

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

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **10-01-2018**, and ending **09-30-2019**

**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  
 % THOMAS M HONAN  
 Doing business as

**D** Employer identification number: 06-0646755

**E** Telephone number: (860) 545-9000

**G** Gross receipts \$ 393,917,104

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	18
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	16
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,261
<b>6</b> Total number of volunteers (estimate if necessary)	6	326
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	23,044,053	26,740,770
<b>9</b> Program service revenue (Part VIII, line 2g)	341,889,316	365,325,590
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-131,835	66,409
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,186,170	1,779,231
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	366,987,704	393,912,000
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	185,281	200,630
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,892,476	182,565,533
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	165,277,411	173,233,201
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	333,355,168	355,999,364
<b>19</b> Revenue less expenses Subtract line 18 from line 12	33,632,536	37,912,636

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	447,316,131	452,452,793
<b>21</b> Total liabilities (Part X, line 26)	132,927,688	136,022,086
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	314,388,443	316,430,707

## 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: 2020-08-15

JAMES SHMERLING PRESIDENT/CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: WithumSmithBrown PC  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00642486  
 Firm's name: WithumSmithBrown PC Firm's EIN: \_\_\_\_\_  
 Firm's address: 200 Jefferson Park Suite 400 Whippany, NJ 079811070 Phone no: (973) 898-9494

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

CONNECTICUT CHILDREN'S MEDICAL CENTER IS DEDICATED TO IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN THROUGH FAMILY-CENTERED CARE, RESEARCH, EDUCATION AND ADVOCACY WE EMBRACE DISCOVERY, TEAMWORK, INTEGRITY AND EXCELLENCE IN ALL THAT WE DO THE ORGANIZATION IS AN AFFILIATE WITHIN CCMC CORPORATION AND SUBSIDIARIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 274,080,332 including grants of \$ 200,630 ) (Revenue \$ 365,325,590 )  
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 ▶ 274,080,332

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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	
<b>24a</b>	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>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>24c</b>	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
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25b</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
<b>26</b>	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
<b>27</b>	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
<b>28</b>	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)		
<b>28a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</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
<b>28c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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
<b>33</b>	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> . . . . .	Yes	
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	2,261			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>		Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>		Yes		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>		Yes		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>			No	
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>				
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<b>6a</b>			No	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>			No	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>				
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>				
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>				
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>				
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>	<b>13a</b>				
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>				
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>	<b>15</b>			No	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<b>16</b>			No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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 (1a: 18, 1b: 16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (2: Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (3: No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (4: No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (5: No); 6 Did the organization have members or stockholders? (6: Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (7a: Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (7b: Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following (8a: Yes, 8b: Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (9: No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (10a: 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? (10b: ); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (11a: Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 (11b: ); 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (12a: Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (12b: 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 (12c: Yes); 13 Did the organization have a written whistleblower policy? (13: Yes); 14 Did the organization have a written document retention and destruction policy? (14: Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? (15a: Yes, 15b: Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (16a: No); 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? (16b: ).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
[ ] Own website [ ] Another's website [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
THOMAS M HONAN 282 WASHINGTON STREET HARTFORD, CT 06106 (860) 545-8544

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

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

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

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

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

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										

<b>1b Sub-Total</b>									
<b>1c Total from continuation sheets to Part VII, Section A</b>									
<b>1d Total (add lines 1b and 1c)</b>						9,267,956	2,713,824	3,559,383	

**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 **▶ 228**

<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>	Yes	
<b>4</b> 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>	<b>4</b>	Yes	
<b>5</b> 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>	<b>5</b>		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	39,068,110
HARTFORD HOSPITAL, 80 SEYMOUR STREET PO BOX 5037 HARTFORD, CT 061025037	MEDICAL	7,974,088
ARAMARK FACILITY SERVICES, PO BOX 651009 CHARLOTTE, NC 282651009	CAFETERIA/DIETARY	2,891,385
EPIC SYSTEMS CORPORATION, PO BOX 88314 MILWAUKEE, WI 53288	IT	2,145,849
AMN HEALTHCARE INC, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	STAFFING	1,966,186

**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 **▶ 76**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	11,112,099			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	7,008,118			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	8,620,553			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		26,740,770			
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE	Business Code				
		541900	350,321,309	350,321,309		
	<b>b</b> OTHER HEALTHCARE RELATED REVENUE	541900	15,004,281	15,004,281		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		365,325,590				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		71,513		71,513	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
			128,426			
		<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)		128,426	0		
	<b>d</b> Net rental income or (loss) . . . . .		128,426		128,426	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		0		
		<b>b</b> Less cost or other basis and sales expenses		5,104		
		<b>c</b> Gain or (loss)		-5,104		
	<b>d</b> Net gain or (loss) . . . . .		-5,104		-5,104	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0		
<b>b</b> Less direct expenses . . . . .		<b>b</b>	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0			
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> FOOD SERVICES	453000	1,281,614		1,281,614		
<b>b</b> CONSULTING	541900	344,691		344,691		
<b>c</b> OTHER INCOME	541900	24,500		24,500		
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		1,650,805				
<b>12 Total revenue.</b> See Instructions . . . . .		393,912,000	365,325,590		1,845,640	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	147,130	147,130		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	53,500	53,500		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	9,724,713		9,724,713	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	145,575,973	117,600,910	27,975,063	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,464,345	7,464,345	0	
<b>9</b> Other employee benefits.	10,289,918	8,147,877	2,142,041	
<b>10</b> Payroll taxes.	9,510,584	7,323,150	2,187,434	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	417,813	321,716	96,097	
<b>c</b> Accounting.	406,323	312,869	93,454	
<b>d</b> Lobbying.	422,983		422,983	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	47,050,556	36,228,928	10,821,628	0
<b>12</b> Advertising and promotion.	2,114,406	1,628,093	486,313	
<b>13</b> Office expenses.	5,867,473	4,517,954	1,349,519	
<b>14</b> Information technology.	5,294,076	4,076,439	1,217,637	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	12,868,007	9,908,365	2,959,642	
<b>17</b> Travel.	843,251	649,303	193,948	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	933,688	718,940	214,748	
<b>20</b> Interest.	2,230,881	1,717,778	513,103	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	17,729,825	8,705,884	9,023,941	
<b>23</b> Insurance.	3,814,635	2,937,269	877,366	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	41,345,067	31,835,702	9,509,365	
<b>b</b> SPECIALITY GROUP SUPPORT	14,960,153	14,960,153	0	
<b>c</b> GRANT EXPENDITURES	7,759,993	7,759,993	0	
<b>d</b> REPAIRS & MAINTENANCE	5,730,999	4,412,869	1,318,130	
<b>e</b> All other expenses	3,443,072	2,651,165	791,907	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	355,999,364	274,080,332	81,919,032	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,092,574	<b>1</b>	4,229,102
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	44,677,260	<b>4</b>	50,345,261
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	3,107,959	<b>8</b>	4,471,038
	<b>9</b> Prepaid expenses and deferred charges . . . . .	982,807	<b>9</b>	2,143,092
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 343,868,888		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 208,045,750	137,100,971	<b>10c</b> 135,823,138
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	224,181,831	<b>13</b>	227,725,955
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	34,172,729	<b>15</b>	27,715,207
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	447,316,131	<b>16</b>	452,452,793	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	43,852,537	<b>17</b>	45,017,927
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	36,736,470	<b>20</b>	31,359,264
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	23,515,792	<b>23</b>	23,515,793
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	28,822,889	<b>25</b>	36,129,102
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	132,927,688	<b>26</b>	136,022,086
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	168,221,729	<b>27</b>	166,404,380
	<b>28</b> Temporarily restricted net assets . . . . .	146,166,714	<b>28</b>	150,026,327
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	314,388,443	<b>33</b>	316,430,707	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	447,316,131	<b>34</b>	452,452,793	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	393,912,000
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	355,999,364
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	37,912,636
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	314,388,443
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-35,870,372
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	316,430,707

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0646755

**Name:** CONNECTICUT CHILDREN'S MEDICAL CENTER

Form 990 (2018)

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### **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

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**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 ..... VICE CHAIRMAN - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0
TINA BROWN-STEVENSON ..... SECRETARY - DIRECTOR	1 0 ..... 0 0	X		X				0	0	0
ANDREA BALOGH ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
E CLAYTON GENGRAS III ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
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
MEGAN MACKEY EDD ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
BURKE MAGNUS ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARLOS MOUTA ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
MICHELLE MURPHY ..... 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
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				1,445,193	0	524,532
JEFFREY THOMSON MD ..... DIRECTOR - PRES MED STAFF	55 0 ..... 0 0	X						0	769,631	63,948
ANDREW ZEITLIN ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0
KEVIN COUNIHAN ..... DIRECTOR (TERM ENDED 11/2018)	1 0 ..... 0 0	X						0	0	0
SUSAN V HERBST PHD ..... DIRECTOR (TERM ENDED 08/2019)	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			
JEFFREY HYAMS MD ..... DIRECTOR (TERM ENDED 12/2018)	55 0 ..... 0 0	X						0	526,958	109,460
KATHERINE O NIXON ..... DIRECTOR (TERM ENDED 12/2018)	1 0 ..... 0 0	X						0	0	0
WILLIAM C POPIK MD ..... DIRECTOR (TERM ENDED 12/2018)	1 0 ..... 0 0	X						0	0	0
SETH VAN ESSENDELFT ..... TREASURER - SVP/CFO	55 0 ..... 0 0			X				389,599	0	184,133
GIL PERI MBA MPH ..... PRESIDENT & COO	55 0 ..... 0 0			X				553,530	0	310,954
CHRISTINE FINCK MD FACS ..... EVP, SURGEON IN CHIEF	55 0 ..... 0 0			X				0	890,682	286,662
JUAN SALAZAR MD MPH ..... EVP, ACADEMIC AFFAIRS	55 0 ..... 0 0			X				601,799	0	217,372
PAUL H DWORKIN MD ..... EVP, COMMUNITY CHILD HEALTH	55 0 ..... 0 0			X				548,972	0	158,976
ANN G TAYLOR JD ..... EVP, CHIEF ADM OFF(TERM 02/19)	55 0 ..... 0 0			X				429,453	0	113,160
LAWRENCE E MILAN MA ..... SVP, HUMAN RESOURCES	55 0 ..... 0 0			X				355,594	0	116,722



**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			
AIMEE MONROY SMITH ..... SVP GOVT RELATIONS(EFF 05/19)	55 0 ..... 0 0			X				0	0	9,335
BOBBY M VARGAS ESQ ..... VP, GENERAL COUNSEL	55 0 ..... 0 0			X				370,557	0	143,073
KELLY STYLES MBA ..... SVP, CHIEF INFORMATION OFFICER	55 0 ..... 0 0				X			396,209	0	122,863
CHERYL HOEY RN BSN MBA ..... SVP, CLINICAL SERVICES & CNO	55 0 ..... 0 0				X			378,184	0	120,834
JAMES MOORE MD PHD ..... VP CLINICAL NTK DEV(EFF 07/19)	55 0 ..... 0 0				X			0	526,553	212,593
WILLIAM AGOSTINUCCI MS RPH ..... VP, CLINICAL & SUPPORT SVCS	55 0 ..... 0 0				X			297,590	0	95,713
DEB PAPPAS MBA ..... VP MKTG/COMMUNICATIONS OFFICER	55 0 ..... 0 0				X			280,577	0	117,514
TRISHA FARMER MSN RN CPHRM ..... VP, REG PARTNERSHIPS & OPS	55 0 ..... 0 0				X			244,115	0	106,310
LORI R PELLETIER PHD MBA ..... CHIEF QUALITY OFF (EFF 08/19)	55 0 ..... 0 0				X			0	0	0
HEATHER TORY MD MPH CPPS ..... INTERIM PAT SFTY(10/18-07/19)	55 0 ..... 0 0				X			178,093	0	18,515

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			
RICHELLE DEMAYO MD ..... CHIEF MED INFORMATION OFFICER	55 0 ..... 0 0				X			338,922	0	69,881
GLENN FLORES ..... CHIEF RESEARCH OFFICER	55 0 ..... 0 0				X			344,095	0	142,324
JUNG PARK ..... SR DIR, INFORMATION SERVICES	55 0 ..... 0 0					X		252,260	0	45,423
MARLENE E FERRIS ..... SR DIR, ORGANIZATIONAL EFFECT	55 0 ..... 0 0					X		228,867	0	19,011
LOUISE M VIOLETTE ..... SR DIR, FINANCE APPLICATION	55 0 ..... 0 0					X		204,695	0	63,493
SHANNON M GRAD ..... SR DIR, FAMILY EXP & PROF PRAC	55 0 ..... 0 0					X		199,876	0	40,410
PHILIP B HOPKINS ..... DIRECTOR TECHNICAL SERVICES	55 0 ..... 0 0					X		198,308	0	28,430
ANDREA L BENIN MD ..... FORMER OFFICER	0 0 ..... 0 0						X	450,724	0	48,130
PATRICK J GARVEY CPA CHFP ..... FORMER OFFICER	0 0 ..... 0 0						X	407,712	0	47,077
AUDREY WISE MBA ..... FORMER OFFICER	0 0 ..... 0 0						X	173,032	0	22,535

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 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		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## 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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		353,879
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		69,104
<b>j</b> Total Add lines 1c through 1i			422,983
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 \$69,104 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2019, THE ORGANIZATION PAID OUTSIDE INDEPENDENT CONSULTING FIRMS A TOTAL OF \$221,890 TO LOBBY ON BEHALF OF THE MEDICAL CENTER FOR LEGISLATION AFFECTING CHILDREN'S HEALTH AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITIES A PERCENTAGE OF COMPENSATION PAID TO CERTAIN CONNECTICUT CHILDREN'S MEDICAL CENTER EMPLOYEES TO REPRESENT TIME SPENT LOBBYING ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO \$131,989 DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

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

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

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	24,246,534	22,333,915	22,429,597	22,267,000	21,942,979
<b>b</b> Contributions . . . . .	1,705,658	1,611,103	100,411	883,341	498,716
<b>c</b> Net investment earnings, gains, and losses	677,067	1,154,088	163,306	263,705	1,211,645
<b>d</b> Grants or scholarships . . . . .	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs . . . . .	671,437	852,572	359,399	984,449	1,386,340
<b>f</b> Administrative expenses . . . . .	0	0	0	0	0
<b>g</b> End of year balance . . . . .	25,957,822	24,246,534	22,333,915	22,429,597	22,267,000

- 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 ▶ 0 %
  - c** Temporarily restricted endowment ▶ 100 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | No  |    |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		123,680,021	68,630,343	55,049,678
<b>c</b> Leasehold improvements		40,241,060	14,970,047	25,271,013
<b>d</b> Equipment . . . . .		149,732,643	121,813,391	27,919,252
<b>e</b> Other . . . . .		30,215,164	2,631,969	27,583,195
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				135,823,138

**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)		
<b>Total.</b> (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	135,551,653	F
(2) FUNDS HELD IN TRUST BY OTHERS	92,074,302	F
(3) SPECIALISTS, INC INVESTMENT	100,000	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)	227,725,955	

**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	11,196,577
(2) INSURANCE RECEIVABLE	2,099,339
(3) GROUND LEASE	2,211,638
(4) OTHER RECEIVABLES	10,225,661
(5) OTHER ASSETS	1,981,992
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	27,715,207

**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	1,556,719
DUE TO AFFILIATED ENTITIES	712,531
ACCRUED PENSION LIABILITY	18,430,733
LEASE INCENTIVE OBLIGATION	6,417,892
OTHER LONG-TERM LIABILITIES	9,011,227
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	36,129,102

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.

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

**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.

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

**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, 2019 AND SEPTEMBER 30, 2018, 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 2019 AND 2018 " 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, 2019 AND SEPTEMBER 30, 2018 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 2019 AND 2018 "

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

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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	0	0	Program Services	FINANCIAL VEHICLE	4,013,600
<b>3a</b> Sub-total	0	0			4,013,600
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	0	0			4,013,600

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



**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I	THIS ORGANIZATION PAID NEW ENGLAND PEDIATRICS INDEMNITY, LTD ("NEPI"), A FINANCIAL VEHICLE, \$4,013,600 ON BEHALF OF AND FOR THE BENEFIT OF THIS ORGANIZATION

**SCHEDULE H (Form 990)**

**Hospitals**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

Department of the Treasury

**Name of the organization**  
 CONNECTICUT CHILDREN'S MEDICAL CENTER

**Employer identification number**  
 06-0646755

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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		
<b>3</b> 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		
<b>a</b> 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>	<b>3a</b> Yes	
<b>b</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>	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b>	No
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> 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?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1,386,682		1,386,682	0 390 %
<b>b</b> Medicaid (from Worksheet 3, column a)			178,786,186	113,880,215	64,905,971	18 230 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			180,172,868	113,880,215	66,292,653	18 620 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			6,204,898	4,238,454	1,966,444	0 550 %
<b>f</b> Health professions education (from Worksheet 5)			20,575,246	100,377	20,474,869	5 750 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)			7,673,257	1,169,946	6,503,311	1 830 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			147,130		147,130	0 040 %
<b>j Total.</b> Other Benefits			34,600,531	5,508,777	29,091,754	8 170 %
<b>k Total.</b> Add lines 7d and 7j			214,773,399	119,388,992	95,384,407	26 790 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			3,560,670	1,637,558	1,923,112	0.540 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			242,250		242,250	0.070 %
7 Community health improvement advocacy			51,505	92,272		
8 Workforce development						
9 Other						
<b>10 Total</b>			3,854,425	1,729,830	2,165,362	0.610 %

**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?	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.		
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.		
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).	96,730
6	Enter Medicare allowable costs of care relating to payments on line 5.	245,268
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	-148,538
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?	Yes
9b	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.	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

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)

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	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 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	
<b>6 a</b>	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>b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.CONNECTICUTCHILDRENS.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW.CONNECTICUTCHILDRENS.ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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			
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW CONNECTICUTCHILDRENS ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW CONNECTICUTCHILDRENS ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW CONNECTICUTCHILDRENS ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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	
<b>17</b>	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	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<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
<b>23</b>		No
<b>24</b>		No



**Part V** Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**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
<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 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
SCHEDULE H, PART III, SECTION A, QUESTIONS 2, 3 & 4	BAD DEBT IS BASED UPON HISTORICAL COLLECTION PERCENTAGE ANALYSIS OF ACCOUNTS WRITTEN OFF BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") AND ITS SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONNECTICUT CHILDREN'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL FACILITIES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S AND SUBSIDIARIES PATIENT ACCOUNTS RECEIVABLE ----- PATIENT ACCOUNTS RECEIVABLE AND REVENUES ARE RECORDED WHEN PATIENT SERVICES ARE PERFORMED AMOUNTS RECEIVED FROM CERTAIN PAYORS ARE DIFFERENT FROM ESTABLISHED BILLING RATES OF THE MEDICAL CENTER, AND THE DIFFERENCE IS ACCOUNTED FOR AS ALLOWANCES THE MEDICAL CENTER RECORDS ITS PROVISION FOR BAD DEBTS BASED UPON A REVIEW OF ALL OF ITS OUTSTANDING RECEIVABLES WRITE-OFFS OF RECEIVABLE BALANCES ARE RELATED 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 \$3,600,000 AND \$3,400,000 FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, RESPECTIVELY

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 MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD" UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE [D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST" UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1.501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, 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 CIVIL LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES. THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERS BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE" - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AN</p>

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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 THE ORGANIZATION'S WEBSITE 2) PAPER COPIES OF THE FAP, APPLICATION AND THE PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE WITHIN VARIOUS AREAS THROUGHOUT CT 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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 4</p>	<p>CONNECTICUT CHILDRENS SERVES PATIENTS ACROSS THE STATE OF CONNECTICUT AND BEYOND AND IS COMMITTED TO BUILDING STRONGER COMMUNITIES TO BETTER SUPPORT CHILDRENS HEALTH, DEVELOPMENT AND WELL-BEING WITH ITS MAIN CAMPUS LOCATED IN THE CAPITAL CITY, HARTFORD SERVES AS THE HUB OF CONNECTICUT CHILDRENS COMMUNITY BUILDING EFFORTS, WHERE INTERVENTIONS ARE TESTED, REFINED, AND SCALED FOR IMPLEMENTATION IN ADDITIONAL COMMUNITIES AROUND THE STATE AND COUNTRY FOUNDED IN 1637, HARTFORD IS AMONG THE OLDEST CITIES IN THE UNITED STATES IT IS HOME TO THE COUNTRYS OLDEST ART MUSEUM, THE WADSWORTH ATHENEUM MUSEUM OF ART, THE OLDEST PUBLIC PARK, BUSHNELL PARK, AND THE OLDEST CONTINUOUSLY PUBLISHED NEWSPAPER, THE HARTFORD COURANT AUTHORS MARK TWAIN AND HARRIET BEECHER STOWE ARE AMONG THE CITIES MOST NOTABLE FORMER RESIDENTS DESPITE ITS RICH HISTORY, RESIDENTS WHO LIVE IN HARTFORD EXPERIENCE EXTENSIVE DISPARITIES WITH REGARD TO HEALTH CARE ACCESS, HEALTH OUTCOMES, HOME OWNERSHIP, EDUCATIONAL ACHIEVEMENT, AND ECONOMIC SUCCESS COMPARED TO THE REST OF THE STATE IN 2018, THE LATEST YEAR DATA ARE AVAILABLE, THE CITY HAD A POPULATION OF MORE THAN 122,000 RESIDENTS, OF WHICH 44% ARE HISPANIC OR LATINO, 38% ARE BLACK OR AFRICAN-AMERICAN, AND 15% ARE WHITE HARTFORD CONSISTENTLY RANKS AMONG THE POOREST CITIES OF ITS SIZE IN THE COUNTRY TABLE 1 OF THE ORGANIZATIONS CHNA DEPICTS THE MANY AREAS WHERE HARTFORD RESIDENTS LAG BEHIND THE STATE AS A WHOLE U S CENSUS DATA HIGHLIGHT THAT HARTFORD RESIDENTS ARE POORER, EXPERIENCE LESS HOUSING STABILITY, ACHIEVE LOWER LEVELS OF EDUCATION, ARE LESS LIKELY TO HAVE HEALTH INSURANCE, AND ARE MORE LIKELY TO HAVE A DISABILITY THAN RESIDENTS ACROSS CONNECTICUT, WHICH IS AMONG THE WEALTHIEST STATES IN THE NATION BASED ON PER CAPITA INCOME THE CITIES MAJOR EMPLOYERS INCLUDE THE STATE OF CONNECTICUT, UNITED TECHNOLOGIES CORPORATION, HARTFORD HEALTHCARE, THE HARTFORD FINANCIAL SERVICES GROUP, AETNA, THE TRAVELERS, UNITEDHEALTHCARE, TRINITY COLLEGE AND CONNECTICUT CHILDRENS AS OF MAY 2019, THE UNEMPLOYMENT RATE FOR RESIDENTS OF HARTFORD STOOD AT 6 3%, WHICH IS THE HIGHEST OF ANY MUNICIPALITY IN THE STATE, ACCORDING TO THE CONNECTICUT DEPARTMENT OF LABOR IN CONTRAST, THE UNEMPLOYMENT RATE FOR RESIDENTS STATEWIDE WAS 3 6% HARTFORD DISPARITIES TABLE HARTFORD RESIDENTS CT RESIDENTS ----- MEDIAN HOUSEHOLD INCOME \$33,841 \$73,781 RESIDENTS LIVING IN POVERTY 30 5% 9 6% OWNER OCCUPIED HOUSING RATES 23 8% 66 6% HS GRADUATE OR HIGHER EDUCATION 72 7% 90 2% BACHELORS DEGREE OR HIGHER EDUCATION 16 6% 38 4% PERSONS W/O HEALTH INSURANCE UNDER 65 12 2% 6 4% PERSONS WITH DISABILITIES UNDER 65 11 4% 7 3%</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	<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	<p>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 IS THE SOLE MEMBER OF CONNECTICUT CHILDREN'S MEDICAL CENTER CONNECTICUT CHILDREN'S MEDICAL CENTER ----- CONNECTICUT CHILDREN'S MEDICAL CENTER IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION 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 MOREOVER, CCMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL CHILDREN, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 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) PRIOR TO CEASING OPERATIONS EFFECTIVE JUNE 2, 2018, THIS ORGANIZATION PROVIDED 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</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 6</p>	<p>TY TO PAY CAPITAL AREA HEALTH CONSORTIUM, INC ----- CAPIT AL AREA HEALTH CONSORTIUM, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION 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</p> <p>CONNECTICUT CHILDREN'S CARE NETWORK, LLC ----- CONNECTICUT CHILDREN'S CARE NETWORK, LLC IS A LIMITED LIABILITY COMPANY FORMED IN THE STATE OF CONNECTICUT WHOSE SOLE MEMBER IS CONNECTICUT CHILDREN'S MEDICAL CENTER THE ORGANIZATION WAS FORMED AS A CLINICALLY INTEGRATED NETWORK, DESIGNED TO EVALUATE AND MODIFY PRACTICES OF PARTICIPATING PHYSICIANS AND CREATE A HIGH DEGREE OF INTERDEPENDENCE AND COOPERATION AMONG PARTICIPATING PHYSICIANS FOR-PROFIT ENTITIES</p> <p>===== 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</p> <p>NEW ENGLAND PEDIATRICS INDEMNITY, LTD --- ----- A FOR-PROFIT ENTITY, WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION THE ORGANIZATION IS A MEDICAL MALPRACTICE INSURANCE FOREIGN CAPTIVE ORGANIZATION LOCATED IN BERMUDA</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

**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**

<b>Section A. Hospital Facilities</b> <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? <b>4</b>		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 1-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, QUESTIONS 5 &amp; 6</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  KEY INFORMANT MEETING ----- THE HARTFORD FOUNDATION FOR PUBLIC GIVING HOSTED A KEY INFORMANT MEETING TO INFORM THE COMMUNITY HEALTH NEEDS ASSESSMENTS OF CONNECTICUT CHILDRENS AND ANOTHER INSTITUTION THE MEETING INCLUDED A PRESENTATION OF HARTFORD WELL-BEING SURVEY DATA FROM DATA-HAVEN IT ALSO INCLUDED A SURVEY AND SEVEN STATIONS WHERE PARTICIPANTS SHARED THOUGHTS ON DEMOGRAPHICS &amp; INCOME, HOUSEKEEPING, EDUCATION, COMMUNITY HEALTH, HEALTH &amp; CHIME DATA, COMMUNITY VITALITY &amp; INFRASTRUCTURE, AND ECONOMIC OPPORTUNITY &amp; JOB ACCESS THE MEETING INCLUDED 56 PARTICIPANTS FROM THE FOLLOWING INSTITUTIONS/ORGANIZATIONS - ASYLUM HILL NEIGHBORHOOD ASSN (AHNA) - BICICO - CAPITOL REGION COUNCIL OF GOVERNMENTS (CRCOG) - CATHOLIC CHARITIES - CHFA - CHRYSALIS CENTER - CITY COUNCIL/CHARTER OAK HEALTH CENTER - CITY OF HARTFORD - CITY OF HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES - COMMUNITY HEALTH SERVICES, INC - COMMUNITY RENEWAL TEAM, INC - CONNECTICUT CHILDRENS - CONNECTICUT CHILDRENS HEALTHY HOMES PROGRAM - CONNECTICUT CHILDRENS INJURY PREVENTION CENTER - CONNECTICUT HEALTH FOUNDATION - CT RIDES - DATAHAVEN - ECHN, INC /MANCHESTER MEMORIAL HOSPITAL - FARMINGTON VALLEY HEALTH DISTRICT - FOODSHARE - GREATER HARTFORD HARM REDUCTION - HARTFORD BEHAVIORAL HEALTH - HARTFORD COMMUNITIES THAT CARE - HARTFORD FOOD SYSTEM - HARTFORD FOUNDATION FOR PUBLIC GIVING - HARTFORD HEALTHCARE - HISPANIC HEALTH COUNCIL - HOSPITAL FOR SPECIAL CARE - INTERVAL HOUSE - LISC - NHPZ REP FOR HEALTH AND HUMAN SERVICES WORKGROUP - NORTH CENTRAL DISTRICT HEALTH DEPARTMENT (ENFIELD, ELLINGTON ETC) - NORTH HARTFORD TRIPLE AIM COLLABORATIVE - OPEN COMMUNITIES ALLIANCE - PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - PPSNE - PRUDENCE RANDALL CENTER - SINA - TOWN OF EAST HARTFORD HEALTH DEPARTMENT - TRINITY COLLEGE CENTER FOR URBAN AND GLOBAL STUDIES - TRINITY HEALTH - SAINT FRANCIS - UNITED WAY CNCT - UNITED WAY OF CENTRAL AND NORTHEASTERN CO</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, QUESTIONS 5 &amp; 6</p>	<p>CONNECTICUT - UPPER ALBANY REVITALIZATION ZONE ORGANIZATION (UARZO) - WELLVILLE - WEST HARTFORD BLOOMFIELD HEALTH DISTRICT - WHEELER CLINIC, INC FOCUS GROUPS -----  CONNECTICUT CHILDRENS SPONSORED TWO FOCUS GROUPS TO INFORM THIS CHNA ELEVEN PARTICIPANTS TOOK PART IN THE FOCUS GROUP HELD AT CATHOLIC CHARITIES IN HARTFORDS SOUTH END, INCLUDING FOUR STAFF MEMBERS AND SEVEN COMMUNITY MEMBERS CONNECTICUT CHILDRENS ALSO HOSTED A FOCUS GROUP AT THE FAMILY CENTER AT PARKER MEMORIAL COMMUNITY CENTER IN HARTFORDS NORTH END, IN WHICH MORE THAN A DOZEN COMMUNITY MEMBERS AND ONE STAFF MEMBER PARTICIPATED SCHOOL NURSE SURVEY -----  CONNECTICUT CHILDRENS COMMISSIONED A SURVEY OF SCHOOL NURSES WHO WORK AT HARTFORD PUBLIC SCHOOLS AND RECEIVED 31 RESPONSES ADDITIONAL SOURCES -----  --- CONNECTICUT CHILDRENS REVIEWED MANY ADDITIONAL SOURCES OF INFORMATION TO INFORM THIS CHNA, WHICH ARE LISTED IN THE REFERENCES PAGE OF THE CHNA</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 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/ABOUT-US/COMMUNITY-BENEFITS

**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	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 10, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE <a href="http://WWW.CONNECTICUTCHILDRENS.ORG/ABOUT-US/COMMUNITY-BENEFITS">WWW.CONNECTICUTCHILDRENS.ORG/ABOUT-US/COMMUNITY-BENEFITS</a>

**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>THROUGHOUT THE CHNA THE ORGANIZATION IDENTIFIED THE FOLLOWING UNMET COMMUNITY HEALTH NEEDS - MENTAL HEALTH, BEHAVIORAL HEALTH, AND TRAUMA - SCHOOL READINESS - CHILDHOOD OBESITY PREVENTION - HOUSING, ENVIRONMENT AND COMMUNITY FACTORS THE ORGANIZATIONS CHNA OFFERS A NUMBER OF LONG-RANGE RECOMMENDATIONS THAT INFORM THE THREE-YEAR IMPLEMENTATION STRATEGY ("IS") THE IS SERVES AS A FLUID DOCUMENT AND MAY FLUCTUATE AS THE CAPACITY OF CONNECTICUT CHILDRENS TO BUILD PARTNERSHIPS TO ADDRESS THE STATED OBJECTIVES, ALONG WITH OTHER OBJECTIVES YET TO BE IDENTIFIED, BECOMES CLEARER THE PROCESS FOR SETTING GOALS AND OBJECTIVES IN THE IS INVOLVED REVIEWING THE CHNA RECOMMENDATIONS AND ENGAGING WITH HOSPITAL LEADERSHIP, COMMUNITY PROGRAM STAFF, AND COMMUNITY BASED PROGRAMS TO DETERMINE THE FOLLOWING COURSE OF ACTION CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") HOUSES THE MANY PROGRAMS AND RESOURCES THAT CONNECT THE LARGER ORGANIZATION TO COMMUNITY OPPORTUNITIES THAT CONTRIBUTE TO THE HEALTH AND WELL-BEING OF CONNECTICUTS CHILDREN THE OFFICES 15 PROGRAMS ENGAGE IN RIGOROUS DATA COLLECTION AND MEASUREMENT TO ENSURE THAT THEIR EFFORTS ARE EFFECTIVE THESE PROGRAMS CURRENTLY USE, OR HAVE DEVELOPED IN RESPONSE TO THE 2019 CHNA, THE FOLLOWING OBJECTIVES AND ASSOCIATED MEASURES TO TRACK CONNECTICUT CHILDRENS PROGRESS IN ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENT CHNA BEHAVIORAL HEALTH, MENTAL HEALTH AND TRAUMA ----- GOAL PROMOTE WELL-BEING AMONG CHILDREN AND YOUTH BY ENSURING EQUITABLE ACCESS TO AFFORDABLE BEHAVIORAL AND MENTAL HEALTH SERVICES OBJECTIVES 1) TRACK NUMBER OF MATERNAL DEPRESSION SCREENS BILLED TO MEDICAID BY PEDIATRIC PRIMARY CARE PROVIDERS 2) INCREASE COLLABORATION WITH HARTFORD COMMUNITIES THAT CARE AND COMPASS YOUTH COLLABORATIVE IN IMPLEMENTATION OF VIOLENCE PREVENTION MODEL ADVOCATED BY THE HEALTH ALLIANCE FOR VIOLENCE INTERVENTION 3) PROVIDE CARE COORDINATION TRAININGS AT SCHOOLS WORKING WITH COMPASS YOUTH COLLABORATIVE TO INCREASE REFERRALS TO CONNECTICUT CHILDRENS AND ENHANCE COMMUNITY PARTNERSHIPS 4) INCREASE CLIENTS SERVED THROUGH CONNECTICUT CHILDRENS BEHAVIORAL HEALTH TRANSITIONS CLINIC 5) INCREASE REFERRALS FROM CONNECTICUT CHILDRENS CLINICIANS AND/OR CARE NETWORK CLINICIANS TO CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION FOR THOSE WHO SEEK CARE FOR MENTAL HEALTH CONCERNS IN AN EFFORT TO DECREASE ED VISITS 6) INCREASE REFERRALS FROM CONNECTICUT CHILDRENS CLINICIANS AND/OR CARE NETWORK CLINICIANS TO COMMUNITY SUPPORTS FOR CHILDREN AND YOUTH EXPOSED TO DOMESTIC VIOLENCE, ABUSE, NEGLECT, AND OTHER TRAUMA SCHOOL READINESS ----- GOAL PREPARE HARTFORD STUDENTS FOR KINDERGARTEN BY PROMOTING EARLY LITERACY AMONG INFANTS, TODDLERS AND PRE-SCHOOL AGE CHILDREN OBJECTIVES 1) TRACK NUMBER OF DEVELOPMENTAL SCREENS BILLED TO MEDICAID BY PEDIATRIC PRIMARY CARE PROVIDERS 2) STRENGTHEN HELP ME GROW CTS ADOPTION OF HELP ME GROW NATIONAL CENTER RESOURCES TO</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>INCREASE HELP ME GROW CTS CAPACITY TO CONNECT CHILDREN AND FAMILIES TO SERVICES 3) WORK WITH COMMUNITY PARTNERS TO BRING THE IMAGINATION LIBRARY EARLY LITERACY PROGRAM TO ALL CHILDREN OF HARTFORD RESIDENTS 4) INCREASE COLLABORATION WITH EARLY CARE AND EDUCATION PROVIDERS, HOME VISITORS, FAMILY CENTERS, AND PUBLIC SCHOOLS TO CHAMPION SCHOOL READINESS INITIATIVES, WHICH INCLUDE EARLY LITERACY PROMOTION, BACK TO SCHOOL EVENTS, SCHOOL SUPPLY DRIVES, ETC CHILDHOOD OBESITY PREVENTION ----- GOAL INCREASE EDUCATION AND AWARENESS ABOUT HEALTHY LIFESTYLES TO REDUCE CHILDHOOD OBESITY OBJECTIVES 1) DEVELOP AND DEPLOY AN ELECTRONIC MEDICAL RECORD TOOL TO HELP PRIMARY CARE CHILD HEALTH PROVIDERS PREVENT CHILDHOOD OBESITY AND TRACK DOWNLOADS UPON EXPECTED DEPLOYMENT IN 2021 2) INCREASE NUMBER OF FAMILIES SERVED THROUGH COMMUNITY OUTREACH PROGRAMS THAT PROMOTE NUTRITION AND PHYSICAL ACTIVITY AS MEASURED BY ATTENDANCE AT START CHILDHOOD OFF RIGHT MONTHLY WELLNESS EVENTS HOUSING AND COMMUNITY FACTORS ----- GOAL INCREASE HEALTH AND WELL-BEING OF HARTFORD RESIDENTS BY RAISING AWARENESS ABOUT THE CRITICAL LINK BETWEEN HOUSING, ENVIRONMENTAL FACTORS, AND HEALTH OBJECTIVES 1) INCREASE THE USE OF THE EASY BREATHING ASTHMA MANAGEMENT PROGRAM AMONG PRIMARY CARE CHILD HEALTH PROVIDERS 2) INCREASE THE NUMBER OF TRAININGS COMPLETED FOR CARE NETWORK PRACTICES THAT ADDRESS SOCIAL AND ENVIRONMENTAL NEEDS OF CHILDREN 3) EXPAND THE BUILDING FOR HEALTH CROSS-SECTOR REFERRAL INITIATIVE FROM ITS CURRENT SERVICE AREAS OF FROG HOLLOW AND NORTH HARTFORD TO SERVE RESIDENTS CITYWIDE 4) INCREASE REFERRALS FROM CONNECTICUT CHILDRENS CLINICIANS TO CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION FOR THOSE WHO SEEK SUPPORT FOR CHRONIC HEALTH CONDITIONS 5) CONTINUE TO PARTNER WITH NORTH HARTFORD TRIPLE AIM COLLABORATIVE WITH GOAL OF LAUNCHING A HEALTH HUB IN NORTH HARTFORD, FEATURING A HEALTH CLINIC, SUPERMARKET, AFFORDABLE CHILD CARE, EXERCISE FACILITIES, JOB TRAINING, ETC STATEWIDE AND LOCAL POLICY ADVOCACY ----- GOAL TO ENHANCE SYSTEMS OF SUPPORT FOR CHILDREN AND FAMILIES THROUGH ADMINISTRATIVE AND LEGISLATIVE POLICY CHANGES OBJECTIVES 1) ADVOCATE FOR INCREASED INSURANCE COVERAGE FOR, AND ACCESS TO, MENTAL HEALTH COUNSELING 2) ADVOCATE FOR A CENTRALIZED SYSTEM OF CARE COORDINATION IN HARTFORD 3) ADVOCATE FOR HOUSING AND DEVELOPMENTAL SERVICES FOR CHILDREN WITH BLOOD LEAD LEVELS AS LOW AS 5 MICROGRAMS PER DECILITER 4) INCREASE THE ADOPTION OF STRENGTHENING FAMILIES PROTECTIVE FACTORS FRAMEWORK AMONG PEDIATRICIANS, COMMUNITY HEALTH WORKERS, AND OTHERS WHO WORK WITH CHILDREN</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

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> CCMC SPECIALTY CENTER 505 FARMINGTON AVENUE FARMINGTON, CT 06030	SPEECH THERAPY, AUDIOLOGY, SLEEP LAB, EEG, EMG, AMBULATORY SURGERY CENTER
<b>1</b> CCMC SPECIALTY CENTER 399 FARMINGTON AVENUE FARMINGTON, CT 06032	OCCUPATIONAL & PHYSICAL THERAPY, RADIOLOGY, MOTION ANALYSIS
<b>2</b> CCMC SPECIALTY CENTER 310 WESTERN BOULEVARD GLASTONBURY, CT 06033	OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, AUDIOLOGY, RADIOLOGY, ECHO
<b>3</b> CCMC HARTFORD HOSP BONE & JOINT INST 31 SEYMOUR STREET HARTFORD, CT 06106	RADIOLOGY
<b>4</b> CCMC SPECIALTY CENTER 676 HEBRON AVENUE GLASTONBURY, CT 06033	SLEEP LAB
<b>5</b> CCMC 100 RETREAT 100 RETREAT AVENUE 4TH FLOOR HARTFORD, CT 06016	SPEECH THERAPY
<b>6</b> CCMC 111 FOUNDERS 111 FOUNDERS PLAZA EAST HARTFORD, CT 06108	CLINICAL NUTRITION
<b>7</b> CCMC HARTFORD HOSP MED OFFICE BLDG 85 SEYMOUR STREET HARTFORD, CT 06106	PULMONARY FUNCTION LAB
<b>8</b> CCMC AVON FAMILY WELLNESS CENTER 100 SIMSBURY ROAD AVON, CT 06001	PHYSICAL THERAPY, OCCUPATIONAL THERAPY
<b>9</b> CCMC SOLTERA ACADEMY 300 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06051	OCCUPATIONAL THERAPY
<b>10</b> CONNECTICUT CHILDREN'S ORTHO&SPORTS MED 2 IVY BROOK ROAD SUITE 213 SHELTON, CT 06484	ORTHOPEDECS & SPORTS MEDICINE
<b>11</b> CCMC SPECIALTY CENTER 10 BIRDSEYE ROAD FARMINGTON, CT 06032	ENDOCRINOLOGY, INFECTIOUS DISEASE & IMMUNOLOGY, GASTROENTEROLOGY, RHEUMATOLOGY
<b>12</b> CCMC SPECIALTY CENTER 84 WILLIMANSETT STREET SUITE 3 SOUTH HADLEY, MA 01075	GASTROENTEROLOGY, NEPHROLOGY, RHEUMATOLOGY
<b>13</b> CCMC SPECIALTY CENTER 11 SOUTH ROAD FARMINGTON, CT 06032	CARDIOLOGY, DEVELOPMENTAL PEDIATRICS, GENETICS, NEWBORN SCREENING
<b>14</b> CCMC SPECIALTY CENTER 105 - A NEWTOWN ROAD DANBURY, CT 06810	VARIOUS OUTPATIENT SPECIALTY SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

Part I 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? [X] 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

Table with 8 columns: (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. Rows 1-12.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL SCHOLARSHIPS	10	53,500			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS
SCHEDULE I, PART II	PLEASE NOTE, THE ORGANIZATION PROVIDED A NUMBER OF GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS THAT DID NOT EXCEED \$5,000 AND THEREFORE, ARE NOT REQUIRED TO BE INCLUDED WITHIN SCHEDULE I, PART II SCHEDULE I,

## 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.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANDELL GREATER HARTFORD JEWISH COMM CTR 335 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	12,500				PROGRAM SUPPORT
CONNECTICUT DOUBLE PLAY LLC PO BOX 231417 HARTFORD, CT 06103	45-2704533		35,980				PROGRAM SUPPORT

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE AMERICAN SPORTS PROPERTIES PO BOX 843038 KANSAS CITY, MO 64184	90-0776492		32,000				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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**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		
<p><b>1a</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<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)			
<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)				
<p><b>b</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</p>	<b>1b</b>				
<p><b>2</b> 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?</p>	<b>2</b>				
<p><b>3</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <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                 </td> </tr> </table>	<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			
<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				
<p><b>4</b> 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</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	Yes			
	<b>6b</b>	Yes			
<p><b>7</b> 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</p>	<b>7</b>	Yes			
<p><b>8</b> 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</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				





**Part III Supplemental Information**

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2018 FORMS W-2

Return Reference	Explanation
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

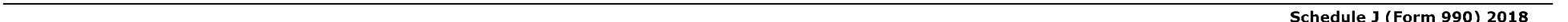
<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2018 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES ANDREA L BENIN, M D , \$181,120, PATRICK J GARVEY, CPA, CHFP, \$337,880 AND AUDREY WISE, MBA, \$171,407

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JAMES E SHMERLING, DHA, FACHE, \$171,720, JEFFREY THOMSON, M D , \$20,900, JEFFREY HYAMS, M D , \$11,293, SETH VAN ESSENDELFT, \$49,001, GIL PERI, MBA, MPH, \$75,654, CHRISTINE FINCK, M D , FACS, \$80,626, JUAN SALAZAR, M D , MPH, \$49,321, PAUL H DWORKIN, M D , \$43,206, LAWRENCE E MILAN, MA, \$30,149, AIMEE MONROY SMITH, \$9,335, BOBBY M VARGAS, ESQ , \$36,540, KELLY STYLES, MBA, \$31,336, CHERYL HOEY, RN, BSN, MBA, \$29,943, JAMES MOORE, M D , PH D , \$15,400, WILLIAM AGOSTINUCCI, MS, RPH, \$25,672, DEB PAPPAS, MBA, \$30,602, TRISHA FARMER, MSN, RN, CPHRM, \$22,737, HEATHER TORY, M D , MPH, CPPS, \$3,500 AND GLENN FLORES, \$35,700

<b>Return Reference</b>	<b>Explanation</b>
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

<b>Return Reference</b>	<b>Explanation</b>
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 2018 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2018 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

Return Reference	Explanation
<p>SCHEDULE J, PART II, COLUMN F</p>	<p>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 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JAMES E SHMERLING, DHA, FACHE, \$301,781, JEFFREY HYAMS, M D , \$43,801, CHRISTINE FINCK, M D , FACS, \$124,803, JUAN SALAZAR, M D , MPH, \$137,979, PAUL H DWORKIN, M D , \$95,101, ANN G TAYLOR, JD, \$92,057, LAWRENCE E MILAN, MA, \$64,724, BOBBY M VARGAS, ESQ , \$64,477, KELLY STYLES, MBA, \$65,908, CHERYL HOEY, RN, BSN, MBA, \$67,548, JAMES MOORE, M D , PH D , \$18,442, WILLIAM AGOSTINUCCI, MS, RPH, \$65,035, TRISHA FARMER, MSN, RN, CPHRM, \$40,609, HEATHER TORY, M D , MPH, CPPS, \$16,313, RICHELLE DEMAYO, M D , \$54,744, JUNG PARK, \$35,507, MARLENE E FERRIS, \$30,506, SHANNON M GRAD, \$28,612, PHILIP B HOPKINS, \$18,806, ANDREA L BENIN, M D , \$92,909 AND PATRICK J GARVEY, CPA, CHFP, \$78,446</p>





**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES E SHMERLING DHA FACHE DIRECTOR - PRESIDENT/CEO	(i)	965,388	457,193	22,612	504,358	20,174	1,969,725	301,781
	(ii)	0	0	0	0	0	0	0
JEFFREY THOMSON MD DIRECTOR - PRES MED STAFF	(i)	0	0	0	0	0	0	0
	(ii)	747,092	0	22,539	37,718	26,230	833,579	0
JEFFREY HYAMS MD DIRECTOR (TERM ENDED 12/2018)	(i)	0	0	0	0	0	0	0
	(ii)	443,812	43,801	39,345	80,730	28,730	636,418	43,801
SETH VAN ESSENDELFT TREASURER - SVP/CFO	(i)	389,175	0	424	171,018	13,115	573,732	0
	(ii)	0	0	0	0	0	0	0
GIL PERI MBA MPH PRESIDENT & COO	(i)	534,112	0	19,418	278,224	32,730	864,484	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE FINCK MD FACS EVP, SURGEON IN CHIEF	(i)	0	0	0	0	0	0	0
	(ii)	764,471	124,803	1,408	262,141	24,521	1,177,344	124,803
JUAN SALAZAR MD MPH EVP, ACADEMIC AFFAIRS	(i)	456,788	137,979	7,032	188,492	28,880	819,171	137,979
	(ii)	0	0	0	0	0	0	0
PAUL H DWORKIN MD EVP, COMMUNITY CHILD HEALTH	(i)	444,170	95,101	9,701	158,976	0	707,948	95,101
	(ii)	0	0	0	0	0	0	0
ANN G TAYLOR JD EVP, CHIEF ADM OFF(TERM 02/19)	(i)	314,857	92,057	22,539	96,144	17,016	542,613	92,057
	(ii)	0	0	0	0	0	0	0
LAWRENCE E MILAN MA SVP, HUMAN RESOURCES	(i)	286,431	64,724	4,439	107,993	8,729	472,316	64,724
	(ii)	0	0	0	0	0	0	0
BOBBY M VARGAS ESQ VP, GENERAL COUNSEL	(i)	305,468	64,477	612	112,396	30,677	513,630	64,477
	(ii)	0	0	0	0	0	0	0
KELLY STYLES MBA SVP, CHIEF INFORMATION OFFICER	(i)	307,762	65,908	22,539	113,486	9,377	519,072	65,908
	(ii)	0	0	0	0	0	0	0
CHERYL HOEY RN BSN MBA SVP, CLINICAL SERVICES & CNO	(i)	306,597	67,548	4,039	94,604	26,230	499,018	67,548
	(ii)	0	0	0	0	0	0	0
JAMES MOORE MD PHD VP CLINICAL NTK DEV(EFF 07/19)	(i)	0	0	0	0	0	0	0
	(ii)	494,953	18,442	13,158	183,713	28,880	739,146	18,442
WILLIAM AGOSTINUCCI MS RPH VP, CLINICAL & SUPPORT SVCS	(i)	224,768	65,035	7,787	84,484	11,229	393,303	65,035
	(ii)	0	0	0	0	0	0	0
DEB PAPPAS MBA VP MKTG/COMMUNICATIONS OFFICER	(i)	248,654	30,000	1,923	97,746	19,768	398,091	0
	(ii)	0	0	0	0	0	0	0
TRISHA FARMER MSN RN CPHRM VP, REG PARTNERSHIPS & OPS	(i)	202,468	40,609	1,038	76,333	29,977	350,425	40,609
	(ii)	0	0	0	0	0	0	0
LORI R PELLETIER PHD MBA CHIEF QUALITY OFF (EFF 08/19)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
HEATHER TORY MD MPH CPPS INTERIM PAT SFTY(10/18-07/19)	(i)	151,494	26,313	286	12,515	6,000	196,608	16,313
	(ii)	0	0	0	0	0	0	0
RICHELLE DEMAYO MD CHIEF MED INFORMATION OFFICER	(i)	283,260	54,744	918	60,922	8,959	408,803	54,744
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
GLENN FLORES CHIEF RESEARCH OFFICER	(i)	341,463	0	2,632	113,444	28,880	486,419	0
	(ii)	0	0	0	0	0	0	0
JUNG PARK SR DIR, INFORMATION SERVICES	(i)	206,317	45,507	436	45,423	0	297,683	35,507
	(ii)	0	0	0	0	0	0	0
MARLENE E FERRIS SR DIR, ORGANIZATIONAL EFFECT	(i)	186,474	40,506	1,887	1,887	17,124	247,878	30,506
	(ii)	0	0	0	0	0	0	0
LOUISE M VIOLETTE SR DIR, FINANCE APPLICATION	(i)	175,076	27,085	2,534	39,705	23,788	268,188	0
	(ii)	0	0	0	0	0	0	0
SHANNON M GRAD SR DIR, FAMILY EXP & PROF PRAC	(i)	170,914	28,612	350	40,410	0	240,286	28,612
	(ii)	0	0	0	0	0	0	0
PHILIP B HOPKINS DIRECTOR TECHNICAL SERVICES	(i)	177,923	18,806	1,579	28,430	0	226,738	18,806
	(ii)	0	0	0	0	0	0	0
ANDREA L BENIN MD FORMER OFFICER	(i)	175,777	92,909	182,038	16,400	31,730	498,854	92,909
	(ii)	0	0	0	0	0	0	0
PATRICK J GARVEY CPA CHFP FORMER OFFICER	(i)	0	68,914	338,798	16,400	30,677	454,789	78,446
	(ii)	0	0	0	0	0	0	0
AUDREY WISE MBA FORMER OFFICER	(i)	0	0	173,032	8,585	13,950	195,567	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		06-30-2011	41,580,000	REFI SER B&C BOND/LEASE FINANCINGS		X		X		X
<b>B</b>	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		10-12-2007	8,500,000	LEASE FINANCE VARIOUS EQUIPMENT	X			X		X
<b>C</b>	CT HEALTH & EDUCATIONAL FACILITIES AUTHORITY	06-0806186		04-04-2013	13,500,000	CONSTRUCT & EQUIP ASC		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired . . . . .		11,055,375		0		12,343,070		
<b>2</b> Amount of bonds legally defeased . . . . .		0		8,500,000		0		
<b>3</b> Total proceeds of issue . . . . .		41,580,000		8,500,000		13,500,000		
<b>4</b> Gross proceeds in reserve funds . . . . .		0		0		0		
<b>5</b> Capitalized interest from proceeds . . . . .		0		0		0		
<b>6</b> Proceeds in refunding escrows . . . . .		10,255,050		0		0		
<b>7</b> Issuance costs from proceeds . . . . .		779,214		34,581		49,245		
<b>8</b> Credit enhancement from proceeds . . . . .		0		0		0		
<b>9</b> Working capital expenditures from proceeds . . . . .		0		0		0		
<b>10</b> Capital expenditures from proceeds . . . . .		0		8,465,419		13,450,755		
<b>11</b> Other spent proceeds . . . . .		30,545,736		0		0		
<b>12</b> Other unspent proceeds . . . . .		0		0		0		
<b>13</b> Year of substantial completion . . . . .	2011		2010		2015			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X			X		X		
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .	X			X		X		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X			X		X		

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X			X	X			
<b>d</b> 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			
<b>4</b> 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 %			
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	1 540 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X		X			
<b>8a</b> 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		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X		X		
<b>9</b> 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			

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

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

OMB No 1545-0047

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number

06-0646755

**990 Schedule O, Other 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, 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 ADDITIONALLY, CONNECTICUT CHILDRENS BOARD CERTIFIED PHYSICIANS AND HIGHLY TRAINED SPECIALISTS PROVIDE ADVANCED CLINICAL AND SURGICAL CARE TO CHILDREN OF ALL AGERS HOWEVER, THE IMPACT MADE ON HEALTH CARE IN CONNECTICUT REACHES FAR BEYOND THEIR WALLS AND INTO COMMUNITIES ACROSS THE STATE CONNECTICUT CHILDRENS PIONEERED AN INNOVATIVE COMMUNITY CHILD HEALTH MODEL WHICH LEADS RESEARCH, DEVELOPMENT AND DELIVERY OF ROBUST OUTREACH PROGRAMS THAT ADDRESS CRITICAL ISSUES AFFECTING THE HEALTH, DEVELOPMENT AND WELL-BEING OF CONNECTICUTS CHILDREN THIS MODEL, WHICH SERVES AS AN EXAMPLE FOR OTHER CHILDRENS HOSPITALS NATIONWIDE, HELPS KEEP CHILDREN SAFER AND HEALTHIER IT ALSO EMPOWERS COMMUNITY PEDIATRICIANS TO PROVIDE BETTER PRIMARY CARE, SO THAT TOGETHER THEY CAN SUCCEED IN MAKING CHILDREN IN CONNECTICUT THE HEALTHIEST IN THE NATION PATIENTS AND FAMILIES FROM EVERY CORNER OF CONNECTICUT, AND NOW MASSACHUSETTS, HAVE BENEFITED FROM CONNECTICUT CHILDRENS ONGOING CLINICAL AND COMMUNITY-FOCUSED GROWTH NEW CONSTRUCTION AND EXTENDED PATIENT SERVICES HAVE EXPANDED CAPABILITIES THROUGHOUT CONNECTICUT AND SOUTHERN NEW ENGLAND HISTORY ===== CONNECTICUT CHILDREN'S IS A NATIONALLY RECOGNIZED NOT-FOR-PROFIT</p>

**990 Schedule O, Optional Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>WITH A MEDICAL STAFF OF MORE THAN 1,000 WHO PROVIDE COMPREHENSIVE, WORLD-CLASS HEALTHCARE IN MORE THAN 30 PEDIATRIC SPECIALTIES AND SUBSPECIALTIES CONNECTICUT CHILDRENS 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 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 2019 WOMENS CHOICE AWARD FOR BEST CHILDRENS HOSPITALS AND THE 2019 U S NEWS &amp; WORLD REPORT BEST CHILDRENS 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 &amp; 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 COMMIT</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>TED 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 &amp; 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 &amp; ONCOLOGY DIVISION AMONG THE TOP 20 PERCENT AMONG ITS PEERS ADDITIONALLY , THE DIVISION IS IN THE TOP THIRD PERCENTILE FOR TOTAL PEDIATRIC CANCER PATIENTS ENROLLED IN TRIALS THIS IS ESPECIALLY IMPRESSIVE GIVEN THAT CONNECTICUT CHILDREN'S IS CONSIDERED ONE OF THE SMALLER FREE-STANDING CHILDREN'S HOSPITALS IN THE COUNTRY AWARDS AND RECOGNITION ===== CONNECTICUT CHILDRENS HAS RECEIVED THE FOLLOWING AWARDS - 2019, 2018 &amp; 2017 WOMENS CHOICE AWARD FOR BEST CHILDRENS HOSPITALS, - 2019, 2018 &amp; 2017 CHIME HEALTHCARES MOST WIRED AWARD, - 2019, 2018 &amp; 2017 U S NEWS &amp; WORLD REPORT BEST CHILDRENS HOSPITAL, - 2019, 2018 &amp; 2017 LANTERN AWARD, - 2018 3M AWARD FOR EXCELLENCE IN SKIN SAFETY, - 2016 CHILDKIND HOSPITAL DESIGNATION, - 2016 PRESS GANEY SUCCESS STORY AWARD, - 2016 HARTFORD BUSINESS JOURNAL HEALTHCARE HERO (CHRISTINE FINCK, M D ), - 2016 HARTFORD BUSINESS JOURNAL BEST IN BUSINESS, ONCOLOGY (CENTER FOR CANCER AND BLOOD DISORDERS), - 2016 TOP MANAGERS IN HEALTHCARE ADMINISTRATION, - 2016 GET WITH THE GUIDELINES - RESUSCITATION SILVER AWARD, AND - 2015 TOP WORKPLACE IN CONNECTICUT, RANKED 10TH IN LARGE ORGANIZATION CATEGORY</p>

990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OFFICE OF COMMUNITY CHILD HEALTH ("OCCH") ===== CONNEC TICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ELEVATES THE EFFECTIVENESS AND STATUS OF THE MEDICAL CENTER AS A CRITICAL COMMUNITY RESOURCE BY DEVELOPING, PROMOTING, SUPPORTING, EVALUATING AND DISSEMINATING INNOVATIVE, EFFECTIVE COMMUNITY-ORIENTED PROGRAMS AND SERVIC ES TO ADDRESS CHILDRENS CRITICAL HEALTH NEEDS WHAT WE DO ----- OCCH ADDRESSES CRITIC AL CONTEMPORARY ISSUES IN CHILDRENS LIVES THAT HAVE THE POTENTIAL TO ADVERSELY AFFECT THEI R 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 H EALTH CARE AND CHILD SERVICE SYSTEMS THROUGH THE OFFICE, CONNECTICUT CHILDRENS MEDICAL CE NTER ENSURES THAT FAMILIES HAVE ACCESS TO A COMPREHENSIVE SYSTEM OF COMMUNITY PROGRAMS AND SERVICES THAT SUPPORTS THEM IN PROMOTING THEIR CHILDRENS OPTIMAL HEALTHY DEVELOPMENT OUR MODEL ----- THE OFFICE OVERSEES A VARIETY OF COMMUNITY-ORIENTED PROGRAMS THAT ADDRESS A WIDE RANGE OF FACTORS THAT INFLUENCE CHILDRENS HEALTHY DEVELOPMENT THOSE PROGRAMS, AND THEIR COMMUNITY-BASED PARTNERS, NOT ONLY FOCUS ON THE TRADITIONAL AREAS OF CHILD HEALTH S ERVICES, FAMILY SUPPORT, AND EARLY CARE AND EDUCATION, BUT ALSO TOUCH OTHER SECTORS INCLUD ING FOOD AND NUTRITION, HOUSING, ECONOMIC DEVELOPMENT, CHILD WELFARE, AND TRANSPORTATION THE OFFICE TAKES A THREE-PRONGED APPROACH TO PROMOTING CHILDRENS OPTIMAL HEALTHY DEVELOPME NT 1 STRENGTHENING EXISTING COMMUNITY-ORIENTED PROGRAMS, 2 FACILITATING SYNERGIES AMONG THOSE PROGRAMS, AND 3 SERVING AS AN INNOVATION INCUBATOR FOR PROMISING APPROACHES THAT I MPROVE SHORT AND LONG- TERM HEALTH OUTCOMES FOR CHILDREN 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 DOCUMEN TING THE DISCOUNTED AND UNREIMBURSED CARE THAT THEY PROVIDE TO PATIENTS NOW, UNDER THE AF FORDABLE CARE ACT, THERE HAS BEEN A SHARP REDUCTION IN THE NUMBER OF AMERICANS WHO ARE UNI NSURED AND, THEREFORE, A REDUCTION IN THE NEED FOR DISCOUNTED OR UNREIMBURSED CARE BECAUS E 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 NEED S 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 TE RMS OF KEEPING POPULATIONS HEALTHY THE OFFICE TAKES AN ACTIVE LEADERSHIP ROLE IN INFORMIN G POPULATION HEALTH EFFORTS AT THE LOCAL, STATE AND NATIONAL LEVELS OUR IMPACT, AT A GLAN CE ----- THE OCCH HAS ESTABLISHED ITSELF AS A CRITICAL RESOURCE IN THE S TATE AND ACROSS THE NATION AND</p>

## 990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 OCCH PROGRAMS ----- CONNECTICUT CHILDREN'S OCCH OPERATES A TOTAL OF 15 PROGRAMS INNOVATION - THE HELP ME GROW NATIONAL CENTER, - CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM, - EASY BREATHING, - KOHLS START CHILDHOOD OFF RIGHT PROGRAM, AND - CARE COORDINATION COLLABORATIVE MODEL DIRECT SERVICES - CONNECTICUT CHILDRENS CENTER FOR CARE COORDINATION, - CONNECTICUT CHILDRENS HEALTHY HOMES PROGRAM, - HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE CONSORTIUM, AND - PERSON-CENTERED MEDICAL HOME EDUCATION AND RESEARCH - INJURY PREVENTION CENTER, - CO-MANAGEMENT, - CHILDRENS CENTER ON FAMILY VIOLENCE, - EDUCATING PRACTICES IN THE COMMUNITY, - PRACTICE QUALITY IMPROVEMENT PROGRAM, AND - RESIDENT EDUCATION IN A DVOCACY AND COMMUNITY HEALTH DESCRIPTIONS OF THOSE PROGRAMS ARE LISTED BELOW INNOVATION ----- THE HELP ME GROW NATIONAL CENTER, INNOVATED IN HARTFORD AND BASED AT CONNECTICUT CHILDRENS MEDICAL CENTER, SERVES AS A NATIONAL RESOURCE FOR SUPPORTING THE REPLICATION OF HELP ME GROW SYSTEMS THROUGHOUT THE COUNTRY TESTED AS A PILOT PROJECT IN HARTFORD IN 1997, THE PROGRAM EXPANDED STATEWIDE IN 2002 AND IS ALSO BEING REPLICATED AROUND THE COUNTRY HELP ME GROW LINKS CHILDREN WHO ARE AT RISK FOR DEVELOPMENTAL OR BEHAVIORAL PROBLEMS TO HELPFUL COMMUNITY-BASED PROGRAMS AND SERVICES CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM CONNECTICUT CHILDRENS ADVANCING KIDS INNOVATION PROGRAM ("AKIP") OFFERS INDIVIDUALS AND ORGANIZATIONS AN EXCITING OPPORTUNITY TO GET CRUCIAL GUIDANCE, ACCESS TO KEY STAKEHOLDERS, AND TECHNICAL ASSISTANCE NEEDED TO MAKE INNOVATIONS PROMOTING THE OPTIMAL HEALTHY DEVELOPMENT OF CHILDREN SUCCESSFUL ON A LOCAL, STATEWIDE, AND EVEN NATIONAL LEVEL AKIP, WHICH IS PART OF CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH (THE OFFICE), SEEKS TO ESTABLISH A PIPELINE OF INNOVATIONS THAT FOCUS ON THE HEALTH OF CHILDREN, STRENGTHEN FAMILIES, AND SHOW HIGH POTENTIAL FOR BEING BOTH SUSTAINABLE AND REPLICABLE AKIP SEEKS TO ENGAGE A BROAD RANGE OF POTENTIAL COMMUNITY HEALTH INNOVATORS ADDRESSING CRITICAL COMMUNITY HEALTH NEEDS, INCLUDING INDIVIDUAL ENTREPRENEURS, BUSINESSES, COMMUNITY-BASED ORGANIZATIONS, RESEARCHERS, BEHAVIORAL HEALTH PROVIDERS, OTHER HEALTHCARE PROVIDERS, HEALTHCARE PAYERS AND OTHERS COMMITTED TO IMPROVING CHILDRENS HEALTHY DEVELOPMENT THE PROGRAM PLANS TO SUPPORT INNOVATIONS AS THEY MOVE TOWARDS MORE EVIDENCE-INFORMED, HIGHER IMPACT SOLUTIONS DESIGNED TO CLOSE EXISTING GAPS IN PROGRAMS AND SERVICES CURRENTLY OFFERED TO CHILDREN ACROSS A VARIETY OF SECTORS E</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ASY 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.</p> <p>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.</p> <p>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 FOR FAMILIES, AND TO ADVOCATE FOR POLICY LEVEL SOLUTIONS TO HELP FAMILIES ADDRESS CHALLENGES THEY FACE.</p> <p>CONNECTING TO SERVICES INITIALLY LAUNCHED IN THE GREATER HARTFORD AREA, THE PROGRAM HAS EXPANDED ACROSS THE STATE OF CONNECTICUT AND INTO ADDITIONAL STATES.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 SEXUALLY TRANSMITTED DISEASES AMONG YOUTH THE PROGRAM PROVIDES INTERACTIVE PREVENTION EDUCATION, COMMUNITY ENGAGEMENT AND OUTREACH, AND YOUTH FRIENDLY HIV/STD SCREENINGS THE CONSORTIUM ALSO LINKS YOUTH TO MEDICAL CARE SERVICES, EMPLOYMENT SERVICES AND OTHER COMMUNITY RESOURCES THE CONNECTICUT CHILDREN'S PRIMARY CARE CENTER RECENTLY RECEIVED DESIGNATION AS A PERSON 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 STATUS 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>N WHOSE CONDITIONS CANNOT BE MANAGED IN THE PRIMARY CARE SETTING THE CHILDRENS CENTER ON FAMILIY VIOLENCE AIMS TO INCREASE UNDERSTANDING ABOUT THE IMPACT FAMILY VIOLENCE HAS ON CHI LDREN AND TO INCREASE SUPPORT SERVICES FOR AFFECTED CHILDREN THE CENTER IS A PARTNERSHIP BETWEEN THE CONNECTICUT CHILDRENS SUSPECTED CHILD ABUSE AND NEGLECT PROGRAM, THE CONNECTICUT CHILDRENS INJURY PREVENTION CENTER, AND THE CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE THE CENTERS GOALS INCLUDE IMPROVING SERVICE SYSTEMS FOR AFFECTED FAMILIES, WHICH CURRENTLY OFTEN DO NOT UTILIZE BEST PRACTICES, AND ENHANCING RESEARCH EFFORTS FOR CHILD-FOCUSED INTERVENTIONS, WHERE THE EVIDENCE BASE IS CURRENTLY INADEQUATE THE CENTER ALSO PLANS TO ESTABLISH A STATEWIDE FAMILY VIOLENCE INFORMATION SYSTEM TO GATHER DATA, IDENTIFY TRENDS, AND TRACK PROGRESS OVER TIME THE EDUCATING PRACTICES IN THE COMMUNITY PROGRAM IS A SIGNATURE INNOVATION OF THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT AND IS SUPPORTED BY THE CONNECTICUT CHILDRENS OFFICE FOR COMMUNITY CHILD HEALTH ITS DESIGNED TO BRING THE NEWEST DEVELOPMENTS IN PEDIATRIC PRIMARY CARE TO CONNECTICUTS CHILD HEALTH PROVIDERS THROUGH THE PROCESS OF ACADEMIC DETAILING AND WORKS TO ADVANCE SUSTAINABLE IMPROVEMENTS IN PRIMARY AND PREVENTIVE HEALTH AND MENTAL HEALTH CARE PRACTICES FOR ALL CONNECTICUT CHILDREN THE PRACTICE QUALITY IMPROVEMENT PROGRAM HELPS PRIMARY CARE PHYSICIANS USE A DATA-DRIVEN, QUALITY IMPROVEMENT APPROACH TO ENHANCE THE SERVICES THEY PROVIDE TO CHILDREN PROGRAM ACTIVITIES HELP PRACTICES IMPROVE THEIR SURVEILLANCE AND SCREENING FOR DEVELOPMENTAL RISKS, IMPROVE THEIR IDENTIFICATION OF BEHAVIORAL CONCERNS, AND CONNECT CHILDREN AND FAMILIES TO HELPFUL SERVICES THE RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH PROGRAM HELPS TO FOSTER THE GROWTH OF FUTURE GENERATIONS OF PEDIATRICIANS WHO ARE COMMUNITY CHILD HEALTH ADVOCATES THE PROGRAM NURTURES PEDIATRIC RESIDENTS TO BECOME FUTURE LEADERS BY PROVIDING THEM WITH UNIQUE OPPORTUNITIES TO DEVELOP KNOWLEDGE AND SKILLS IN THE AREAS OF ADVOCACY, COMMUNITY HEALTH AND PUBLIC POLICY DURING THEIR TIME IN THE PROGRAM, PEDIATRIC RESIDENTS WORK CLOSELY WITH EXPERTS IN THE FIELDS OF POPULATION HEALTH, COMMUNITY RESEARCH, POLICY REFORM, AND SOCIAL INNOVATION ALL WITH THE GOAL OF PROMOTING CHILDRENS HEALTHY DEVELOPMENT</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART V, QUESTIONS 3A & 3B	AS OF THE DUE DATE OF THE ORGANIZATION'S 2018 FEDERAL FORM 990, THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME ("UBI") PLEASE NOTE, QUESTIONS 3A AND 3B WITHIN CORE FORM, PART V OF THIS FORM 990 ARE MARKED "YES" BECAUSE THE ORGANIZATION ANTICIPATED HAVING UBI IN EXCESS OF \$1,000 THEREFORE, THE ORGANIZATION PROPERLY FILED A FORM 8868, APPLICATION FOR EXTENSION OF TIME TO FILE, FOR ITS FORM 990-T ON DECEMBER 20, 2019 CONGRESS PASSED TWO BILLS WHICH INCLUDED THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE ("IRC") 512(A)(7) AS A RESULT OF THIS TAX REPEAL, QUALIFIED TRANSPORTATION BENEFITS WOULD NO LONGER BE TREATED AS UBI AND REPORTED WITHIN THE FORM 990-T SINCE THE ORGANIZATION PREVIOUSLY FILED AN EXTENSION FOR ITS FORM 990-T, BUT DOES NOT ENGAGE IN ANY ADDITIONAL UBI ACTIVITIES, IT HAS FILED A FINAL FORM 990-T WHICH REFLECTS NO UBI FOR THE YEAR ENDED SEPTEMBER 30, 2019

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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, Supplemental 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VII AND SCHEDULE J	CERTAIN INDIVIDUALS WERE REPORTED AS OFFICERS ON THE 2017 FORM 990, CORE FORM, PART VII AND SCHEDULE J UPON A REVIEW OF THEIR RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THESE INDIVIDUALS DO NOT SATISFY THE CRITERIA TO BE AN OFFICER UNDER (1) FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, (2) CONNECTICUT LAW, OR (3) THE ORGANIZATION'S BYLAWS HOWEVER, IT WAS DETERMINED THAT THESE INDIVIDUALS SATISFY THE CRITERIA TO BE CLASSIFIED AS KEY EMPLOYEES FOR FORM 990 REPORTING PURPOSES ACCORDINGLY, THESE INDIVIDUALS HAVE BEEN INCLUDED ON THIS 2018 FORM 990 AS KEY EMPLOYEES



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VII AND SCHEDULE J	<p>AIMEE MONROY SMITH SERVED AS A VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY UNTIL APRIL 2019 EFFECTIVE MAY 2019, MS SMITH WAS HIRED AS THE SENIOR VICE PRESIDENT, GOVERNMENT RELATIONS &amp; EXTERNAL AFFAIRS OF THIS ORGANIZATION IN ADDITION, DURING THE FISCAL YEAR, LORI R PELLETIER, PH D, M D , WAS HIRED AS THE CHIEF QUALITY AND PATIENT SAFETY OFFICER 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 2018 FORMS W-2 ACCORDINGLY, THESE INDIVIDUALS HAVE NO W-2 COMPENSATION REPORTED ON THE CURRENT YEAR FEDERAL FORM 990, CORE FORM VII, SECTION A, COLUMN D JAMES MOORE, M D , PH D BECAME A KEY EMPLOYEE OF THE ORGANIZATION DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 HOWEVER, HE WAS PREVIOUSLY EMPLOYED BY A RELATED ORGANIZATION IN A NON-OFFICER CAPACITY THE COMPENSATION BEING REPORTED FOR DR MOORE ON THIS FORM 990 REFLECTS COMPENSATION EARNED IN A NON-OFFICER CAPACITY SARAH MATNEY, PREVIOUSLY REPORTED AS AN OFFICER ON THIS ORGANIZATION'S FORM 990, IS EMPLOYED AS THE VICE PRESIDENT, AMBULATORY OPERATIONS OF CONNECTICUT CHILDREN'S SPECIALTY GROUP ("CCSG"), A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION ACCORDINGLY, HER RESPECTIVE REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE CCSG (EIN 06-1446900) FEDERAL FORM 990 PLEASE REFER TO THE CCSG FORM 990 FOR THIS INFORMATION</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART X, LINES 27 29	IN 2019, THE MEDICAL CENTER ADOPTED THE FINANCIAL ACCOUNTING STANDARD BOARDS (FASB) ACCOUNTING STANDARDS UPDATE (ASU) NO 2016-14, NOT-FOR-PROFIT ENTITIES (TOPIC 958) PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES ASU NO 2016-14 ADDRESSES THE COMPLEXITY AND UNDERSTANDABILITY OF NET ASSET CLASSIFICATION, DEFICIENCIES IN INFORMATION ABOUT LIQUIDITY AND AVAILABILITY OF RESOURCES, AND THE LACK OF CONSISTENCY IN THE TYPE OF INFORMATION PROVIDED ABOUT EXPENSES AND INVESTMENT RETURN THE MEDICAL CENTER HAS ADJUSTED THE PRESENTATION OF THESE FINANCIAL STATEMENTS ACCORDINGLY ASU NO 2016-14 HAS BEEN APPLIED RETROSPECTIVELY TO ALL PERIODS PRESENTED, EXCEPT FOR THE DISCLOSURES AROUND LIQUIDITY AND AVAILABILITY OF RESOURCES AND ANALYSIS OF EXPENSES BY NATURE AND FUNCTION THESE DISCLOSURES HAVE BEEN PRESENTED FOR 2019 ONLY, AS ALLOWED BY ASU NO 2016-14 THE NEW STANDARD CHANGES THE FOLLOWING ASPECTS OF THE FINANCIAL STATEMENTS - THE UNRESTRICTED NET ASSETS CLASS HAS BEEN RENAMED NET ASSETS WITHOUT DONOR RESTRICTIONS, - THE TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSET CLASSES HAVE BEEN COMBINED INTO A SINGLE NET ASSET CLASS CALLED NET ASSETS WITH DONOR RESTRICTIONS, - THE FINANCIAL STATEMENTS INCLUDE A DISCLOSURE ABOUT LIQUIDITY AND AVAILABILITY OF RESOURCES AT SEPTEMBER 30, 2019, AND - THE FUNCTIONAL EXPENSE DISCLOSURE FOR 2019 INCLUDES EXPENSES REPORTED BOTH BY NATURE AND FUNCTION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS INCLUDE - 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 - \$3,692,910, - TRANSFER TO CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$26,282,611), - TRANSFER FROM CCMC AFFILIATES, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$236,378, - CHANGE IN FUNDED STATUS OF PENSION AND POST-RETIREMENT PLANS - (\$13,368,263), - DONOR 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 - \$914,225, AND - DONOR RESTRICTED CHANGE IN FUNDS HELD IN TRUST BY OTHERS - (\$1,063,011)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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, 2019 AND SEPTEMBER 30, 2018, 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, 2019 AND SEPTEMBER 30, 2018, 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 25693081

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 10145264



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 7491596

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 2118677

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY FEES TOTAL FEES 468019

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 352327

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION ADMINISTRATIVE FEES TOTAL FEES 131558

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 650034

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CCMC CORPORATION 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619876	HLTHCARE SVCS	CT	501(C)(3)	509(A)(3)	NA		No
<b>(2)</b> 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
<b>(3)</b> CCMC AFFILIATES INC 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619870	INACTIVE	CT	501(C)(3)	509(A)(2)	CCMC CORP		No
<b>(4)</b> 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	
<b>(5)</b> 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	
<b>(6)</b> 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
<b>(7)</b> 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
<b>(1)</b> CCMC VENTURES INC 282 WASHINGTON STREET HARTFORD, CT 06106 22-2619873	INACTIVE	CT	NA	C CORP					No
<b>(2)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .	Yes	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> 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	102,390	COST
(2)CCMC CORPORATION	R	149,302	COST
(3)CONNECTICUT CHILDREN'S SPECIALTY GROUP	P	14,960,153	COST
(4)CONNECTICUT CHILDREN'S SPECIALTY GROUP	R	26,282,611	COST



**Part VII Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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