

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP  
AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>CCMC CORPORATION</b>
1	Affiliate Description	PARENT COMPANY TO CT CHILDREN'S MEDICAL CENTER, CCMC FOUNDATION, CCMC VENTURES, AND CCMC AFFILIATES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Martin J. Gavin
9	CEO Title	President & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>B. AFFILIATE NAME</b>		
		<b>CCMC AFFILIATES</b>
1	Affiliate Description	CONSIST OF A EMPLOYEE DAY-CARE, A CHILD DEVELOPMENT CTR, AND A SCHOOL.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Martin J. Gavin
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
<b>C. AFFILIATE NAME</b>		
		<b>CCMC FOUNDATION</b>
1	Affiliate Description	FUNDRAISING FOR CCMC
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Martin J. Gavin
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

**CT CHILDREN'S MEDICAL CENTER**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2011**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
	<b>D. AFFILIATE NAME</b>	<b>CCMC VENTURES</b>
1	Affiliate Description	CURRENTLY INACTIVE
2	Affiliate type of service	Health Education Services
3	Tax Status	For Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Martin J. Gavin
9	CEO Title	President & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
	<b>E. AFFILIATE NAME</b>	<b>CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT</b>
1	Affiliate Description	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEGED CHILDREN.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	270 Farmington Avenue, Suite 3, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	Judith Meyers
9	CEO Title	President & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	Robinson & Cole
12	CT Agent Company Street Address	One Commercial Plaza, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
	<b>F. AFFILIATE NAME</b>	<b>CONNECTICUT CHILDREN'S SPECIALTY GROUP</b>
1	Affiliate Description	PEDIATRIC PHYSICIAN PRACTICE
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST
5	Town	HARTFORD
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	DEAN RAPOZA
9	CEO Title	PRESIDENT AND EXECUTIVE DIRECTOR
10	CT Agent Name	MICHAEL C. HACKETT
11	CT Agent Company	ECKERT & SEAMANS CHERIN & MELLOTT, LLC
12	CT Agent Company Street Address	1 INTERNATIONAL PLACE, 18TH FLOOR
13	CT Agent Town	BOSTON
14	CT Agent State	Massachusetts
15	CT Agent Zip Code	02110 -

**CT CHILDREN'S MEDICAL CENTER**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2011**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>G.</b>	<b>AFFILIATE NAME</b>	<b>THE CHILDREN'S FUND OF CONNECTICUT, INC.</b>
1	Affiliate Description	TO FUND PROGRAMS THAT WILL ENABLE DISADVANTAGED CHILDREN IN CONNECTICUT TO HAVE ACCESS TO A COMPREHENSIVE AND EFFECTIVE COMMUNITY-BASED HEALTH AND MENTAL HEALTH CARE SYSTEM.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	270 Farmington Ave, Suite 367, Farmington CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	Judith Meyers
9	CEO Title	President and CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE LLP
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

\* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
<b>A. CT CHILDREN'S MEDICAL CENTER</b>			
1		Unrestricted	\$82,917,999
2		Temporarily Restricted by Donor	\$19,943,320
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$84,149,098
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$187,010,417</b>
<b>B. CCMC CORPORATION</b>			
1		Unrestricted	(\$209,683)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
		<b>Total:</b>	<b>(\$210,683)</b>
<b>C. CCMC AFFILIATES</b>			
1		Unrestricted	\$2,942,245
2		Temporarily Restricted by Donor	\$30,390
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$2,972,635</b>
<b>D. CCMC FOUNDATION</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$59,330,281
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$16,328,581
5		Intercompany Eliminations	(\$75,658,862)
		<b>Total:</b>	<b>\$0</b>
<b>E. CCMC VENTURES</b>			
1		Unrestricted	(\$18,075)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$18,075)</b>
<b>F. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT</b>			
1		Unrestricted	\$294,356
2		Temporarily Restricted by Donor	\$1,297,289
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,591,645</b>
<b>G. CONNECTICUT CHILDREN'S SPECIALTY GROUP</b>			
1		Unrestricted	(\$6,488,021)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$6,488,021)</b>

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
H.	THE CHILDREN'S FUND OF CONNECTICUT, INC.		
1		Unrestricted	\$27,067,973
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$231,054
		<b>Total:</b>	<b>\$27,299,027</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$287,585,753</b>
	<b>Intercompany Eliminations</b>		<b>(\$75,428,808)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$212,156,945</b>

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011**

**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A. CCMC CORPORATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$58,645</b>
1		Management Fees	09/30/2011	\$54,598
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$113,243</b>
<b>B. CCMC AFFILIATES</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>(\$642,915)</b>
1		Management Fees	09/30/2011	\$158,760
2		Cash Transfer	09/30/2011	<b>(\$1,695,000)</b>
3		Fund Balance Transfer	09/30/2011	\$1,960,763
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$218,392)</b>
<b>C. CCMC FOUNDATION</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$3,655,753</b>
1		Management Fees	09/30/2011	\$52,740
2		Fund Balance Transfer	09/30/2011	\$6,590,413
3		Cash Transfer	09/30/2011	<b>(\$8,161,609)</b>
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$2,137,297</b>
<b>D. CCMC VENTURES</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$17,325</b>
1		CT Corp Tax	09/30/2011	\$250
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$17,575</b>
<b>E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>F. CONNECTICUT CHILDREN'S SPECIALTY GROUP</b>				
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$6,256,324</b>
1		Practice Support	09/30/2011	<b>(\$5,426,262)</b>
2		Rent	09/30/2011	\$574,956
3		Cash Transfer	09/30/2011	\$9,150,000
4		Fund Balance Transfer	09/30/2011	<b>(\$11,324,168)</b>
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>(\$769,150)</b>

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011**

**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>G.</b>	<b>THE CHILDREN'S FUND OF CONNECTICUT, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
			<b>Grand Total:</b>	<b>\$1,280,573</b>

CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2010</b>	<b>\$544,697</b>
<b>A.</b>	<b>CCMC CORPORATION</b>				
1		CCMC FOUNDATION	Cash Transfer	09/30/2011	(\$1,018)
			<b>Total:</b>	<b>9/30/2011</b>	<b>(\$1,018)</b>
<b>B.</b>	<b>CCMC AFFILIATES</b>				
1		CONNECTICUT CHILDREN'S SPECIALTY GROUP	Cash Transfer	09/30/2011	\$516,929
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$516,929</b>
<b>C.</b>	<b>CCMC FOUNDATION</b>				
1		CONNECTICUT CHILDREN'S SPECIALTY GROUP	Cash Transfer	09/30/2011	\$1,968,177
2		CCMC AFFILIATES	Cash Transfer	09/30/2011	(\$2,591)
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$1,965,586</b>
<b>D.</b>	<b>CCMC VENTURES</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>E.</b>	<b>CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>F.</b>	<b>CONNECTICUT CHILDREN'S SPECIALTY GROUP</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>G.</b>	<b>THE CHILDREN'S FUND OF CONNECTICUT, INC.</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$0</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2011</b>	<b>\$3,026,194</b>

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
<b>A. CCMC CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>B. CCMC AFFILIATES</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>C. CCMC FOUNDATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>D. CCMC VENTURES</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>F. CONNECTICUT CHILDREN'S SPECIALTY GROUP</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>G. THE CHILDREN'S FUND OF CONNECTICUT, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2011</b>

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A. CCMC CORPORATION</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>B. CCMC AFFILIATES</b>			
1	Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers Guarantee attached	\$816,000	5
2	Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers Guarantee attached	\$942,240	5
3	Guarantee of lease payments are landlord, summary of lease highlighting Medical Centers Guarantee attached	\$1,059,840	5
<b>Total:</b>		<b>\$2,818,080</b>	
<b>C. CCMC FOUNDATION</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>D. CCMC VENTURES</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>F. CONNECTICUT CHILDREN'S SPECIALTY GROUP</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>G. THE CHILDREN'S FUND OF CONNECTICUT, INC.</b>			
0	Nothing to Report	\$0	0
<b>Total:</b>		<b>\$0</b>	
<b>Grand Total:</b>		<b>\$2,818,080</b>	

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$90,186.00</b>	<b>\$89,109.00</b>	<b>(\$1,077.00)</b>	<b>-1%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$1,922.00	\$3,454.00	\$1,532.00	80%
3	Expenditures	\$1,922.00	\$3,454.00	\$1,532.00	80%
4	Unrealized Gains and Losses	(\$1,077.00)	\$0.00	\$1,077.00	-100%
	<b>Ending Balance</b>	<b>\$89,109.00</b>	<b>\$89,109.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$2,000.00	\$2,000.00	\$0.00	0%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

CT CHILDREN'S MEDICAL CENTER		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>14</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>14</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$3,454.00</b>
1	CLAIRE B DAVIS KRAMER FUND	\$150.00
2	CLAIRE B DAVIS KRAMER FUND	\$150.00
3	CLAIRE B DAVIS KRAMER FUND	\$50.00
4	CLAIRE B DAVIS KRAMER FUND	\$25.00
5	CLAIRE B DAVIS KRAMER FUND	\$10.00
6	CLAIRE B DAVIS KRAMER FUND	\$10.00
7	CLAIRE B DAVIS KRAMER FUND	\$10.00
8	CLAIRE B DAVIS KRAMER FUND	\$1,125.00
9	CLAIRE B DAVIS KRAMER FUND	\$300.00
10	CLAIRE B DAVIS KRAMER FUND	\$194.00
11	CLAIRE B DAVIS KRAMER FUND	\$60.00
12	CLAIRE B DAVIS KRAMER FUND	\$270.00
13	CLAIRE B DAVIS KRAMER FUND	\$1,046.00
14	CLAIRE B DAVIS KRAMER FUND	\$54.00
<b>Grand Total</b>		<b>\$3,454.00</b>

CT CHILDREN'S MEDICAL CENTER					
ANNUAL REPORTING					
FISCAL YEAR 2011					
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	CLAIRE B DAVIS KRAMER FUND	\$89,108.00	\$1,953.00	\$0.00	\$0.00
	<b>Total Bed Funds :</b>	<b>\$89,108.00</b>	<b>\$1,953.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	25.40%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	Nair and Levin
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.10%

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	<b>Collection Agent</b>	
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	23.55%
	<b>Collection Agent</b>	
1	Collection Agent Name	VIA Health
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	36.56%

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	Physician In Chief	\$424,309	\$44,036	\$468,345
2.	Executive VP & CFO	\$377,936	\$51,639	\$429,575
3.	Chief Operating Officer	\$284,997	\$51,214	\$336,211
4.	President & CEO	\$274,710	\$40,986	\$315,696
5.	Senior VP & General Council	\$250,619	\$49,044	\$299,663
6.	Senior VP Quality Improvement & Patient Safety	\$237,619	\$39,416	\$277,035
7.	CIO	\$233,515	\$33,108	\$266,623
8.	VP Human Resources	\$190,102	\$39,328	\$229,430
9.	Professional Practice RN IV	\$184,409	\$37,134	\$221,543
10.	Director, Perioperative Services	\$153,768	\$19,723	\$173,491
	<b>Grand Total:</b>	<b>\$2,611,984</b>	<b>\$405,628</b>	<b>\$3,017,612</b>

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . CCMC CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . CCMC AFFILIATES</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . CCMC FOUNDATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . CCMC VENTURES</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . CONNECTICUT CHILDREN'S SPECIALTY GROUP</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>G . THE CHILDREN'S FUND OF CONNECTICUT, INC.</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**CT CHILDREN'S MEDICAL CENTER  
ANNUAL REPORTING  
FISCAL YEAR 2011  
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

CT CHILDREN'S MEDICAL CENTER					
ANNUAL REPORTING					
FISCAL YEAR 2011					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	123	194	71	58%
2.	Number of Approved Applicants	83	142	59	71%
3.	Total Charges (A)	\$1,326,729	\$1,581,300	\$254,571	19%
	<b>Average Charges</b>	<b>\$15,985</b>	<b>\$11,136</b>	<b>(\$4,849)</b>	<b>-30%</b>
4.	Ratio of Cost to Charges (RCC)	0.493594	0.505737	0.012143	2%
	<b>Total Cost</b>	<b>\$654,865</b>	<b>\$799,722</b>	<b>\$144,856</b>	<b>22%</b>
	<b>Average Cost</b>	<b>\$7,890</b>	<b>\$5,632</b>	<b>(\$2,258)</b>	<b>-29%</b>
5.	Charity Care - Inpatient Charges	\$1,133,080	\$1,219,202	\$86,122	8%
6.	Charity Care - Outpatient Emergency Department Charges	51,096	118,329	67,233	132%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	142,553	243,769	101,216	71%
	<b>Total Charges (A)</b>	<b>\$1,326,729</b>	<b>\$1,581,300</b>	<b>\$254,571</b>	<b>19%</b>
8.	Charity Care - Number of Patient Days	262	521	259	99%
9.	Charity Care - Number of Discharges	11	28	17	155%
10.	Charity Care - Number of Outpatient ED Visits	70	103	33	47%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	127	282	155	122%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	6	14	8	133%
2.	Number of Approved Applicants	6	14	8	133%
3.	Total Charges (B)	\$1,922	\$3,454	\$1,532	80%
	<b>Average Charges</b>	<b>\$320</b>	<b>\$247</b>	<b>(\$74)</b>	<b>-23%</b>
4.	Ratio of Cost to Charges (RCC)	0.493594	0.505737	0.012143	2%
	<b>Total Cost</b>	<b>\$949</b>	<b>\$1,747</b>	<b>\$798</b>	<b>84%</b>
	<b>Average Cost</b>	<b>\$158</b>	<b>\$125</b>	<b>(\$33)</b>	<b>-21%</b>
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	20	350	330	1650%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	1,902	3,104	1,202	63%
	<b>Total Charges (B)</b>	<b>\$1,922</b>	<b>\$3,454</b>	<b>\$1,532</b>	<b>80%</b>
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	1	3	2	200%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	10	11	1	10%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					