,973, ANN G TAYLOR, JD, \$28,895, KELLY STYLES, MBA, \$29,844, CHERYL HOEY, RN, BSN, MBA, \$28,517, LAWRENCE E MILAN, MA, \$26,216, BOBBY M VARGAS, ESQ , \$31,500, WILLIAM AGOSTINUCCI, MS, RPH, \$22,922, TRISHA FARMER, MSN, RN, CPHRM, \$21,250, HEATHER TORY, M D , MPH, CPPS, \$3,500, SARAH MATNEY, MSOL, BSN, RN, \$18,250, DEB PAPPAS, MBA, \$20,001 AND GLENN FLORES, \$35,000
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 EMPLOYEES 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 2017 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2017 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 ADDITIONALLY, INCENTIVE AWARDS DETERMINED FOR THE ORGANIZATION'S CURRENT FISCAL YEAR TO BE PAID IN A FUTURE CALENDAR YEAR, ARE CURRENTLY INCLUDED IN SCHEDULE J, PART II, COLUMN C, AS OTHER DEFERRED COMPENSATION
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED WITHIN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDE EMPLOYEE INCENTIVE AWARDS AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE PREVIOUSLY REPORTED WITHIN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEARS FORMS 990 THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUALS 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JEFFREY HYAMS, M D , \$31,282, JAMES E SHMERLING, DHA, FACHE, \$301,781, PATRICK J GARVEY, CPA, CHFP, \$78,175, CHRISTINE FINCK, M D , FACS, \$96,933, PAUL H DWORKIN, M D , \$95,101, JUAN SALAZAR, M D , MPH, \$116,310, ANN G TAYLOR, JD, \$89,420, ANDREA L BENIN, M D , \$89,607, KELLY STYLES, MBA, \$65,908, CHERYL HOEY, RN, BSN, MBA, \$67,548, LAWRENCE E MILAN, MA, \$64,724, BOBBY M VARGAS, ESQ , \$54,278, WILLIAM AGOSTINUCCI, MS, RPH, \$31,349, TRISHA FARMER, MSN, RN, CPHRM, \$27,150, RICHELLE DEMAYO, M D , \$54,744, JUNG PARK, \$28,211, MARLENE E FERRIS, \$30,506 AND PHILIP B HOPKINS, \$16,675

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				
21 MARLENE E FERRIS SR DIR, ORGANIZATIONAL EFFECT	(i)	188,983	31,568	2,463	45,699	19,235	287,948	30,506
	(ii)	0	0	0	0	0	0	0
1 PETER BORLA SENIOR DIRECTOR FINANCE	(i)	172,930	26,861	363	40,246	30,538	270,938	0
	(ii)	0	0	0	0	0	0	0
2 SHANNON M GRAD SR DIR, FAMILY EXP & PROF PRAC	(i)	167,644	27,750	341	38,815	1,820	236,370	0
	(ii)	0	0	0	0	0	0	0
3 PHILIP B HOPKINS DIRECTOR TECHNICAL SERVICES	(i)	177,328	16,675	1,543	31,364	1,818	228,728	16,675
	(ii)	0	0	0	0	0	0	0
4 DEAN A RAPOZA FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	78,460	76,125	196,798	18,750	31,490	401,623	0
5 AUDREY WISE MBA FORMER OFFICER	(i)	148,936	0	79,652	9,415	29,356	267,359	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		06-30-2011	41,580,000	REFI SER B&C BOND/LEASE FINANCINGS		X		X		X
B	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-12-2007	8,500,000	LEASE FINANCE VARIOUS EQUIPMENT	X			X		X
C	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		09-28-2012	8,800,000	ELECTRONIC MEDICAL RECORDS		X		X		X
D	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-18-2011	11,200,000	ELECTRONIC MEDICAL RECORDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	9,390,375		0		7,445,937		11,053,116	
2	Amount of bonds legally defeased	0		8,500,000		0		0	
3	Total proceeds of issue	41,580,000		8,500,000		8,800,000		11,200,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	10,255,050		0		0		0	
7	Issuance costs from proceeds	779,214		34,581		31,338		56,108	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		8,465,419		8,768,662		11,143,892	
11	Other spent proceeds	30,545,736		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2010		2015		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X			X	X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 540 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	1 540 %							
7 Does the bond issue meet the private security or payment test?	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		04-04-2013	13,500,000	CONSTRUCT & EQUIP ASC		X		X		X
B	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		09-11-2014	3,250,865	FINANCING OF CAPITAL MEDICAL EQUIP		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	10,828,875		2,606,474					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	13,500,000		3,250,865					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	49,245		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	13,450,755		3,250,865					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2015		2014					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

SCHEDULE O
(Form 990 or 990-
EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

06-0646755

990 Schedule O, Organizational Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ===== CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES CONNECTICUT CHILDREN'S PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, CONNECTICUT CHILDREN'S OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 CONNECTICUT CHILDREN'S PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 CONNECTICUT CHILDREN'S OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL CHILDREN WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 CONNECTICUT CHILDREN'S MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF CONNECTICUT CHILDREN'S RESTS WITH ITS BOARD OF DIRECTORS ITS BOARD IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF CONNECTICUT CHILDREN'S, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THE HOSPITAL PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF CONNECTICUT CHILDREN'S IS FOR THE BENEFIT OF THE PUBLIC, AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY HISTORY ===== CONNECTICUT CHILDREN'S IS A NATIONALLY RECOGNIZED NOT-FOR-PROFIT WITH A MEDICAL STAFF OF MORE THAN 1,000 WHO PROVIDE COMPREHENSIVE, WORLD-CLASS HEALTHCARE IN MORE THAN 30 PEDIATRIC SPECIALTIES AND SUBSPECIALTIES CONNECTICUT CHILDREN'S IS THE PRIMARY PEDIATRIC TEACHING HOSPITAL FOR THE UCONN SCHOOL OF MEDICINE, HAS A TEACHING PARTNERSHIP WITH THE FRANK H NETTER, M D SCHOOL OF MEDICINE AT QUINNIPIAC UNIVERSITY AND IS A RESEARCH PARTNER OF THE JACKSON LABORATORY THE HISTORY OF CONNECTICUT CHILDREN'S SPANS MORE THAN 100 YEARS FOUNDED AS A 10-BED HOSPITAL FOR CHILDREN WHO SUFFERED THEN INCURABLE CONDITIONS SUCH AS CEREBRAL PALSY, SPINA BIFIDA AND POLIO, CONNECTICUT CHILDREN'S IS NOW ONE OF ONLY TWO FREESTANDING CHILDREN'S HOSPITALS IN NEW ENGLAND AND IS THE ONLY FREESTANDING CHILDREN'S HOSPITAL IN CONNECTICUT CONNECTICUT CHILDREN'S PROVIDES AN ARRAY OF PEDIATRIC SERVICES IN LOCATIONS ACROSS CONNECTICUT AND IN MASSACHUSETTS, INCLUDING AT HOSPITALS IN HARTFORD AND WATERBURY, NEONATAL INTENSIVE CARE UNITS IN HARTFORD AND FARMINGTON, AN AMBULATORY SURGERY CENTER IN FARMINGTON PRIMARY CARE CENTERS AND EAST HARTFORD AND WEST HARTFORD, FIVE SPECIALTY CARE CENTERS, AND 11 OTHER</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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-CENTERED CARE, RESEARCH, EDUCATION AND ADVOCACY CONNECTICUT CHILDREN'S EMBRACES DISCOVERY, TEAMWORK, INTEGRITY AND EXCELLENCE IN ALL THAT IT DOES PROGRAMS OF EXCELLENCE ===== CONNECTICUT CHILDREN'S OFFERS THE HIGHEST LEVEL OF CARE TO CHILDREN AND OUR PHYSICIANS AND PROGRAMS ARE CONSISTENTLY HONORED FOR THEIR EXCELLENCE RECENT AWARDS INCLUDE THE 2018 WOMEN'S CHOICE AWARD FOR BEST CHILDREN'S HOSPITALS AND THE 2018 U.S. NEWS & WORLD 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 AND 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 EXPANDED 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, PROTECTS THEM FROM SURGICAL COMPLICATIONS AND IMPROVES THE QUALITY OF LIFE OF THOSE WITH CHRONIC CONDITIONS PROCESS OF CARE ----- SEVERAL ELEMENTS ARE CONSIDERED, INCLUDING HOSPITAL COMPLIANCE WITH BEST PRACTICES AND A COMMITMENT TO INFECTION CONTROL RESEARCH ===== CONNECTICUT CHILDREN'S IS COMMITTED TO MAKING CHILDREN AND FAMILIES HEALTHIER OUR TALENTED MEDICAL PROFESSIONALS ARE AT THE FOREFRONT OF RESEARCH AND CLINICAL TRIALS SUCH SCIENTIFIC INQUIRIES CHANGE THE FUTURE OF CHILDREN'S HEALTHCARE FROM FUNDAMENTAL MOLECULAR SCIENCE THAT HELPS US UNDERSTAND DISEASES AT THE MOST BASIC LEVEL, TO MOTION STUDIES DESIGNED TO DISCOVER NEW WAYS FOR YOUNG ATHLETES TO AVOID INJURIES AND CLINICAL TRIALS THAT ESTABLISH THE MOST EFFECTIVE AND EFFICIENT PROTOCOLS FOR TREATING CHILDREN, CONNECTICUT CHILDREN'S IS A RESEARCH LEADER FOR EXAMPLE, CONNECTICUT CHILDREN'S DIVISION OF HEMATOLOGY & ONCOLOGY IS ENGAGED IN CONDUCTING MORE THAN 100 ACTIVE CLINICAL TRIALS AND RESEARCH STUDIES THROUGH THE CHILDREN'S ONCOLOGY GROUP, THE NEUROBLASTOMA AND MEDULLOBLASTOMA TREATMENT RESEARCH CONSORTIUM, THE PEDIATRIC CANCER FOUNDATION'S SUNSHINE PROJECT, THE SUNCOAST COMMUNITY CLINICAL ONCOLOGY PROGRAM AND PHARMACEUTIC COMPANY SPONSORS THIS NUMBER OF OPEN PROTOCOLS DISTINGUISHES CONNECTICUT CHILDREN'S HEMATOLOGY & ONCOLOGY DIVISION AMONG THE TOP 20 PERCENT AMONG ITS PEERS ADDITIONALLY, THE DIVISION IS IN THE TOP THIRD PERCENTILE</p>

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Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>LE FOR TOTAL PEDIATRIC CANCER PATIENTS ENROLLED IN TRIALS THIS IS ESPECIALLY IMPRESSIVE G IVEN THAT CONNECTICUT CHILDREN'S IS CONSIDERED ONE OF THE SMALLER FREE-STANDING CHILDREN'S HOSPITALS IN THE COUNTRY AWARDS AND RECOGNITION ===== CONNECTICUT CHILDRENS HAS RECEIVED THE FOLLOWING AWARDS - 2018 & 2017 WOMENS CHOICE AWARD FOR BEST CHILDRENS HOSPITALS, - 2018 & 2017 CHIME HEALTHCARES MOST WIRED AWARD, - 2018 & 2017 U S NEWS & WORLD REPORT BEST CHILDRENS HOSPITAL, - 2018 & 2017 LANTERN AWARD, - 2018 3M AWARD FOR EXC ELLENCE IN SKIN SAFETY, - 2016 CHILDKIND HOSPITAL DESIGNATION, - 2016 PRESS GANEY SUCCESS STORY AWARD, - 2016 HARTFORD BUSINESS JOURNAL HEALTHCARE HERO (CHRISTINE FINCK, M D), - 2 016 HARTFORD BUSINESS JOURNAL BEST IN BUSINESS, ONCOLOGY (CENTER FOR CANCER AND BLOOD DISO RDRS), - 2016 TOP MASTERS IN HEALTHCARE ADMINISTRATION, - 2016 GET WITH THE GUIDELINES - RESUSCITATION SILVER AWARD, AND - 2015 TOP WORKPLACE IN CONNECTICUT, RANKED 10TH IN LARGE ORGANIZATION CATEGORY OFFICE OF COMMUNITY CHILD HEALTH ("OCCH") ===== ===== CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ELEVATES THE EFFE CTIVENESS AND STATUS OF THE MEDICAL CENTER AS A CRITICAL COMMUNITY RESOURCE BY DEVELOPING, PROMOTING, SUPPORTING, EVALUATING AND DISSEMINATING INNOVATIVE, EFFECTIVE COMMUNITY-ORIEN TED PROGRAMS AND SERVICES TO ADDRESS CHILDRENS CRITICAL HEALTH NEEDS WHAT WE DO ----- - OCCH ADDRESSES CRITICAL CONTEMPORARY ISSUES IN CHILDRENS LIVES THAT HAVE THE POTENTIAL T O 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 ADDRESS EXISTING GAPS IN OUR HEALTH CARE AND CHILD SERVICE SYSTEMS THROUGH THE OFFICE, CONNECTIC UT CHILDRENS MEDICAL CENTER ENSURES THAT FAMILIES HAVE ACCESS TO A COMPREHENSIVE SYSTEM OF COMMUNITY PROGRAMS AND SERVICES THAT SUPPORTS THEM IN PROMOTING THEIR CHILDRENS OPTIMAL H EALTHY DEVELOPMENT OUR MODEL ----- THE OFFICE OVERSEES A VARIETY OF COMMUNITY-ORIENTE D PROGRAMS THAT ADDRESS A WIDE RANGE OF FACTORS THAT INFLUENCE CHILDRENS HEALTHY DEVELOPE NT THOSE PROGRAMS, AND THEIR COMMUNITY-BASED PARTNERS, NOT ONLY FOCUS ON THE TRADITIONAL AREAS OF CHILD HEALTH SERVICES, FAMILY SUPPORT, AND EARLY CARE AND EDUCATION, BUT ALSO TOU CH OTHER SECTORS INCLUDING FOOD AND NUTRITION, HOUSING, ECONOMIC DEVELOPMENT, CHILD WELFARE, AND TRANSPORTATION THE OFFICE TAKES A THREE-PRONGED APPROACH TO PROMOTING CHILDRENS OP TIMAL HEALTHY DEVELOPMENT 1 STRENGTHENING EXISTING COMMUNITY-ORIENTED PROGRAMS, 2 FACIL ITATING SYNERGIES AMONG THOSE PROGRAMS, AND 3 SERVING AS AN INNOVATION INCUBATOR FOR PROM ISING APPROACHES THAT IMPROVE SHORT AND LONG-TERM HEALTH OUTCOMES FOR CHILDREN</p>

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Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>THE OFFICE SERVES AS A NEW MODEL FOR OTHER CHILDRENS HOSPITALS TO FOLLOW IN TERMS OF DEMONSTRATING THEIR COMMUNITY BENEFIT TO MAINTAIN TAX EXEMPT STATUS IN THE PAST, HOSPITALS HAVE TRADITIONALLY RELIED ON DOCUMENTING THE DISCOUNTED AND UNREIMBURSED CARE THAT THEY PROVIDE TO PATIENTS NOW, UNDER THE AFFORDABLE CARE ACT, THERE HAS BEEN A SHARP REDUCTION IN THE NUMBER OF AMERICANS WHO ARE UNINSURED AND, THEREFORE, A REDUCTION IN THE NEED FOR DISCOUNTED OR UNREIMBURSED CARE BECAUSE OF THAT, HOSPITALS ARE BEING ENCOURAGED TO FIND NEW WAYS TO DEMONSTRATE THE BENEFIT THEY OFFER TO THEIR COMMUNITIES THE OFFICES MODEL OFFERS A STRATEGIC APPROACH THAT SHOWS HOW ITS PROGRAMS ARE LINKED TO CRITICAL COMMUNITY NEEDS AND HOW THEY ARE ADDRESSING THOSE NEEDS ALSO, THE OFFICES FOCUS ON PREVENTIVE AND COST-EFFECTIVE MODELS OF CARE FOR CHILDREN IS TIMELY GIVEN THE SHIFT IN HEALTHCARE TOWARDS ACCOUNTABLE CARE THAT EMPHASIZES VALUE IN TERMS OF KEEPING POPULATIONS HEALTHY THE OFFICE TAKES AN ACTIVE LEADERSHIP ROLE IN INFORMING POPULATION HEALTH EFFORTS AT THE LOCAL, STATE AND NATIONAL LEVELS OUR IMPACT, AT A GLANCE -----</p> <ul style="list-style-type: none"> - THE OCCH HAS ESTABLISHED ITSELF AS A CRITICAL RESOURCE IN THE STATE AND ACROSS THE NATION AND IS - PARTNERING WITH THE CONNECTICUT OFFICE FOR EARLY CHILDHOOD 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, THE ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION <p>OCCH PROGRAMS ----- CONNECTICUT CHILDREN'S OCCH OPERATES A TOTAL OF 15 PROGRAMS</p> <ul style="list-style-type: none"> INNOVATION - THE HELP ME GROW NATIONAL CENTER, CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM, EASY BREATHING, KOHL'S START CHILDHOOD OFF RIGHT PROGRAM, AND CARE COORDINATION COLLABORATIVE MODEL DIRECT SERVICES <p>CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION,</p> <ul style="list-style-type: none"> CONNECTICUT CHILDRENS HEALTHY HOMES PROGRAM, HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM, AND PERS ON-CENTERED MEDICAL HOME EDUCATION AND RESEARCH <ul style="list-style-type: none"> INJURY PREVENTION CENTER, CO-MANAGEMENT, CHILDRENS CENTER ON FAMILY VIOLENCE, EDUCATING PRACTICES IN THE COMMUNITY, PRACTICE QUALITY IMPROVEMENT PROGRAM, AND RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH <p>DESCRIPTIONS OF THOSE PROGRAMS ARE LISTED BELOW</p> <p>INNOVATION ----- THE HELP ME GROW NATIONAL CENTER, INNOVATED IN HARTFORD AND BASED AT CONNECTICUT CHILDRENS MEDICAL CENTER, SERVES AS A NATIONAL RESOURCE FOR SUPPORTING THE REPLICATION OF HELP ME GROW SYSTEMS THROUGHOUT THE COUNTRY TESTED AS A PILOT PROJECT IN HARTFORD IN 1997, THE PROGRAM EXPANDED STATEWIDE IN 2002 AND IS ALSO BEING REPLICATED AROUND THE COUNTRY</p> <p>HELP ME GROW LINKS CHILDREN WHO ARE AT RISK FOR DEVELOPMENTAL OR BEHAVIORAL PROBLEMS TO HELPFUL COMMUNITY-BASED PROGRAMS AND SERVICES</p> <p>CONNECTICUT</p>

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>T CHILDRENS ADVANCING KIDS INNOVATION PROGRAM CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM ("AKIP") OFFERS INDIVIDUALS AND ORGANIZATIONS AN EXCITING OPPORTUNITY TO GET CRUCIAL GUIDANCE, ACCESS TO KEY STAKEHOLDERS, AND TECHNICAL ASSISTANCE NEEDED TO MAKE INNOVATIONS PROMOTING THE OPTIMAL HEALTHY DEVELOPMENT OF CHILDREN SUCCESSFUL ON A LOCAL, STATEWIDE, AND EVEN NATIONAL LEVEL AKIP, WHICH IS PART OF CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH (THE OFFICE), SEEKS TO ESTABLISH A PIPELINE OF INNOVATIONS THAT FOCUS ON THE HEALTH OF CHILDREN, STRENGTHEN FAMILIES, AND SHOW HIGH POTENTIAL FOR BEING BOTH SUSTAINABLE AND REPLICABLE AKIP SEEKS TO ENGAGE A BROAD RANGE OF POTENTIAL COMMUNITY HEALTH INNOVATORS ADDRESSING CRITICAL COMMUNITY HEALTH NEEDS, INCLUDING INDIVIDUAL ENTREPRENEURS, BUSINESSES, COMMUNITY-BASED ORGANIZATIONS, RESEARCHERS, BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, HEALTHCARE PAYERS AND OTHERS COMMITTED TO IMPROVING CHILDRENS HEALTHY DEVELOPMENT THE PROGRAM PLANS TO SUPPORT INNOVATIONS AS THEY MOVE TOWARDS MORE EVIDENCE-INFORMED, HIGHER IMPACT SOLUTIONS DESIGNED TO CLOSE EXISTING GAPS IN PROGRAMS AND SERVICES CURRENTLY OFFERED TO CHILDREN ACROSS A VARIETY OF SECTORS EASY BREATHING IS A COMMUNITY-BASED ASTHMA MANAGEMENT PROGRAM INNOVATED AT CONNECTICUT CHILDRENS AND HOUSED IN OUR ASTHMA CENTER IT ENSURES CHILDREN, FAMILIES AND PHYSICIANS WORK TOGETHER TO MANAGE ASTHMA SYMPTOMS USING NATIONAL ASTHMA GUIDELINES THE PROGRAM IS AVAILABLE TO CHILDREN ACROSS CONNECTICUT AND IS ALSO BEING REPLICATED IN OTHER STATES THE KOHLS 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 THAT GOAL THROUGH THE FOLLOWING ACTIVITIES 1) CONVENE A COLLABORATIVE OF COMMUNITY PARTNERS 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 RESOURCES FOR AT RISK 0-2 YEAR OLDS, 3) TRAIN COMMUNITY OUTREACH WORKERS ON COUNSELING AND SUPPORTING FAMILIES WITH 0-2 YEAR OLDS TO UTILIZE CONSISTENT HEALTHY GROWTH MESSAGING, 4) CONNECT HARTFORD FAMILIES TO HEALTH PROMOTION ORGANIZATIONS DURING WELLNESS EVENTS AND SHARING HEALTHY EATING MESSAGES, AND 5) REFER AT RISK FAMILIES TO CHILD DEVELOPMENT INFOLINE TO CONNECT THEM TO COMMUNITY RESOURCES THE CARE COORDINATION COLLABORATIVE MODEL IS THE SIGNATURE INNOVATION OF CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION THE MODEL IMPROVES COLLABORATION AMONG CARE COORDINATORS FROM DIVERSE SECTORS INCLUDING CHILD HEALTH, EARLY CARE AND EDUCATION, AND FAMILY SUPPORT IT ALSO PROVIDES CHILDREN AND FAMILIES WITH LINKS TO EFFECTIVE SERVICES IT WORKS BY BRINGING TOGETHER CARE COORDINATORS FROM SEVERAL CHILD-SERVING SECTORS FOR PERIODIC MEETINGS TO LEARN ABOUT AVAILABLE SERVICES AND HOW TO HELP FAMILIES ACCESS THEM, TO REVIEW CHALLENGING CASES AND DEVELOP SOLUTIONS</p>

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Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>FOR FAMILIES, AND TO ADVOCATE FOR POLICY LEVEL SOLUTIONS TO HELP FAMILIES ADDRESS CHALLENGES THEY FACE CONNECTING TO SERVICES INITIALLY LAUNCHED IN THE GREATER HARTFORD AREA, THE PROGRAM HAS EXPANDED ACROSS THE STATE OF CONNECTICUT AND INTO ADDITIONAL STATES DIRECT SERVICES ----- THE CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION (THE CENTER) EMPOWERS FAMILIES OF ALL CHILDREN, INCLUDING THOSE WITH SPECIAL NEEDS, BY HELPING THEM ADVOCATE FOR ACCESS TO APPROPRIATE MEDICAL, BEHAVIORAL, EDUCATIONAL, LEGAL, AND SOCIAL SERVICES THE CENTER ALSO PROVIDES TRAINING AND TECHNICAL SUPPORT FOR COMMUNITY-BASED PRIMARY CARE PROVIDERS, SUPPORTING THEM TO BECOME MEDICAL HOMES FOR THE CHILDREN THEY SERVE THE CONNECTICUT CHILDRENS HEALTHY HOMES PROGRAM IMPROVES THE LIVES OF CHILDREN BY MAKING THEIR HOMES HEALTHIER, SAFER AND MORE ENERGY EFFICIENT THE PROGRAM PROVIDES QUALIFIED HOMEOWNERS AND TENANTS WITH INSPECTIONS AND PLANS FOR THE REMOVAL OF LEAD, ASTHMA TRIGGERS, AND SAFETY HAZARDS IT ALSO PROVIDES FINANCIAL ASSISTANCE FOR REMEDIATION, RELOCATION ASSISTANCE DURING CONSTRUCTION, REFERRALS TO LOW-COST OR NO-COST WEATHERIZATION PROGRAMS TO INCREASE ENERGY EFFICIENCY, AND EDUCATION PERTAINING TO HEALTHY AND SAFE HOMES THE HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM WORKS TO PREVENT THE SPREAD OF HIV AND OTHER SEXU ALLY TRANSMITTED DISEASES AMONG YOUTH THE PROGRAM PROVIDES INTERACTIVE PREVENTION EDUCATION, COMMUNITY ENGAGEMENT AND OUTREACH, AND YOUTH FRIENDLY HIV/STD SCREENINGS THE CONSORTI UM ALSO LINKS YOUTH TO MEDICAL CARE SERVICES, EMPLOYMENT SERVICES AND OTHER COMMUNITY RESO URCES THE CONNECTICUT CHILDREN'S PRIMARY CARE CENTER RECENTLY RECEIVED DESIGNATION AS A P ERSON CENTERED MEDICAL HOME IN ACHIEVING THAT RECOGNITION, THE CENTER MET RIGOROUS 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 ENSURING THAT PATIENTS AND FAMILIES REMAIN AT THE CENTER OF ALL CARE SEVERAL PROGRAMS OVERSEEN BY THE OFFICE FOR COMMUNITY CHILD HEALTH SUPPORT THE PRIMARY CARE CENTER IN ITS MEDICAL HOME STATE</p>

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

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE PROGRAM NURTURES PEDIATRIC RESIDENTS TO BECOME FUTURE LEADERS BY PROVIDING THEM WITH U NIQUE OPPORTUNITIES TO DEVELOP KNOWLEDGE AND SKILLS IN THE AREAS OF ADVOCACY, COMMUNITY HE ALTH 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 S OCIAL INNOVATION ALL WITH THE GOAL OF PROMOTING CHILDRENS HEALTHY DEVELOPMENT

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

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE ORGANIZATION'S CORPORATE COMPLIANCE/CONFLICT OF INTEREST COMMITTEE ("COMMITTEE") HAS OVERSIGHT OVER THE MANAGEMENT OF IDENTIFIED OR REPORTED CASES OF CONFLICTS OF INTEREST THE COMMITTEE IS ALSO RESPONSIBLE FOR DEVELOPING, APPROVING, AND IMPLEMENTING, AS APPROPRIATE, POLICIES AND EDUCATION RELATING TO VARIOUS TYPES OF CONFLICTS OF INTEREST THE COMMITTEE HAS DELEGATED THE DAY TO DAY INVESTIGATION OF DISCLOSURES TO THE SYSTEM'S GENERAL COUNSEL AND DIRECTOR OF COMPLIANCE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE SYSTEM'S GENERAL COUNSEL, WHO PERFORMS AN INITIAL SCREENING OF THE CONFLICT OF INTEREST DISCLOSURES IF POTENTIAL CONFLICTS OF INTERESTS ARE REPORTED, GENERAL COUNSEL COMPLETES FURTHER INVESTIGATION AND RECOMMENDS A MANAGEMENT PLAN OR OTHER CORRECTIVE ACTIONS TO THE COMMITTEE

990 Schedule O, Organizational Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 OTHER 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 CRITERIA TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO EXECUTIVE COMPENSATION REVIEW AND APPROVAL

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	<p>PLEASE NOTE, SETH VAN ESSENDELFT BECAME THE ORGANIZATION'S TREASURER AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2017 FORMS W-2 ACCORDINGLY, THIS INDIVIDUAL HAS NO W-2 COMPENSATION REPORTED ON THE CURRENT YEAR FEDERAL FORM 990, CORE FORM VII, COLUMN D ADDITIONALLY, DEB PAPPAS, MBA BECAME THE ORGANIZATION'S VICE PRESIDENT/CHIEF MARKETING AND COMMUNICATION OFFICER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 IN ACCORDANCE WITH INTERNAL REVENUE SERVICE FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THE COMPENSATION REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J, PART II OF THIS FORM 990 IS DERIVED FROM 2017 FORMS W-2 ACCORDINGLY, THIS INDIVIDUAL HAS NO W-2 COMPENSATION REPORTED ON THE CURRENT YEAR FEDERAL FORM 990, CORE FORM VII, COLUMN D ADDITIONALLY, HEATHER TORY AND SARAH MATNEY, BECAME OFFICERS OF THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 HOWEVER, THEY WERE PREVIOUSLY EMPLOYED BY A RELATED ORGANIZATION IN A NON-OFFICER CAPACITY THE COMPENSATION BEING REPORTED FOR THESE INDIVIDUALS ON THIS FORM 990 REFLECTS COMPENSATION EARNED IN A NON-OFFICER CAPACITY ACCORDINGLY, THESE INDIVIDUALS HAVE NO COMPENSATION REPORTED ON THE CURRENT YEAR FEDERAL FORM 990 ADDITIONALLY, HEATHER TORY AND SARAH MATNEY, BECAME OFFICERS OF THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 HOWEVER, THEY WERE PREVIOUSLY EMPLOYED BY A RELATED ORGANIZATION IN A NON-OFFICER CAPACITY THE COMPENSATION BEING REPORTED FOR THESE INDIVIDUALS ON THIS FORM 990 REFLECTS COMPENSATION EARNED IN A NON-OFFICER CAPACITY</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS INCLUDE - CHANGE IN FAIR MARKET VALUE OF SWAP AGREEMENTS - \$70,654, - CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$7,363,317, - TRANSFER TO CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$17,532,374), - TRANSFER FROM CCMC AFFILIATES, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$7,291,283, - CHANGE IN FUNDED STATUS OF PENSION AND POST-RETIREMENT PLANS - \$8,660,997, - TEMPORARILY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$177,455, - PERMANENTLY RESTRICTED CHANGE IN FUNDS HELD IN TRUST BY OTHERS - \$3,321,764, AND - PERMANENTLY RESTRICTED CHANGE IN EQUITY INTEREST IN THE NET ASSETS OF CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$2,060,467

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, 2018 AND SEPTEMBER 30, 2017, 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, 2018 AND SEPTEMBER 30, 2017, 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 PURCHASED SERVICES TOTAL FEES 9206097

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 25480577

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 6721399

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 2251983

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY FEES TOTAL FEES 275866

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 270737

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ACTUARIAL FEES TOTAL FEES 100000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMINISTRATIVE FEES TOTAL FEES 130425

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 690787

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CCMC VENTURES INC 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619873	INACTIVE	CT	NA	C CORP					No
(2) NEW ENGLAND PEDIATRICS INDEMNITY LTD 50 CEDAR AVENUE HAMILTON, BERMUDA HM 11 BD	FINANCIAL VEHICLE	BD	NA	FOREIGN CORP					No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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	114,641	COST
(2)CCMC CORPORATION	R	58,834	COST
(3)CONNECTICUT CHILDREN'S SPECIALTY GROUP	P	14,271,226	COST
(4)CONNECTICUT CHILDREN'S SPECIALTY GROUP	R	17,532,374	COST

Part VII Supplemental Information

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

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

Schedule Form 9021

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
282 WASHINGTON STREET HARTFORD, CT 06106 22-2619876	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	NA		No
282 WASHINGTON STREET HARTFORD, CT 06106 22-2619869	FUNDRAISING	CT	501(C)(3)	509(A)(1)	CCMC CORP		No
282 WASHINGTON STREET HARTFORD, CT 06106 22-2619870	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CCMC CORP		No
282 WASHINGTON STREET HARTFORD, CT 06106 06-1446900	HLTHCARE SVCS	CT	501(C)(3)	509(A)(2)	CT CHILDRENS	Yes	
270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1364513	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	Yes	
270 FARMINGTON AVENUE FARMINGTON, CT 06032 06-1504725	HLTHCARE SVCS	CT	501(C)(3)	509(A)(1)	CFCT		No
270 FARMINGTON AVENUE FARMINGTON, CT 06032 51-0173264	SUPPORT SVCS	CT	501(C)(3)	509(A)(3)	CT CHILDRENS	Yes	