

<b>Cumulative e-File History 2015</b>	
<b>Federal</b>	
Locator:	0127KV
Taxpayer Name:	Danbury Hospital
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	08/14/2017 11:05:47
Acknowledgement Date:	08/14/2017 11:26:12
Status:	Accepted
Submission ID:	02007720172265000006

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning 10/01, 2015, and ending 09/30, 2016

2015

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

DANBURY HOSPITAL

06-0646597

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 645821208.
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) . . . . . 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) . . . . . 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . 5b

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [Signature] [Date 8/11/17] [Title SVP/CFO]

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only [Signature] [Date 8/10/2017] [Check if also paid preparer X] [Check if self-employed ] [ERO's SSN or PTIN P01595811] [Firm's name ERNST & YOUNG U.S. LLP] [EIN 34-6565596] [Address 200 CLARENDON STREET BOSTON MA 02116-5072] [Phone no. 617 266-2000]

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only [Print/Type preparer's name] [Preparer's signature] [Date] [Check if self-employed ] [PTIN] [Firm's name] [Firm's address] [Firm's EIN] [Phone no.]



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> DANBURY HOSPITAL		<b>D Employer identification number</b> 06-0646597
	Doing business as		<b>E Telephone number</b> (203) 739-7000
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b> 24 HOSPITAL AVENUE	<b>Room/suite</b>	
	<b>City or town, state or province, country, and ZIP or foreign postal code</b> DANBURY, CT 06810-6099		<b>G Gross receipts \$</b> 668,573,745.
<b>F Name and address of principal officer:</b> JOHN M MURPHY, MD 24 HOSPITAL AVENUE DANBURY, CT 06810-6099		<b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>J Website:</b> WWW.DANBURYHOSPITAL.ORG		<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1885 <b>M State of legal domicile:</b> CT	

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE THROUGH MEDICAL CARE, EDUCATION AND RESEARCH THE HEALTH AND WELL BEING OF INDIVIDUALS IN DANBURY AND SURROUNDING COMMUNITIES IN PARTNERSHIP WITH THOSE WE SERVE.</u>				
	<b>2</b> Check this box <input type="checkbox"/> 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)	16.		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	15.		
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	3,944.		
	<b>6</b>	Total number of volunteers (estimate if necessary)	313.		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	6,328,247.		
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.			
Revenue			Prior Year	Current Year	
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	14,913,270.	10,738,946.	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	598,482,181.	628,296,690.	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,838,153.	4,050,104.	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,601,785.	2,735,468.	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	619,835,389.	645,821,208.	
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		<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)	280,914,729.	279,223,654.
		<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)	343,750,186.	365,958,821.	
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	624,664,915.	645,182,475.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-4,829,526.	638,733.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	<b>20</b>	Total assets (Part X, line 16)	836,823,101.	821,780,750.	
	<b>21</b>	Total liabilities (Part X, line 26)	360,086,728.	368,426,366.	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	476,736,373.	453,354,384.		

**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			Date <u>8/11/17</u>
	Signature of officer STEVEN H. ROSENBERG SVP/CFO		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name MIKE A CINCOTTA	Preparer's signature 	Date <u>8/10/2017</u>
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 200 CLARENDON STREET BOSTON, MA 02116-5072	Phone no. 617 266-2000	PTIN P01595811
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

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

TO IMPROVE THE HEALTH AND WELL BEING OF EVERY PERSON WE SERVE.

**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 \$ 206,997,014. including grants of \$ ) (Revenue \$ 169,433,718. )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 128,758,226. including grants of \$ ) (Revenue \$ 138,322,982. )

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 80,019,701. including grants of \$ ) (Revenue \$ 75,421,576. )

SEE SCHEDULE O

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

(Expenses \$ 138,280,754. including grants of \$ ) (Revenue \$ 245,714,253. )

**4e** Total program service expenses ▶ 554,055,695.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<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> . . . . .	X	
<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> . . . . .	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</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? . . . . .		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<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> . . . . .		X
<b>b</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> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</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> . . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<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> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</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> . . . . .	X	
<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> . . . . .		X
<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> . . . . .		X
<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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

MARY JO PAWLAK 24 HOSPITAL AVENUE DANBURY, CT 06810-6099

(203)739-7000



**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. . . . .  X

**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, and 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.

X 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			
(1) JOHN M MURPHY, MD PRES. -WCHN/DH	40.00 7.00	X		X				1,422,295.	0.	44,157.
(2) NEIL CULLIGAN, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
(3) D. CYGANOWSKI (TO 1/1) DIRECTOR	1.00 1.00	X						0.	0.	0.
(4) RICHARD G. JABARA (TO 1/1) DIRECTOR	1.00 5.00	X						0.	0.	0.
(5) ANTHEA DISNEY (FROM 1/1) CHAIRMAN	3.00 1.00	X		X				0.	0.	0.
(6) JOSEPH D. SKRZYPCZAK (TO 1/1) SECRETARY	3.00 3.00	X		X				0.	0.	0.
(7) SPENCER HOULDIN (FROM 1/1) SECRETARY	3.00 1.00	X		X				0.	0.	0.
(8) BRIAN C. WHITE (FROM 1/1) VICE CHAIRMAN	3.00 3.00	X		X				0.	0.	0.
(9) JAMES KENNEDY (TO 1/1) CHAIRMAN	3.00 0.	X		X				0.	0.	0.
(10) CARRIE L. AMOS (FROM 2/10) DIRECTOR	1.00 0.	X						0.	0.	0.
(11) MARY ALICE DONIUS (FROM 2/10) DIRECTOR	1.00 0.	X						0.	0.	0.
(12) C. FERREIRA, MD (FROM 2/10) DIRECTOR	1.00 0.	X						0.	0.	0.
(13) PHIL FIORE, JR (FROM 2/10) DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) BRUCE D. HAIMS (FROM 2/10) DIRECTOR	1.00 0.	X						0.	0.	0.

**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			
( 15) DANIEL MCCARTHY (FROM 2/10) DIRECTOR	1.00 0.	X					0.	0.	0.	
( 16) GREG ONEGLIA (FROM 2/10) DIRECTOR	1.00 0.	X					0.	0.	0.	
( 17) EMMANUEL PALMARES (FROM 2/10) DIRECTOR	1.00 0.	X					0.	0.	0.	
( 18) D. RALLS-MORRISON (FROM 2/10) DIRECTOR	1.00 0.	X					0.	0.	0.	
( 19) ANTHONY RIZZO, JR (FROM 2/10) DIRECTOR	1.00 3.00	X					0.	0.	0.	
( 20) ANNE ROBY (FROM 2/10) DIRECTOR	1.00 1.00	X					0.	0.	0.	
( 21) STEVEN H. ROSENBERG SVP/CFO, WCHN	40.00 16.00			X			781,435.	0.	44,044.	
( 22) DANIEL DEBARBA, JR. (TO 6/1) EXEC VP/PRES-DH	35.00 2.00			X			1,455,998.	0.	40,495.	
( 23) DONNA KAPLANIS ASS'T SECRETARY	40.00 8.00			X			258,683.	0.	47,501.	
( 24) MATTHEW A. MILLER, MD SVP & CHIEF MEDICAL OFFICER	40.00 4.00				X		683,257.	0.	46,890.	
( 25) MORRIS GROSS VP OF FACILITIES/REAL ESTATE	40.00 2.00				X		359,631.	0.	47,171.	
<b>1b Sub-total</b> . . . . .							1,422,295.	0.	44,157.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							9,641,929.	204,529.	690,296.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							11,064,224.	204,529.	734,453.	

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 ▶ 690

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

**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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 71

**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			
( 26) KATHLEEN A. DEMATTEO CHIEF INFOR.OFFICER, WCHN	40.00 0.				X			496,115.	0.	35,372.
( 27) PATRICK C. MINICUS VP OF FINANCE	20.00 20.00				X			505,208.	0.	35,148.
( 28) JAMES VARRONE (TO 9/23) VP SUPPLY CHAIN	36.00 4.00				X			0.	204,529.	32,348.
( 29) RUTH GREGORY (FROM 9/23) VP OF SUPPLY CHAIN	40.00 0.				X			161,915.	0.	26,805.
( 30) DEBRA CARRAGHER VP OF OPERATIONS	40.00 0.					X		337,778.	0.	15,694.
( 31) CAROLYN MCKENNA SR VP/GEN'L COUN	40.00 0.					X		474,287.	0.	46,230.
( 32) RAMIN AHMADI, MD (TO 2/29) DIR. OF EDUC./RES.	40.00 0.					X		337,136.	0.	43,710.
( 33) DAWN MYLES VP OF PERF INNOVA.	40.00 0.					X		345,249.	0.	20,384.
( 34) ROWENA BERGMANS VP-POPULATION HLTH	40.00 0.					X		344,207.	0.	32,940.
( 35) MOREEN DONAHUE ENDOW. CHAIR OF EDUC./RESEARCH	40.00 0.						X	458,070.	0.	44,857.
( 36) MICHAEL DAGLIO PRESIDENT OF NORWALK HOSP.	5.00 43.00						X	585,528.	0.	45,214.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 ► 690

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

**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

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

**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			
( 37 ) L. SCHMITTGALL ----- SRVP STRATEGY-WCHN (FORMER)	0. ----- 0.						X	738,803.	0.	13,334.
( 38 ) JOSEPH CAMPBELL ----- CHIEF AUDIT COMPL. OFFICER	40.00 ----- 0.						X	292,029.	0.	46,511.
( 39 ) P. ZAPPALA (FORMER) ----- SR. VP OF HUMAN RESOURCE	0. ----- 0.						X	1,026,600.	0.	25,648.
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<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶ 690**

	Yes	No
<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> .....	X	
<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> .....	X	
<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> .....		X

**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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**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>	8,066,779.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,469,504.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	202,663.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			10,738,946.				
<b>Program Service Revenue</b>	<b>2a</b> <u>ANCILLARY SERVICE</u>	<b>Business Code</b>	621990	316,851,498.	316,851,498.			
	<b>b</b> <u>MEDICARE/MEDICAID PAY'TS</u>		621990	258,394,543.	258,394,543.			
	<b>c</b> <u>ROUTINE PATIENT</u>		621990	40,900,699.	40,900,699.			
	<b>d</b> <u>CONTRACT LAB</u>		621500	5,067,628.		5,067,628.		
	<b>e</b> <u>EDUCATION</u>		900099	3,383,731.	3,383,731.			
	<b>f</b> All other program service revenue . . . . .			3,698,591.	3,698,591.			
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			628,296,690.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			4,817,612.		174.	4,817,438.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			72,451.			72,451.	
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		1,123,495.						
	<b>b</b> Less: rental expenses . . . . .			178,610.				
	<b>c</b> Rental income or (loss) . . . . .			944,885.				
	<b>d</b> Net rental income or (loss) . . . . . ▶			944,885.	202,900.	741,985.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		21,213,763.	54,775.					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			22,063,355.	45,142.			
	<b>c</b> Gain or (loss) . . . . .			-849,592.	9,633.			
<b>d</b> Net gain or (loss) . . . . . ▶			-839,959.			-839,959.		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>								
<b>b</b> Less: direct expenses . . . . . <b>b</b>								
<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>								
<b>b</b> Less: direct expenses . . . . . <b>b</b>								
<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>			474,632.					
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		465,430.					
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			9,202.			9,202.	
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> <u>ADMINISTRATIVE SERVICES</u>		561000	524,153.			524,153.		
<b>b</b> <u>INS TO COMMUNITY PHYS</u>		524298	518,460.		518,460.			
<b>c</b> <u>OTHER PATIENT SERVICES</u>		900099	392,939.	392,939.				
<b>d</b> All other revenue . . . . .		561000	345,829.			345,829.		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			1,781,381.					
<b>12 Total revenue.</b> See instructions. . . . . ▶			645,821,208.	623,824,901.	6,328,247.	4,929,114.		



**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  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	8,503,187.	3,066,660.	5,436,527.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	212,379,696.	177,039,715.	35,339,981.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,169,303.	8,477,131.	1,692,172.	
9 Other employee benefits . . . . .	30,427,392.	25,364,274.	5,063,118.	
10 Payroll taxes . . . . .	17,744,076.	14,791,462.	2,952,614.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	2,586,086.		2,586,086.	
c Accounting . . . . .	1,104,393.		1,104,393.	
d Lobbying . . . . .	181,134.	150,993.	30,141.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 2</u>	109,372,872.	91,173,226.	18,199,646.	
12 Advertising and promotion . . . . .	1,851,807.	1,543,666.	308,141.	
13 Office expenses . . . . .	8,195,451.	6,831,728.	1,363,723.	
14 Information technology . . . . .	24,171,041.	20,148,980.	4,022,061.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	13,847,513.	11,543,287.	2,304,226.	
17 Travel . . . . .	558,764.	465,786.	92,978.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	172,527.	143,819.	28,708.	
20 Interest . . . . .	7,413,493.	7,413,493.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	46,692,879.	38,923,184.	7,769,695.	
23 Insurance . . . . .	7,421,964.	6,738,181.	683,783.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u> . . . . .	94,409,960.	94,409,960.		
b <u>STATE OF CT HOSPITAL TAX</u> . . . . .	35,065,556.	35,065,556.		
c <u>EQUIPMENT RENT AND MAINT.</u> . . . . .	9,671,374.	8,062,057.	1,609,317.	
d <u>PROFESSIONAL MEMBERSHIP</u> . . . . .	3,242,007.	2,702,537.	539,470.	
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	645,182,475.	554,055,695.	91,126,780.	
<b>26 Joint costs.</b> 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) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	87,296.	<b>1</b>	58,831.
	<b>2</b> Savings and temporary cash investments . . . . .	21,119,887.	<b>2</b>	24,173,104.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net . . . . .	76,938,200.	<b>4</b>	67,983,163.
	<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 . . . . .	10,950,142.	<b>8</b>	11,965,288.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,185,867.	<b>9</b>	4,482,889.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 890,362,678.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 491,994,092.	394,160,849.	<b>10c</b> 398,368,586.
	<b>11</b> Investments - publicly traded securities . . . . .	64,573,120.	<b>11</b>	15,098,240.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	102,260,022.	<b>12</b>	121,804,229.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	162,547,718.	<b>15</b>	177,846,420.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	836,823,101.	<b>16</b>	821,780,750.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	75,819,734.	<b>17</b>	73,901,226.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	2,565,628.	<b>19</b>	13,796,105.
	<b>20</b> Tax-exempt bond liabilities . . . . .	244,850,000.	<b>20</b>	243,270,000.
	<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 . . . . .	0.	<b>23</b>	0.
	<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 . . . . .	36,851,366.	<b>25</b>	37,459,035.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	360,086,728.	<b>26</b>	368,426,366.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	406,109,696.	<b>27</b>	392,151,181.
	<b>28</b> Temporarily restricted net assets . . . . .	36,051,363.	<b>28</b>	25,377,524.
	<b>29</b> Permanently restricted net assets . . . . .	34,575,314.	<b>29</b>	35,825,679.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 . . . . .	476,736,373.	<b>33</b>	453,354,384.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	836,823,101.	<b>34</b>	821,780,750.	

**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>	645,821,208.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	645,182,475.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	638,733.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	476,736,373.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,097,614.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-35,118,336.
<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>	453,354,384.

**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>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
DANBURY HOSPITAL

Employer identification number  
06-0646597

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<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 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 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**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? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 (see instructions):			
<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. Answer (a) and (b) below.		Yes	No
<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? If "Yes," then in <b>Part VI</b> 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.			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.			
<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? Provide details in <b>Part VI</b> .			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**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. **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 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>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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<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 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 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</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)

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

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



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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> DANBURY HOSPITAL	<b>Employer identification number</b> 06-0646597
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DANBURY HOSPITAL

Employer identification number  
06-0646597**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANBURY & NEW MILFORD HOSP. FOUND. 24 HOSPITAL AVENUE DANBURY, CT 06810	\$ 8,066,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF CT-MENT. HEALTH DEPT-GRANT 410 CAPITOL AVENUE HARTFORD, CT 06134	\$ 1,553,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF DANBURY-GRANT 155 DEER HILL AVENUE DANBURY, CT 06810	\$ 5,985.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	APGD GENERAL FUND 30 WEST STREET DANBURY, CT 06810	\$ 58,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE OF CT/DEPT- PUB. HEALTH-GRANT 410 CAPITOL AVENUE HARTFORD, CT 06134-0308	\$ 234,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	UNIVERSITY OF VERMONT 94 UNIVERSITY PLACE BURLINGTON, VT 05405	\$ 43,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DANBURY HOSPITAL	<b>Employer identification number</b> 06-0646597
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RARECYTE, INC.-GRANT  312 DEXTER AVENUE, NORTH  SEATTLE, WA 98109	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CT OFFICE OF STATE COMPTROLLER-GRANT  55 ELM STREET  HARTFORD, CT 06106	\$ 45,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CT BREAST HEALTH INITIATIVE-GRANT  185 MAIN STREET  NEW BRITAIN, CT 06051	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WOMEN'S HEALTH CT-GRANT  22 WATERVILLE ROAD  AVON, CT 06001	\$ 35,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HRSA/BHW/DMD/MTGB-GRANT  5600 FISHERS LANE  ROCKVILLE, MD 20852-1750	\$ 574,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DANBURY HOSPITAL

Employer identification number

06-0646597

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization DANBURY HOSPITAL

Employer identification number

06-0646597

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**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 organization DANBURY HOSPITAL	Employer identification number 06-0646597
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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.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		13.
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		62,259.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		118,606.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		257.
<b>j</b> Total. Add lines 1c through 1i			181,135.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<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>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<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.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

DUES WERE PAID TO CHA IN THE AMOUNT OF \$773,236, OF WHICH 7.50% OF THIS AMOUNT OR \$58,012 WERE EXPENDED ON LOBBYING. AHA DUES OF \$19,198 HAD 22.12% OR \$4,247 EXPENDED ON LOBBYING ACTIVITIES. BOTH AMOUNTS ARE REFLECTED ON 1F.

FEDERAL, STATE AND LOCAL OFFICIALS WERE LOBBIED DURING 2016. AS PART OF THIS MISCELLANEOUS OFFICE EXPENSE SUCH AS PHONE, COMPUTER SUPPLIES, FREIGHT, REFRESHMENT ETC. WERE INCURRED AND WERE REFLECTED ON LINE #11 ACCORDINGLY.

DIRECT CONTACT WITH LEGISLATORS AND STATE LEADERS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR BOTH THE UNINSURED AND UNDER INSURED. MENTAL HEALTH SUPPORT AND SUBSTANCE ABUSE TREATMENT INITIATIVES WERE OF PARTICULAR IMPORTANCE.

THE AMOUNTS SPENT ON LOBBYING WERE NOT A SIGNIFICANT PORTION OF THE HOSPITAL'S REVENUES AND MOSTLY RELATED TO THE HOSPITAL'S EXEMPT PURPOSE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

DANBURY HOSPITAL

06-0646597

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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 in 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 in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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) WCHN INVESTMENTS, LLC	121,804,229.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	121,804,229.	

**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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

ATTACHMENT 1	(a) Description	(b) Book value
(1)	457B ASSET	1,046,595.
(2)	BOND ESCROW FUND	1,868,469.
(3)	BOND ISSUANCE COST	3,024,032.
(4)	BULK ACCOUNTS NET OF RESERVE	1,090,733.
(5)	CSV ON OFFICER'S LIFE POLICY	1,938,980.
(6)	DUE FROM RELATED PARTIES	9,995,195.
(7)	INTEREST IN DH/NMH FOUNDATION	87,854,370.
(8)	INVESTMENT IN WCHIC, LTD.	66,751,612.
(9)	MALPRACTICE RECEIVABLE	1,345,000.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶		177,846,420.

**Part X Other Liabilities.**

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	457B LIABILITY	1,046,595.
(3)	ASSET RETIREMENT OBLIGATION	306,892.
(4)	DUE TO 3RD PARTIES	18,200,144.
(5)	LONG-TERM PAYABLES	140,000.
(6)	MALPRACTICE TRUST FUND RESERVE	11,405,000.
(7)	RESERVE FOR WORKERS COMPENSATION	6,360,404.
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		37,459,035.

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.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions and numerical values for lines 1 through 5.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions and numerical values for lines 1 through 5.

**Part XIII Supplemental Information.**

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

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE D, PART IX - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
MORRISON DEPOSIT	96,418.
OTHER RECEIVABLES	2,835,016.
TOTALS	<u>177,846,420.</u>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

DANBURY HOSPITAL

06-0646597

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1.	1.	PROGRAM SERVICES	MALPRACTICE INS.	
(2) CENTRAL AMERICA/CARIBBEAN	1.	1.	INVESTMENTS	MALPRACTICE INS.	66,751,612.
(3) CENTRAL AMERICA/CARIBBEAN	1.	1.	PROGRAM SERVICES	MALPRACTICE INS.	7,380,728.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	3.	3.			74,132,340.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	3.	3.			74,132,340.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V** **Supplemental Information**

Complete this part to 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).

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SCHEDULE F, PART I, LINE 3F - METHOD OF ACCOUNTING

ALL INFORMATION FOR PART I, LINE 3, COLUMN (F) IS ACCOUNTED FOR ON THE

AUDITED FINANCIAL STATEMENTS ON THE ACCRUAL BASIS.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

DANBURY HOSPITAL

Employer identification number

06-0646597

**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 . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<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 free 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>400.0000</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <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>500.0000</u> %	X	
<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"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</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? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			15,660,359.	2,573,873.	13,086,486.	2.03
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			112,596,213.	55,103,595.	57,492,618.	8.91
<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 . . . . .			128,256,572.	57,677,468.	70,579,104.	10.94
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			202,451.	53,962.	148,489.	.02
<b>f</b> Health professions education (from Worksheet 5) . . . . .			23,347,271.	8,156,282.	15,190,989.	2.35
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			2,291,298.	1,419,628.	871,670.	.14
<b>h</b> Research (from Worksheet 7)			2,208,349.	610,286.	1,598,063.	.25
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			12,898.	410.	12,488.	
<b>j Total.</b> Other Benefits . . . . .			28,062,267.	10,240,568.	17,821,699.	2.76
<b>k Total.</b> Add lines 7d and 7j. . . . .			156,318,839.	67,918,036.	88,400,803.	13.70

**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			1,496.	100.	1,396.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,252.		2,252.	
7 Community health improvement advocacy			84,387.		84,387.	.01
8 Workforce development						
9 Other						
10 Total			88,135.	100.	88,035.	.01

**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? . . . . .	X	
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) . . . . .	207,769,791.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	265,627,861.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-57,858,070.
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 checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	X	

**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? 2

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
<b>1</b> DANBURY HOSPITAL 24 HOSPITAL AVENUE DANBURY CT 06810 WWW.DANBURYHOSPITAL.ORG LICENSE #0039	X	X		X		X	X			
<b>2</b> NEW MILFORD HOSPITAL CAMPUS 21 ELM STREET NEW MILFORD CT 06776 WWW.NEWMILFORDHOSPITAL.ORG LICENSE #0039	X	X					X			
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group DANBURY HOSPITAL

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding hospital licensing, CHNA, and implementation strategies.



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group NEW MILFORD HOSPITAL CAMPUS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

**Community Health Needs Assessment**

		Yes	No
<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? . . . . .		X
<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 . . . . .		X
<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):	X	
<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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
<b>6a</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 . . . . .	X	
<b>6b</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 . . . . .	X	
<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):	X	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART VI FOR URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>SEE PART VI FOR URL</u>		
<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 . . . . .	X	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
<b>a</b>	If "Yes," (list url): <u>SEE PART VI FOR URL</u>		
<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)? . . . . .		X
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to 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)**

Name of hospital facility or letter of facility reporting group DANBURY HOSPITAL

		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:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</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 checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<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? . . . . .	X	
<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):	X	
<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>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI FOR URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI FOR URL</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI FOR URL</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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input 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"/> Other (describe in Section C)		

**Billing and Collections**

<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 non-payment? . . . . .	X	
<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"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group NEW MILFORD HOSPITAL CAMPUS

		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:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</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 checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<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? . . . . .	X	
<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):	X	
<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>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI FOR URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI FOR URL</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI FOR URL</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"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input 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"/> Other (describe in Section C)		

**Billing and Collections**

<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 non-payment? . . . . .	X	
<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"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group DANBURY HOSPITAL

		Yes	No
<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:		X
<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"/> Actions that require a legal or judicial process		
<b>d</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"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<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:		X
<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)		

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

<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	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.		X
<b>24</b>	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.		X

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group NEW MILFORD HOSPITAL CAMPUS

		Yes	No
<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:		X
<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"/> Actions that require a legal or judicial process		
<b>d</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"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<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:		X
<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)		

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

<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	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.		X
<b>24</b>	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.		X

**Part V Facility Information** (continued)

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

PART V, LINE 5 - ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY

FACILITY: DANBURY HOSPITAL

IN CONDUCTING THE CURRENT CHNA, DANBURY HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY IT SERVES. THIS INCLUDED THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. LOCAL COLLABORATORS INCLUDED THE VARIOUS HEALTH DEPARTMENTS, THE UNITED WAY OF WESTERN CONNECTICUT, AND THE REGIONAL YMCA. GOVERNMENT OFFICIALS WERE ALSO REPRESENTED AT THE STATE AND LOCAL LEVELS, SUCH AS CONNECTICUT SENATORS AND TOWN MAYORS.

THE HOSPITAL COLLABORATES WITH COMMUNITY PARTNERS FOR ASSESSMENT OF COMMUNITY HEALTH NEEDS AND ACTION PLANNING. DANBURY HOSPITAL, AND ITS NEW MILFORD HOSPITAL CAMPUS, PARTICIPATED IN THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT. THE OTHER EIGHT TOWNS ARE BRIDGEWATER, BETHEL, BROOKFIELD, NEW FAIRFIELD, NEWTOWN, REDDING, RIDGEFIELD AND SHERMAN, CT, ALL TOWNS WITHIN THE PRIMARY SERVICE AREA OF BOTH HOSPITALS. DEVELOPING A PLAN FOR HEALTH IMPROVEMENT IN OUR REGION INVOLVES COLLECTIVE ACTION BY AND SHARING OF EXPERTISE AND RESOURCES ACROSS AGENCIES AND ORGANIZATIONS IN BOTH THE PUBLIC AND PRIVATE SECTORS.

PART V, LINE 6A - LIST OTHER HOSPITAL FACILITIES THAT JOINTLY CONDUCTED NEEDS ASSESSMENT

FACILITY: DANBURY HOSPITAL

DANBURY HOSPITAL, AND ITS NEW MILFORD HOSPITAL CAMPUS, PARTICIPATED IN

**Part V Facility Information** (continued)

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

THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT.

PART V, LINE 6B - CHNA CONDUCTED BY ORGANIZATIONS OTHER THAN HOSPITAL FACILITY: DANBURY HOSPITAL

AS NOTED IN PART VI, LINE #2, NEEDS ASSESSMENT NARRATIVE, THE CHNA WAS CONDUCTED WITH VARIOUS COMMUNITY ORGANIZATIONS PARTICIPATING IN THE COMMUNITY FORUM AT DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS.

PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL CAMPUS IN CONDUCTING ITS MOST RECENT CHNA IN 2012 (COMPLETED AND APPROVED IN 2013), DEVELOPED EFFECTIVE STRATEGIES TO IMPROVE COMMUNITY HEALTH INVOLVE ACTIVE COLLABORATION AND COMMITMENT AMONG HEALTH PROVIDERS, PUBLIC AND COMMUNITY HEALTH AGENCIES, EDUCATORS, WORK SITES, COMMUNITY AND FAITH-BASED ORGANIZATIONS AND GROUPS, AND THE PUBLIC THEY SERVE.

THE HOSPITAL COLLABORATES WITH COMMUNITY PARTNERS FOR ASSESSMENT OF COMMUNITY HEALTH NEEDS AND ACTION PLANNING. NEW MILFORD HOSPITAL AND DANBURY HOSPITAL CAMPUSES PARTICIPATED IN THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT. THE OTHER EIGHT TOWNS ARE BRIDGEWATER, BETHEL, BROOKFIELD, NEW FAIRFIELD, NEWTOWN, REDDING,

**Part V Facility Information** (continued)

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

RIDGEFIELD AND SHERMAN, CT, ALL TOWNS WITHIN THE PRIMARY SERVICE AREA OF BOTH HOSPITALS. DEVELOPING A PLAN FOR HEALTH IMPROVEMENT IN OUR REGION INVOLVES COLLECTIVE ACTION BY AND SHARING OF EXPERTISE AND RESOURCES ACROSS AGENCIES AND ORGANIZATIONS IN BOTH THE PUBLIC AND PRIVATE SECTORS.

PART V, LINE 6A - LIST OTHER HOSPITAL FACILITIES THAT JOINTLY CONDUCTED NEEDS ASSESSMENT

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL AND DANBURY HOSPITAL CAMPUSES PARTICIPATED IN THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT. THAT INCLUDES DANBURY AND NEW MILFORD, CT.

PART V, LINE 6B - CHNA CONDUCTED BY ORGANIZATIONS OTHER THAN HOSPITAL

FACILITY: NEW MILFORD HOSPITAL CAMPUS

AS NOTED IN PART VI, LINE #2, NEEDS ASSESSMENT NARRATIVE, THE CHNA WAS CONDUCTED WITH VARIOUS COMMUNITY ORGANIZATIONS PARTICIPATING IN THE COMMUNITY FORUM AT DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS.

PART V, LINE 16I - OTHER MEANS HOSPITAL FACILITY PUBLICIZED THE POLICY

FACILITY: DANBURY HOSPITAL

DANBURY HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL. COUNSELORS ARE ALSO AVAILABLE TO PROVIDE FURTHER ASSISTANCE.



**Part V Facility Information** (continued)

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

PART V, LINE 16I - OTHER MEANS HOSPITAL FACILITY PUBLICIZED THE POLICY

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL CAMPUS HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL. COUNSELORS ARE ALSO AVAILABLE TO PROVIDE FURTHER ASSISTANCE.

PART V, LINE 22D - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT INSURANCE

FACILITY: DANBURY HOSPITAL

DANBURY HOSPITAL INTENDS TO BE IN COMPLIANCE WITH THE REGULATIONS REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICAL NECESSARY CARE BY THE EFFECTIVE DATE (10/1/2016).

PART V, LINE 22D - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT INSURANCE

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL CAMPUS INTENDS TO BE IN COMPLIANCE WITH THE REGULATIONS REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICAL NECESSARY CARE BY THE EFFECTIVE DATE (10/1/2016).

**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? 23

Name and address	Type of Facility (describe)
<b>1</b> DANBURY HOSPITAL RIDGEFIELD SURG. CTR. 901 ETHAN ALLEN HIGHWAY RIDGEFIELD CT 06877	OUTPATIENT SURGICAL CENTER
<b>2</b> BREAST IMAGING CENTER 20 GERMANTOWN ROAD DANBURY CT 06810	DIAGNOSTIC
<b>3</b> MAIN STREET REHABILITATION CENTER 235 MAIN STREET DANBURY CT 06810	REHABILITATION
<b>4</b> SIEFERT & FORD COMMUNITY HEALTH CTR. 70 MAIN STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
<b>5</b> DANBURY HOSPITAL SLEEP LAB II 25 LAKE AVENUE-EXTENSION DANBURY CT 06810	DIAGNOSTIC
<b>6</b> COMM. CTR. FOR BEHAVIORIAL HEALTH 152 WEST STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
<b>7</b> SOUTHBURY CARDIOVASCULAR DIAGNOSTICS 22 OLD WATERBURY ROAD SOUTHBURY CT 06488	DIAGNOSTIC
<b>8</b> PULMONARY SERVICES 33 GERMANTOWN ROAD DANBURY CT 06810	DIAGNOSTIC
<b>9</b> THE ANTICOAGULATION CENTER 41 GERMANTOWN ROAD DANBURY CT 06810	DIAGNOSTIC
<b>10</b> PHYSICAL MEDICINE CENTER OF SOUTHBURY 22 OLD WATERBURY ROAD, SUITE 101 SOUTHBURY CT 06488	OUTPATIENT-PHYSICIAN CLINIC

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

Name and address	Type of Facility (describe)
<b>1</b> NEW MILFORD HOSPITAL BEHAVIORIAL HEALT 23 POPLAR STREET NEW MILFORD CT 06776	OUTPATIENT-PHYSICIAN CLINIC
<b>2</b> DANBURY HOSPITAL LABORATORY 79 SANDPIT ROAD DANBURY CT 06810	DIAGNOSTIC
<b>3</b> CENTER FOR CHILD & ADOL. TREAT. 152 WEST STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
<b>4</b> DANBURY HOSPITAL LABORATORY CENTER NM 120 PARK LANE, SUITE A201 NEW MILFORD CT 06776	DIAGNOSTIC
<b>5</b> DANBURY HOSPITAL SOUTHBURY LABORATORY 22 OLD WATERBURY ROAD, SUITE 101 SOUTHBURY CT 06488	DIAGNOSTIC
<b>6</b> DANBURY HOSPITAL LAB CTR. IN BROOKFIELD 60 OLD NEW MILFORD ROAD, UNIT 1C BROOKFIELD CT 06804	DIAGNOSTIC
<b>7</b> DANBURY HOSPITAL DIABETES EDUCATION CT 41 GERMANTOWN ROAD DANBURY CT 06810	EDUCATION CENTER
<b>8</b> RIDGEFIELD SPECIMEN COLLECTION FACILI 10 SOUTH STREET RIDGEFIELD CT 06877	DIAGNOSTIC
<b>9</b> BETHEL LABORATORY 68 STONY HILL ROAD BETHEL CT 06801	DIAGNOSTIC
<b>10</b> NEWTOWN LABORATORY 14-18 CHURCH HILL ROAD NEWTOWN CT 06470	DIAGNOSTIC

Schedule H (Form 990) 2015

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

Name and address	Type of Facility (describe)
<b>1</b> KENOSIA LAB 51-53 KENOSIA AVENUE DANBURY CT 06810	DIAGNOSTIC
<b>2</b> DANBURY HOSPITAL RESEARCH INSTITUTE 131 WEST STREET DANBURY CT 06813	DIAGNOSTIC
<b>3</b> NEW MILFORD INTEGRATED MEDICINE PRGM 30 ELM STREET NEW MILFORD CT 06776	OUTPATIENT-PHYSICIAN CLINIC
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI** Supplemental Information

Provide the following information.

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- 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.

PART I, LINE 3C - CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED)

ANNUAL INCOME IS USED TO DETERMINE ELIGIBILITY. IF FAMILY INCOME LIMIT FOR ELIGIBILITY IS BETWEEN 400% AND 500% THEN 50% WILL BE TAKEN OFF BASED ON A SLIDING SCALE.

PART I, LINE 6A - RELATED ORGANIZATION COMMUNITY BENEFIT REPORT

PART I, LINE 6A & 6B: THE COMMUNITY BENEFIT REPORT IS REPORTED ON A NETWORK BASIS. IT CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAMS AND SERVICES' DESCRIPTIONS AND FINANCIAL DATA. THE FORM IS MADE AVAILABLE TO THE PUBLIC ON THE OFFICE OF HEALTH CARE ACCESS' WEBSITE:  
[HTTP://WWW.CT.GOV/DPH/CWP/VIEW.ASP?A=3902&Q=585448](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=585448)

PART 1, LINE 7 - EXPLANATION OF COSTING METHOD

CHARITY CARE AT COST PERCENTAGE:

TOTAL GROSS PATIENT CHARGES WRITTEN OFF TO CHARITY (INCOME STATEMENT) \*  
 PATIENT COST TO CHARGE % (SEE BELOW) = TOTAL COMMUNITY BENEFIT EXPENSE

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TOTAL COMMUNITY BENEFIT EXPENSES - REVENUE FROM UNCOMPENSATED CARE POOLS  
AND PROGRAMS (DHS \* % OF COST OF UNCOMPENSATED CARE SHOWN ON THE OCHA  
SCHEDULE 500) = NET COMMUNITY BENEFITS EXPENSES

NET COMMUNITY BENEFITS EXPENSES / TOTAL EXPENSES = % OF TOTAL EXPENSES  
RATIO COST TO CHARGE CALCULATION

TOTAL OPERATING EXPENSES - NON-PATIENT CARE ACTIVITIES, MEDICAID PROVIDER  
TAX, TOTAL COMMUNITY BENEFIT EXPENSE AND TOTAL COMMUNITY BUILDING EXPENSE  
= ADJUSTED PATIENT CARE COST.

ADJUSTED PATIENT CARE COST DIVIDED BY GROSS PATIENT CHARGES = RATIO OF  
PATIENT CARE COSTS TO CHARGES.

PART I, LINE 7G - COSTS ASSOCIATED WITH PHYSICIANS CLINICS  
THERE ARE NO PHYSICIAN CLINICS INCLUDED IN THIS AMOUNT.

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PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE

THE RATIO OF COST TO CHARGES IS APPLIED TO THE BAD DEBT EXPENSE ON THE  
AUDITED FINANCIAL STATEMENTS.

PART III, LINE 3 - METHODOLOGY OF ESTIMATED AMOUNT & RATIONALE FOR  
INCLUDING IN COMMUNITY BENEFIT

IT IS THE POLICY OF THE HOSPITAL TO PROVIDE NECESSARY CARE TO ALL PERSONS  
SEEKING TREATMENT WITHOUT DISCRIMINATION ON THE GROUNDS OF AGE, RACE,  
CREED, NATIONAL ORIGIN OR ANY OTHER GROUNDS UNRELATED TO AN INDIVIDUAL'S  
NEED FOR THE SERVICE OR THE AVAILABILITY OF THE NEEDED SERVICE AT THE  
HOSPITAL. A PATIENT IS CLASSIFIED AS A CHARITY CARE PATIENT BY REFERENCE  
TO ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES  
DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS  
ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL  
UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME GUIDELINES, BUT  
ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN  
COMPARED TO A RESPONSIBLE PARTY'S INCOME AND THEIR COUNTABLE ASSETS.  
THOSE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR

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FINANCIAL REPORTING PURPOSES. BECAUSE THE HOSPITAL IS NOT PAID FOR THESE SERVICES, THEY ARE CONSIDERED TO BE COMMUNITY BENEFIT.

WHEN PRIVATE PAY PATIENTS ARE SENT TO THE COLLECTION AGENCY THEIR ACCOUNT IS CONSIDERED TO BE A BAD DEBT. SUBSEQUENTLY, MEDICAID MAY BE GRANTED FOR SOME OF THOSE PATIENTS. AT THAT TIME THOSE ACCOUNTS WOULD BECOME CHARITY CARE OR A COMMUNITY BENEFIT.

PART III, LINE 4 - BAD DEBT EXPENSE

PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

THE HOSPITAL'S ESTIMATION OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND AGE OF THE PATIENT ACCOUNTS RECEIVABLE AND THE EFFECTIVENESS OF THE HOSPITAL'S COLLECTION EFFORTS. THE



**Part VI Supplemental Information**

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HOSPITAL'S POLICY IS TO RESERVE A PORTION OF ALL SELF-PAY RECEIVABLES, INCLUDING AMOUNTS DUE FROM THE UNINSURED AND AMOUNTS RELATED TO CO-PAYMENTS AND DEDUCTIBLES, AS THESE CHARGES ARE RECORDED. ON A MONTHLY BASIS, THE HOSPITAL REVIEWS ITS ACCOUNTS RECEIVABLE BALANCES AND VARIOUS ANALYTICS TO SUPPORT THE BASIS FOR ITS ESTIMATES. THESE EFFORTS PRIMARILY CONSIST OF REVIEWING THE FOLLOWING:

HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE USING A HINDSIGHT OR LOOK-BACK APPROACH;

REVENUE AND VOLUME TRENDS BY PAYOR, PARTICULARLY THE SELF-PAY COMPONENTS;

CHANGES IN THE AGING AND PAYOR MIX OF ACCOUNTS RECEIVABLE, INCLUDING INCREASED FOCUS ON ACCOUNTS DUE FROM THE UNINSURED AND ACCOUNTS THAT REPRESENT CO-PAYMENTS AND DEDUCTIBLES DUE FROM PATIENTS;

CASH COLLECTIONS AS A PERCENTAGE OF NET PATIENT REVENUE LESS THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS; AND

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TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE

THE HOSPITAL REGULARLY PERFORMS HINDSIGHT PROCEDURES TO EVALUATE HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE THROUGHOUT THE YEAR TO ASSIST IN DETERMINING THE REASONABLENESS OF ITS PROCESS FOR ESTIMATING THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

THE HOSPITAL'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSISTS OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS.

THE HOSPITAL MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS, AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS. SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE INCLUDE 31%, 14% AND 55% AND 30%, 11% AND 59% FOR MEDICARE, MEDICAID AND NON-GOVERNMENT PAYORS, RESPECTIVELY, AT SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY.

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PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT

DANBURY HOSPITAL'S MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT AS THE ORGANIZATION STRIVES TO PROVIDE 24/7 COVERAGE, IMPROVED PATIENT ACCESS, HIGHEST CLINICAL QUALITY AS WELL AS ADDRESSING THE NEEDS OF THE COMMUNITY BY OFFERING CRITICAL SERVICES TO OUR GEOGRAPHIC AREA. AS A RESULT, THE ORGANIZATION MUST BALANCE THE COST OF THESE PROGRAMS AGAINST THE CONTINUED DECREASING GOVERNMENT REIMBURSEMENT LEVELS, UNINSURED POPULATION AND COMMUNITY NEEDS.

A COST ACCOUNTING SYSTEM IS USED TO CALCULATE THE SHORTFALL, WHICH IS MEDICARE NET PATIENT REVENUE LESS APPLICABLE COSTS.

PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PERSONS

IT IS THE POLICY OF DANBURY HOSPITAL TO PROVIDE "FINANCIAL ASSISTANCE" (EITHER FREE CARE OR REDUCED PATIENT OBLIGATIONS) TO PERSONS OR FAMILIES WHERE: (I) THERE IS LIMITED OR NO HEALTH INSURANCE AVAILABLE; (II) THE PATIENT FAILS TO QUALIFY FOR GOVERNMENTAL ASSISTANCE (FOR EXAMPLE

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MEDICARE OR MEDICAID); (III) THE PATIENT COOPERATES WITH THE HOSPITAL IN PROVIDING THE REQUESTED INFORMATION; (IV) THE PATIENT DEMONSTRATES FINANCIAL NEED; AND (V) DANBURY HOSPITAL MAKES AN ADMINISTRATIVE DETERMINATION THAT FINANCIAL ASSISTANCE IS APPROPRIATE.

AFTER THE HOSPITAL DETERMINES THAT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE AVAILABLE TO THE PATIENT BY UTILIZING THE CHARITABLE ASSISTANCE GUIDELINES, WHICH ARE BASED UPON THE MOST RECENT FEDERAL POVERTY GUIDELINES.

DANBURY HOSPITAL SHALL REGULARLY REVIEW THIS FINANCIAL ASSISTANCE POLICY TO ENSURE THAT AT ALL TIMES IT: (I) REFLECTS THE PHILOSOPHY AND MISSION OF THE HOSPITAL; (II) EXPLAINS THE DECISION PROCESSES OF WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND IN WHAT AMOUNTS; AND (III) COMPLIES WITH ALL APPLICABLE STATE AND FEDERAL LAWS, RULES, AND REGULATIONS CONCERNING THE PROVISION OF FINANCIAL ASSISTANCE TO INDIGENT PATIENTS.

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CONSISTENT WITH THIS MISSION, DANBURY HOSPITAL RECOGNIZES ITS OBLIGATION TO THE COMMUNITY IT SERVES TO PROVIDE FINANCIAL ASSISTANCE TO INDIGENT PERSONS WITHIN THE COMMUNITY.

IN FURTHERANCE OF ITS CHARITABLE MISSION, DANBURY HOSPITAL WILL PROVIDE BOTH (I) EMERGENCY TREATMENT TO ANY PERSON REQUIRING SUCH CARE; AND (II) ESSENTIAL, NON-EMERGENT CARE TO PATIENTS WHO ARE PERMANENT RESIDENTS OF ITS PRIMARY SERVICE AREA WHO MEET THE CONDITIONS AND CRITERIA SET FORTH IN THIS POLICY, WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY FOR SUCH CARE. ELECTIVE PROCEDURES GENERALLY WILL NOT BE CONSIDERED ESSENTIAL, NON-EMERGENT CARE AND USUALLY WILL NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

DANBURY HOSPITAL WILL COLLECT FROM INDIVIDUALS ON FINANCIAL ASSISTANCE IF THEY RECEIVED A PARTIAL CHARITABLE DISCOUNT. ALL PATIENTS CAN APPLY FOR CHARITABLE CARE ON BALANCES THEY FEEL THAT THEY CANNOT AFFORD.

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## PART VI - NEEDS ASSESSMENT

PART VI, LINE 2: THE COMMUNITY FORUM HELD IN 2014 WAS ATTENDED BY 37 COMMUNITY STAKEHOLDERS FROM THE HOUSATONIC VALLEY REGION (HVR). THIS INCLUDED REPRESENTATIVES FROM 5 HEALTH DEPARTMENTS/DISTRICTS (DANBURY, NEW MILFORD, BETHEL, NEWTOWN, AND POMPERAUG), WESTERN CT HEALTH NETWORK, DANBURY EMS, THE BETHEL VISITING NURSE ASSOCIATION, THE UNITED WAY OF WESTERN CT, THE REGIONAL YMCA, THE HOUSATONIC VALLEY COALITION AGAINST SUBSTANCE ABUSE, THE MID-WESTERN CT COUNCIL ON ALCOHOLISM, THE AMERCARES FREE CLINIC, THE CIFC COMMUNITY HEALTH CENTER, DOCTOR'S EXPRESS URGENT CARE CENTER, THE REGIONAL EDUCATIONAL SERVICE CENTER, THE DANBURY FIRE DEPARTMENT, THE NEW MILFORD SENIOR CENTER, AND THE PETER AND CARMEN LUCIA BUCK FOUNDATION. TWO COMMUNITY HEALTH CONVERSATIONS WERE HELD WITH KEY COMMUNITY STAKEHOLDERS IN OCTOBER 2012 - (DANBURY AND NEW MILFORD, CT) TO ENSURE ACCESSIBILITY BY KEY STAKEHOLDERS THROUGHOUT THE REGION. ATTENDEES INCLUDED A TOTAL OF 52 REPRESENTATIVES FROM HOSPITALS; COMMUNITY HEALTH CENTERS; SCHOOL-BASED HEALTH CENTERS; VISITING NURSE ASSOCIATIONS/SERVICES; MUNICIPAL HEALTH, EDUCATION, SOCIAL SERVICE, SENIOR CENTERS AND FIRE DEPARTMENTS; NON-PROFIT ORGANIZATIONS; AND A

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LEGISLATOR'S OFFICE. GEOGRAPHICALLY, ALL 10 HVR MUNICIPALITIES WERE REPRESENTED EITHER DIRECTLY OR THROUGH REGIONAL AGENCIES AND ORGANIZATIONS. THE PARTICIPATION AND INSIGHTS OF COMMUNITY LEADERS AND AGENCIES/ORGANIZATIONS WHO PROVIDE DIRECT PROGRAMS AND SERVICES FOR THE LOW INCOME/MINORITY MEMBERS OF THE COMMUNITY WAS IMPORTANT TO THE DATA COLLECTION AND ASSESSMENT PROCESS.

THE WESTERN CT HEALTH NETWORK (OF WHICH DANBURY HOSPITAL IS A PART) CONDUCTED A PHYSICIAN RESOURCE ASSESSMENT TO EVALUATE THE SUPPLY OF HEALTH CARE PROVIDERS WITHIN ITS COMBINED SERVICE AREA TOWNS. THIS IS DONE TO DOCUMENT COMMUNITY NEED FOR HEALTH CARE PROVIDERS, AND TO DEVELOP A PLAN TO MEET THE HEALTH CARE NEEDS OF THE COMMUNITY SERVED. THROUGH WESTERN CT HEALTH NETWORK'S ANNUAL PLANNING PROCESS, AN ENVIRONMENTAL ASSESSMENT IS CONDUCTED TO IDENTIFY HEALTH CARE GAPS AND NEEDS OF THE SERVICE AREA COMMUNITY BROUGHT ABOUT BY LOCAL AND NATIONAL TRENDS IN ECONOMIC, LEGISLATIVE, DEMOGRAPHIC, HEALTH CARE INDUSTRY AND OTHER ENVIRONMENTAL FACTORS. THESE FORCES ARE CONSIDERED AND INCORPORATED IN MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY BY HELPING TO FRAME THE

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PRIORITIES, GOALS AND INITIATIVES OF WESTERN CT HEALTH NETWORK'S LONG RANGE AND ANNUAL STRATEGIC PLANS.

IN 2015, DANBURY HOSPITAL, ALONG WITH THE COMMUNITY ACTION PLANNING STEERING COMMITTEE CONSISTING OF VARIOUS COMMUNITY MEMBERS, BEGAN THE PROCESS TO DEVELOP THE 2016 CHNA. COMMUNITY FORUMS WERE HELD TO DISCUSS RESULTS AND IDENTIFY PRIORITY ISSUES FROM THE COMMUNITY WELLBEING SURVEY CONDUCTED BY DATAHAVEN, A NON-PROFIT ORGANIZATION THAT WORKS TO IMPROVE QUALITY OF LIFE BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA FOR EFFECTIVE DECISION MAKING. A KEY INFORMANT SURVEY WAS ALSO DEVELOPED AND DISTRIBUTED TO 200 COMMUNITY LEADERS IN THE DANBURY HOSPITAL AREA. FURTHER DETAILS ON THE 2016 CHNA AND CHIP WILL BE PROVIDED IN NEXT YEAR'S SCHEDULE H, 990 REPORT.

PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3: THE HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL. ALSO SIGNS ARE POSTED THROUGHOUT THE HOSPITAL AND



**Part VI Supplemental Information**

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COUNSELORS ARE AVAILABLE TO PROVIDE FURTHER ASSISTANCE. ALL UNINSURED INPATIENTS ARE INTERVIEWED BY FINANCIAL COUNSELORS AND ASSESSED FOR ELIGIBILITY FOR ASSISTANCE PROGRAMS. THE HOSPITAL PROVIDES INFORMATIONAL HANDOUTS TO ALL UNINSURED PATIENTS AT THE TIME OF REGISTRATION WHICH REFERS THEM TO FINANCIAL COUNSELING IF THEY WOULD LIKE ASSISTANCE WITH THEIR BILLS. FURTHER, THE HOSPITAL MAILS NOTICES TO ALL SELF-PAY ACCOUNTS REFERRING THEM TO FINANCIAL COUNSELING IF THEY NEED ASSISTANCE. THE COLLECTION DEPARTMENT WILL ALSO REFER PATIENTS TO FINANCIAL COUNSELING WHEN A PATIENT INDICATES THAT THEY CANNOT AFFORD THEIR BALANCES; AND FINALLY, SCHEDULERS REFER UNINSURED PATIENTS TO FINANCIAL COUNSELING PRIOR TO THEIR TEST OR PROCEDURE. THE POLICY AND APPLICATIONS FOR ASSISTANCE ARE ALSO AVAILABLE ON LINE, AS WELL AS UPON REQUEST AT THE HOSPITAL.

PART VI - COMMUNITY INFORMATION

PART VI, LINE 4: COMMUNITY INFORMATION:

DANBURY HOSPITAL AND THE NEW MILFORD HOSPITAL CAMPUS SERVES AN AREA WITH

**Part VI** Supplemental Information

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A POPULATION OF ABOUT 265,000 PEOPLE. THE PRIMARY SERVICE AREA INCLUDES BETHEL, BRIDGEWATER, BROOKFIELD, DANBURY, NEW FAIRFIELD, NEW MILFORD, NEWTOWN, RIDGEFIELD, AND SOUTHBURY (IN CT), AND THE SECONDARY SERVICE AREA INCLUDES KENT, REDDING, ROXBURY, SHERMAN, WASHINGTON, WINGDALE, AND WOODBURY (IN CT) AND BREWSTER, NORTH SALEM, PATTERSON, AND PAWLING (IN NY). THIS SERVICE AREA IS COMPRISED OF A DENSELY POPULATED CORE OF THE URBAN/SUBURBAN CITY OF DANBURY SURROUNDED BY MODERATELY AFFLUENT RESIDENTIAL AND RURAL TOWNS. DANBURY IS ALSO LISTED AS A MEDICALLY UNDERSERVED AREA, OR MUA. DANBURY HAS A MEDIAN HOUSEHOLD INCOME OF \$65,981 AND A POVERTY RATE OF 7.9%, WHILE NEW MILFORD HAS A HOUSEHOLD INCOME OF \$80,260 AND A POVERTY RATE OF 7.3%. THE OVERALL UNINSURED POPULATION RATE FOR THE STATE IS ESTIMATED TO BE 3.8%. ALTHOUGH THE POPULATION OF THE PRIMARY AND SECONDARY SERVICE AREAS IS EXPECTED TO REMAIN VIRTUALLY LEVEL FROM 2010 TO 2020, THE COHORT AGED 65 AND OVER IS EXPECTED TO INCREASE BY 2.78% IN DANBURY AND 4.05% IN NEW MILFORD, WHILE THE AGE 20-44 AGE COHORT IS FORECAST TO SLIGHTLY INCREASE AT 0.68% IN DANBURY AND DECREASE BY 1.13% IN NEW MILFORD OVER THE SAME TIME PERIOD.

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PART VI - COMMUNITY BUILDING ACTIVITIES

PART II: COMMUNITY BUILDING ACTIVITIES

RELATES TO LINE #6, COALITION BUILDING, TOTALING \$2,252:

WESTERN CONNECTICUT HEALTH NETWORK (WCHN) PARTICIPATES AS A MEMBER OF A REGIONAL COLLABORATIVE REPRESENTING THE HOUSATONIC VALLEY REGION AND TEN MUNICIPALITIES. A STEERING COMMITTEE COMPRISED OF HEALTH CARE PROVIDERS, COMMUNITY-BASED PROVIDERS, AND LOCAL GOVERNMENT AGENCIES MEETS NO LESS THAN TWICE A YEAR TO OVERSEE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THAT WAS DEVELOPED UTILIZING DATA FROM A REPORT CARD AND PREVIOUS COMMUNITY CONVERSATIONS. FOUR PRIORITY HEALTH INDICATORS (PHI) ARE BEING ADDRESSED THROUGH A WORK GROUP STRUCTURE THAT INCLUDES A DESIGNATED LEADER WHO CONVENES THE GROUP TO FURTHER DEVELOP AND REFINE THEIR ACTION PLANS. COMMUNITY STAKEHOLDERS PARTICIPATED IN AN APRIL 2014 COMMUNITY FORUM FACILITATED BY THE CENTER FOR HEALTH SCHOOLS & COMMUNITIES @ EDUCATION CONNECTION. OVERALL, DATA OBTAINED FROM THE CONVERSATIONS PROVIDED HIGH QUALITY INFORMATION TO FRAME THE BEGINNING OF A COMMUNITY

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HEALTH IMPROVEMENT CHANGE PROCESS IN THE REGION.

1. PREVENTION AND EDUCATION OF MOST PREVALENT CHRONIC DISEASES/HEALTH CONDITIONS: OBESITY, TYPE 2 DIABETES, AND HYPERTENSION WERE IDENTIFIED AS THE MOST PREVALENT HEALTH CONDITIONS IN THE COMMUNITY. THE PHI TEAM GOALS ARE TO INCREASE HEALTHY EATING OPTIONS, ENHANCE ACCESS TO PHYSICAL ACTIVITIES, AND PROMOTE A UNIVERSAL HEALTHY LIFESTYLE. IN JULY 2014, THE PHI TEAM RECEIVED THE YMCA DIABETES PREVENTION PROGRAM GRANT WHICH WAS USED TO FUND THEIR DIABETES PREVENTION PROGRAM. THE PROGRAM BEGAN IN OCTOBER 2014, AND THROUGH DECEMBER 2015 10 CLASSES HAD BEEN CONDUCTED (AVERAGE CLASS SIZE OF 5.4 PARTICIPANTS, AVERAGE AGE OF 59 YEARS, AND 75% OF THE REFERRALS WERE FROM PHYSICIAN OFFICES). PARTICIPANTS EXCEEDED THE TARGETED WEIGHT LOSS GOAL OF 7% (ACHIEVED 10.4%) WHICH WAS SUPPORTED BY CONSISTENT PROGRAM PARTICIPATION, PHYSICAL ACTIVITY AND FOOD TRACKER COMPLETION. THE TEAM ALSO PARTICIPATED IN NATIONAL WALK DAY, WHICH GARNERED OVER 150 PEOPLE FROM THE HOUSATONIC VALLEY REGION AND FORMATION OF 3 COMMUNITY WALKING GROUPS. THE COALITION FOR HEALTHY KIDS IS PILOTING A "WALKING SCHOOL BUS" PROGRAM WITH A LOCAL SCHOOL TO ENCOURAGE PHYSICAL

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ACTIVITY. A WELLNESS CAMPAIGN BUILDING ON THE "5, 2, 1, 0 LET'S GO"

MESSAGING WAS IMPLEMENTED AND THE "KNOW YOUR NUMBERS" CAMPAIGN TRACKED

338 INDIVIDUALS WITH BLOOD PRESSURE MONITORING.

## 2. IMPROVING ACCESS/UTILIZATION TO SUBSTANCE ABUSE AND MENTAL HEALTH

SERVICES: MENTAL HEALTH ISSUES AND SUBSTANCE ABUSE CONTINUE TO BE

PREVALENT ISSUES IN THE COMMUNITY. THIS PHI TEAM IS COLLABORATING WITH 12

LOCAL PREVENTION COUNCILS, THE CT PREVENTION FRAMEWORK, AND OTHER

ENTITIES TO INCREASE OUTREACH EFFORTS. THEIR GOALS ARE TO IDENTIFY GAPS

IN SERVICES AND ACCESS, PROVIDE EDUCATION, AND INCREASE AWARENESS

REGARDING SERVICES AND PROGRAMS. THERE IS AWARENESS TO VULNERABLE TARGET

GROUPS IN NEED OF ENHANCED SERVICES AND SUPPORTS, SUCH AS THE HOMELESS

POPULATION AND YOUTH. THE TEAM WORKED TO IMPROVE EDUCATION AND

INFORMATION DISSEMINATION, AND SUPPORTED INTEGRATION OF A

"QUESTION-PERSUADE-REFER" MODEL FOR SUICIDE PREVENTION. AREAS OF FOCUS

TARGETED PRESCRIPTION DRUG USE, SUPPORT FOR COMMUNITY "DROP BOXES" ,

OPIATE USE, UNDERAGE DRINKING, AND BEHAVIORAL HEALTH INITIATES IN PRIMARY

CARE PRACTICES.

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3. IMPROVE ASSESSMENT AND SERVICE PLANNING TO SENIOR HEALTH: SENIOR CITIZENS, PARTICULARLY HOMEBOUND ELDERLY AND IMMIGRANTS, ARE IN NEED OF ASSESSMENT AND SERVICE PLANNING TO ADDRESS THEIR HEALTH, HOUSING, AND SOCIAL SUPPORT NEEDS. THE MAIN GOAL IS TO INCREASE AWARENESS, SERVICES, AND EDUCATION FOR SENIOR HEALTH. THIS TEAM IS SUPPORTING AND COLLABORATING WITH THE AGING IN PLACE INITIATIVES FUNDED BY THE PETER AND CARMEN LUCIA BUCK FOUNDATION, WHICH INCLUDES THE "SAFE AT HOME" PROGRAM THAT DELIVERS HOME SAFETY ITEMS TO SENIORS. EFFORTS CONTINUE TO MOVE THE DANBURY COMMUNITY AS A "LIVABLE" COMMUNITY AND TO SHARE LEARNINGS WITH ADJACENT COMMUNITIES.

4. IMPROVE AWARENESS AND UTILIZATION OF EXISTING HEALTH AND SOCIAL PROGRAMS/SERVICES: THIS TEAM FOCUSED ON ENHANCING AWARENESS AND UTILIZATION OF EXISTING PROGRAMS AND SERVICES IN THE COMMUNITY, INCLUDING SUPPORT OF INFOLINE 2-1-1 AND 5 HEALTH ACCESS CT ASSISTOR SITES BY TARGET POPULATIONS. IT ALSO ESTABLISHED A PARTNERSHIP WITH FAMILYWIZE TO PROVIDE PROMOTIONAL MATERIALS FOR DISTRIBUTION TO HEALTH PROVIDERS AND KEY

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COMMUNITY SITES.

TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2013 CHNA. ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT DANBURY HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSING OR ENVIRONMENTAL HEALTH. IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A STEERING COMMITTEE COMPRISED OF HEALTH CARE PROVIDERS, COMMUNITY-BASED PROVIDERS, AND LOCAL GOVERNMENT AGENCIES MEETS NO LESS THAN TWICE A YEAR TO OVERSEE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THAT WAS DEVELOPED UTILIZING DATA FROM A REPORT CARD AND PREVIOUS COMMUNITY CONVERSATIONS. THE PRIORITY HEALTH ISSUES WILL BE RE-EVALUATED ONCE THE 2016 CHNA HAS BEEN REVIEWED AND THE IMPLEMENTATION STRATEGY APPROVED BY THE BOARD OF DH.

RELATES TO LINE #2, ECONOMIC DEVELOPMENT, AND LINE #7, COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOTALING \$85,783:

PART II: COMMUNITY HEALTH IMPROVEMENT ADVOCACY:

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VARIOUS WCHN OFFICIALS PARTICIPATED IN CHAMBER OF COMMERCE MEETINGS AND EVENTS, WORKING TO PROMOTE ECONOMIC DEVELOPMENT IN THE DANBURY HOSPITAL AREA. STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERINSURED. THE TOTAL ADVOCACY INVESTMENT FOR FY2016 IS \$84,387, WHICH INCLUDES INDIRECT AND DIRECT STAFFING EXPENSES. AS PART OF THIS EFFORT, MISCELLANEOUS EXPENSES ARE NOTED IN SCHEDULE C, PART II-B.II.

PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE

PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH. IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, DANBURY HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY. THESE SERVICES ARE PROMOTED IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER. DANBURY HOSPITAL (AND NEW MILFORD HOSPITAL) SERVED APPROXIMATELY 345,000 PERSONS THROUGH OVER 350 HEALTH OCCURENCES IN FY16. ONE OF THE HIGHEST IMPACT OUTREACH ACTIVITIES INCLUDES 255,000 INDIVIDUALS SERVED THROUGH HEALTH TALK. HEALTH TALK WHICH AIRS TWICE A WEEK ON COMCAST AND



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FOCUSES ON DISEASE PREVENTION AND NEW TREATMENTS. TOPICS INCLUDED

ELECTROPHYSIOLOGY, CUSTOM KNEE REPLACEMENT, SUMMER SAFETY, AND IRRITABLE

BOWEL SYNDROME, TO NAME A FEW EXAMPLES.

OVER 50% OF THE BOARD MEMBERS ARE INDEPENDENT AND DO NOT GET PAID BY

DANBURY HOSPITAL. DANBURY HOSPITAL ALSO HAS AN OPEN MEDICAL STAFF.

SURPLUS FUNDS ARE USED TO PROVIDE INNOVATIVE TECHNOLOGY TO CLINICAL CARE

IN ADDITION TO EXPANDING OUR SERVICE AREA.

PART VI-AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION

WESTERN CONNECTICUT HEALTH NETWORK (WCHN) IS AN INTEGRATED HEALTH CARE

DELIVERY SYSTEM COMPRISED OF THREE COMMUNITY HOSPITALS AND THEIR

AFFILIATED ENTITIES. IN ADDITION TO NORWALK HOSPITAL, DANBURY HOSPITAL

AND ITS NEW MILFORD HOSPITAL CAMPUS, THE CONTINUUM OF CARE INCLUDES A

LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED

BIOMEDICAL RESEARCH INSTITUTE, THE WCHN AND NORWALK HOSPITAL FOUNDATIONS,

AND OTHER RELATED AFFILIATES (THE NETWORK). WCHN'S MISSION IS TO IMPROVE

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THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE. FOR 2016, WCHN PROVIDED APPROXIMATELY \$23,863,186 IN TOTAL CHARITY CARE.

DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS AND NORWALK HOSPITAL PROVIDE MEDICAL SERVICES TO THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY. SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE IN SUPPORT OF THE NETWORK'S MISSION STATEMENT, AS NOTED ABOVE, FOR 2016, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS: NORWALK HOSPITAL, \$9,347,702, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, APPROXIMATELY \$13,086,486.

ALL HOSPITALS NOTED ABOVE HAVE OPEN MEDICAL STAFFS. IF AN INDIVIDUAL MEETS THE EDUCATIONAL, EXPERIENTIAL AND LICENSURE REQUIREMENTS THEY CAN JOIN THE MEDICAL STAFF.

WESTERN CONNECTICUT MEDICAL GROUP: THE MISSION OF WESTERN CONNECTICUT MEDICAL GROUP IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED

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PRIMARY AND SPECIALTY HEALTH CARE IN THE COMMUNITIES THEY SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO THEIR PATIENTS' NEEDS. THEY SUPPORT A COMMITMENT TO ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS IN THEIR COMMUNITY BY DELIVERING QUALITY CARE, PARTICIPATING IN MEDICAL RESEARCH AND MEDICAL RESIDENCY PROGRAMS AND THE PROVISION OF MEDICAL SERVICES TO PATIENTS. FOR 2016, WCMG PROVIDED APPROXIMATELY \$1,382,000 IN CHARITY CARE.

WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION INC.'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS AND OTHER DANBURY NOT-FOR-PROFIT HEALTH CARE AFFILIATES.

NORWALK HOSPITAL FOUNDATION'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO NORWALK HOSPITAL AND OTHER NOT-FOR-PROFIT NORWALK HOSPITAL AFFILIATES.

WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES PRINCIPAL PURPOSE IS TO

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- 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.

PROVIDE OUTPATIENT HEALTH CARE SERVICES IN VARIOUS LOCATIONS AND ALSO  
 PROVIDE AMBULANCE SERVICES TO DANBURY AND SURROUNDING TOWNS, WHILE  
 SERVING THOSE THAT CANNOT AFFORD THE CARE.

WESTERN CONNECTICUT HOME CARE, INC. (WCHC) PROVIDES STATE OF THE ART  
 CLINICAL SERVICES RANGING FROM PEDIATRIC PATIENTS TO THE ELDERLY  
 UTILIZING BEST PRACTICE IN HOME CARE TO MEET THE NEEDS OF THEIR PATIENTS.  
 FOR 2015, WCHC PROVIDED APPROXIMATELY \$47,000 IN CHARITY CARE.

EASTERN NEW YORK MEDICAL SERVICES (ENYMS): THE MISSION AT ENYMS IS TO  
 PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND  
 GASTROENTEROLOGY HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE  
 AWARE OF AND RESPOND TO OUR PATIENTS' NEEDS.

PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED

CT

**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.

## PART V - EXPLANATION OF NUMBER OF FACILITY TYPE

14 DIAGNOSTIC CENTERS

6 OUTPATIENT PHYSICIAN CLINICS

1 OUTPATIENT SURGICAL CENTER

1 REHABILITATION CENTER

1 EDUCATION CENTER

## ADDITIONAL INFORMATION

PART I, LINE 7E:

WCHN PROVIDED COMMUNITY BENEFIT THROUGH VARIOUS PROGRAMS AND EVENTS THAT WERE MADE AVAILABLE TO THE COMMUNITY AT LARGE. BELOW IS A LIST OF ALL THE PROGRAMS OFFERED WITH A BRIEF DESCRIPTION:

- CANCER: 6,796 SERVED THROUGH FREE WIGS, "LOOK GOOD, FEEL BETTER" PROGRAM, TALKS, "FOOD FOR LIFE" COOKING AND NUTRITION CLASSES, COMMUNITY OUTREACH SUBCOMMITTEE (CANCER), AND TALKS
- SUPPORT GROUPS: 68 SERVED THROUGH BARIATRIC AND TBI SUPPORT GROUPS

**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.

- DIABETES: 140 SERVED THROUGH TALKS AND FAIRS

- ECONOMIC DEVELOPMENT: 93 SERVED THROUGH CHA MEETINGS, CAHE MEETINGS,

GATEWAY CC PROGRAMS

- SENIOR OUTREACH: 186 SERVED THROUGH SENIOR SUPPERS AT NMH AND OTHER

TALKS

- HEALTH FAIRS: 20,701 SERVED THROUGH FAIRS IN NEWTOWN, RIDGEFIELD, (THE DAY-LONG DESTINATION WELLNESS AND FOUNDERS HALL), DANBURY AND NEW MILFORD (TWO-DAY LONG VILLAGE FAIRS DAYS)

- LECTURES: 300,879 SERVED THROUGH HEALTH TALK (INCLUDING REPEATS), LIBRARY, ROTARY, SENIOR RESIDENCE AND CORPORATE LECTURES. HEALTH TALK AIRS ON COMCAST; 51 SHOWS AIRED WITH A VIEWERSHIP OF 5,000 PER SHOW.

- NUTRITION/WELLNESS: 6,367 SERVED THROUGH PLOW TO PLATE PROGRAM, TALKS,

**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.

HIGH SCHOOL FAIRS, STRONG WOMEN, STRONG BONES PROGRAM, YOGA CLASSES,  
ETC.

- SUPPORT GROUPS: 68 SERVED THROUGH BARIATRIC AND TBI SUPPORT GROUPS.

PART V, LINE 7A & 7B:

THE COMPLETE URLS ARE AS FOLLOWS:

FOR BOTH DH AND NMH:

[HTTP://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B](http://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-BENEFIT)

[ENEFIT](http://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-BENEFIT)

[HTTP://WWW.NEWMILFORDHOSPITAL.ORG/ABOUT-US/COMMUNITY-BENEFIT](http://WWW.NEWMILFORDHOSPITAL.ORG/ABOUT-US/COMMUNITY-BENEFIT)

[HTTP://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/](http://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/)

PART V, LINE 10A:

THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILFORD HOSPITAL, ARE AS  
FOLLOWS:

**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.

[HTTP://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B](http://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B)

ENEFIT

[HTTP://WWW.NEWMILFORDHOSPITAL.ORG/ABOUT-US/COMMUNITY-BENEFIT](http://WWW.NEWMILFORDHOSPITAL.ORG/ABOUT-US/COMMUNITY-BENEFIT)

PART V, LINE 11:

TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2013 CHIP. ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT DANBURY HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSING OR ENVIRONMENTAL HEALTH. IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A STEERING COMMITTEE COMPRISED OF HEALTH CARE PROVIDERS, COMMUNITY-BASED PROVIDERS, AND LOCAL GOVERNMENT AGENCIES MEETS NO LESS THAN TWICE A YEAR TO OVERSEE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THAT WAS DEVELOPED UTILIZING DATA FROM A REPORT CARD AND PREVIOUS COMMUNITY CONVERSATIONS.

PART V, LINES 16A, B, & C:



**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.
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- 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.

THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILFORD HOSPITAL ARE AS

FOLLOWS :

HTTP://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/F  
INANCIAL-ASSISTANCE-POLICY

HTTP://WWW.NEWMILFORDHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLIN

G

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DANBURY HOSPITAL

**Compensation Information**

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

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

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

06-0646597

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>	X	
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN M MURPHY, MD PRES. -WCHN/DH	(i)	962,457.	457,000.	2,838.	13,000.	31,157.	1,466,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 STEVEN H. ROSENBERG SVP/CFO, WCHN	(i)	567,570.	190,000.	23,865.	13,000.	31,044.	825,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DANIEL DEBARBA, JR. (TO EXEC VP/PRES-DH	(i)	659,896.	775,000.	21,102.	8,337.	32,158.	1,496,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DONNA KAPLANIS ASS'T SECRETARY	(i)	201,179.	35,000.	22,504.	25,613.	21,888.	306,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MATTHEW A. MILLER, MD SVP & CHIEF MEDICAL OFFICER	(i)	478,857.	175,000.	29,400.	26,000.	20,890.	730,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MOREEN DONAHUE ENDOW. CHAIR OF EDUC./RESEARCH	(i)	334,532.	115,000.	8,538.	20,800.	24,057.	502,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MICHAEL DAGLIO PRESIDENT OF NORWALK HOSP.	(i)	433,029.	150,000.	2,499.	15,600.	29,614.	630,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MORRIS GROSS VP OF FACILITIES/REAL ESTATE	(i)	261,310.	90,000.	8,321.	26,000.	21,171.	406,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 KATHLEEN A. DEMATTEO CHIEF INFOR.OFFICER, WCHN	(i)	355,279.	115,000.	25,836.	23,400.	11,972.	531,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 PATRICK C. MINICUS VP OF FINANCE	(i)	386,548.	100,000.	18,660.	3,719.	31,429.	540,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JAMES VARRONE (TO 9/23) VP SUPPLY CHAIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	162,269.	30,000.	12,260.	12,494.	19,854.	236,877.	0.
12 L. SCHMITTGALL SRVP STRATEGY-WCHN (FORMER)	(i)	17,149.	124,412.	597,242.	11,086.	2,248.	752,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DEBRA CARRAGHER VP OF OPERATIONS	(i)	260,331.	75,000.	2,447.	13,000.	2,694.	353,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 CAROLYN MCKENNA SR VP/GEN'L COUN	(i)	361,384.	110,000.	2,903.	13,000.	33,230.	520,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 RAMIN AHMADI, MD (TO 2/ DIR. OF EDUC./RES.	(i)	266,145.	70,000.	991.	13,000.	30,710.	380,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 DAWN MYLES VP OF PERF INNOVA.	(i)	265,850.	75,000.	4,399.	18,200.	2,184.	365,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RUTH GREGORY (FROM 9/23) VP OF SUPPLY CHAIN	(i)	146,018.	14,566.	1,331.	16,301.	10,504.	188,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOSEPH CAMPBELL CHIEF AUDIT COMPL. OFFICER	(i)	221,510.	50,000.	20,519.	23,400.	23,111.	338,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 P. ZAPPALA (FORMER) SR. VP OF HUMAN RESOURCE	(i)	552,100.	109,500.	365,000.	23,400.	2,248.	1,052,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROWENA BERGMANS VP-POPULATION HLTH	(i)	244,207.	100,000.	0.	0.	32,940.	377,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION

SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS: WESTERN CONNECTICUT HEALTH NETWORK (WCHN) ESTABLISHED THREE SEPARATE SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERP). THESE PLANS PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO KEY MEMBERS OF THE EXECUTIVE GROUP. UNDER THE AGREEMENTS FOR SERP PLANS #1 AND #2, AMOUNTS PROMISED TO ELIGIBLE EXECUTIVES ARE BASED ON TARGETED RETIREMENT BENEFITS AND THE PAYMENT OF BENEFITS IS SUBJECT TO VESTING. THE BENEFITS AT THE VESTED AGE ARE PROVIDED IN THE FORM OF AN ACTUARIAL EQUIVALENT LUMP SUM PLUS A TAX GROSS-UP AMOUNT TO THE PARTICIPANTS.

WCHN HAS ON ITS BOOKS AN ACCRUAL FOR THE PARTICIPANTS OF THE SERP, WHICH IS MAINTAINED SOLELY FOR ACCOUNTING PURPOSES AND IS UNFUNDED.

SERP PLAN #1 - DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016, DR. MATTHEW MILLER, CHIEF MEDICAL OFFICER WAS THE ONLY PARTICIPANT. NO PAYMENTS WERE MADE TO HIM.

**Part III Supplemental Information**

Complete this part to 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.

SERP PLAN #2 - DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016, NO PAYMENTS WERE MADE TO EITHER, DR. JOHN MURPHY, PRESIDENT/CEO OF WCHN AND STEVEN H. ROSENBERG, CFO OF WCHN, PARTICIPANTS OF SERP PLAN #2.

SERP PLAN #3 - EARNINGS AND LOSSES ON THE INVESTMENTS SELECTED BY PARTICIPANTS OF SERP PLAN #3 ARE ADDED TO THE BALANCE OF THE ACCOUNT. DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016, NO PAYMENTS WERE MADE TO EITHER DANIEL DEBARBA, JR., EXECUTIVE VP/PRESIDENT OF DANBURY HOSPITAL AND MICHAEL DAGLIO, CHIEF OPERATING OFFICER, PARTICIPANTS OF SERP #3.

PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OR RELATED ORGANIZATION

SUMMARY OF EXECUTIVE INCENTIVE PLAN

THE PLAN IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE (THE COMMITTEE) OF WESTERN CONNECTICUT HEALTH NETWORK, INC (WCHN).

ELIGIBILITY TO PARTICIPATE IN THE PLAN IS LIMITED TO THOSE EXEMPT EXECUTIVES EMPLOYED BY WCHN AND ITS SUBSIDIARIES (THE NETWORK) DURING THE

**Part III Supplemental Information**

Complete this part to 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.

PLAN YEAR WHO ARE IN POSITIONS IN WHICH THEIR DECISIONS, ACTIONS AND COUNSEL SIGNIFICANTLY AFFECT THE OPERATIONS OF THE NETWORK.

THE COMMITTEE, WITH INPUT PROVIDED BY SENIOR MANAGEMENT OF THE NETWORK WILL DETERMINE WHICH ELIGIBLE EXECUTIVE EMPLOYEES OF THE NETWORK WILL PARTICIPATE IN THE PLAN.

PRIOR TO THE BEGINNING OF EACH PLAN YEAR, OR AS SOON THEREAFTER AS PRACTICABLE, THE COMMITTEE WILL ESTABLISH TARGET AND MAXIMUM AWARD OPPORTUNITY FOR THE PARTICIPANT, IN THE APPROPRIATE TIER IN THE PLAN, ALONG WITH A TEAM SCORECARD OF PLAN MEASURES.

SOON AFTER THE CLOSE OF THE PLAN YEAR, ACTUAL ORGANIZATION AND INDIVIDUAL PERFORMANCE AND RESULTS WILL BE MEASURED AND ASSESSED IN COMPARISON TO PUBLISHED GOALS AND EXPECTATIONS ESTABLISHED FOR SUCH PLAN YEAR. RECOMMENDATIONS FOR INDIVIDUAL INCENTIVE AWARDS WILL BE PREPARED AND SUBMITTED TO THE COMMITTEE FOR EVALUATION AND APPROVAL.

**Part III Supplemental Information**

Complete this part to 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.

NOTWITHSTANDING ANY OTHER PROVISION OF THE PLAN, AT THE DISCRETION OF THE COMMITTEE, AWARDS MAY NOT BE PAID UNDER THE PLAN FOR ANY PLAN YEAR IF THE LEVEL OF PERFORMANCE SPECIFIED IN ONE OR MORE NETWORK LEVEL "CIRCUIT BREAKER GOALS" IS NOT ACHIEVED DURING THE PLAN YEAR.

## PART III - ADDITIONAL INFORMATION

THE ORGANIZATION RELIED ON A RELATED ORGANIZATION, WESTERN CONNECTICUT HEALTH NETWORK, INC. WHICH USED THE FOLLOWING METHODS DESCRIBED BELOW TO ESTABLISH TOP MANAGEMENT'S COMPENSATION:

- COMPENSATION COMMITTEE.
- INDEPENDENT COMPENSATION.
- WRITTEN EMPLOYMENT CONTRACT.
- COMPENSATION SURVEY OR STUDY.
- APPROVAL BY BOARD OR COMPENSATION COMMITTEE.



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

DANBURY HOSPITAL

Employer identification number

06-0646597

**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) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CHEFA REV.BONDS,SERIES H	06-0806186	20774UCL7	03/16/2006	40,924,665.	SEE PART VI FOR PURPOSE		X		X		X
<b>B</b> CHEFA (WCHN), SERIES M	06-0806186	20774U8A6	07/13/2011	45,523,137.	SEE PART VI FOR PURPOSE		X		X		X
<b>C</b> CHEFA (WCHN), SERIES N	06-0806186	20774YEJ2	11/22/2011	40,735,995.	SEE PART VI FOR PURPOSE		X		X		X
<b>D</b> CHEFA (WCHN), SERIES O	06-0806186	000000000	05/08/2015	122,120,000.	SEE PART VI FOR PURPOSE		X		X		X

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	1,945,000.				4,375,000.			
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	42,742,900.		45,576,281.		40,735,995.		122,120,000.	
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds	2,237,472.		7,328,241.					
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds	606,787.		908,228.		749,768.		797,294.	
<b>8</b> Credit enhancement from proceeds	828,469.							
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds	39,070,172.		37,339,812.					
<b>11</b> Other spent proceeds					39,986,227.		121,322,706.	
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2007		2014		2011		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		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

A

	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						
<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 . . . . . ▶	.0100 %							
<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 . . . . .	.0100 %							
<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? . . . . .								
<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		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X			X		X
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	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		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge. . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



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

SERIES H BONDS (\$41,560,000):

PROCEEDS FROM THE SALES OF SERIES H BONDS WERE USED, TOGETHER WITH OTHER MONIES AVAILABLE TO 1) FINANCE A PORTION OF THE COSTS OF THE SERIES H PROJECT, 2) TO FUND CAPITALIZED INTEREST, IF ANY, ON THE SERIES H BONDS, AND 3) TO PAY CERTAIN COSTS OF ISSUANCE AND BOND INSURANCE PREMIUMS INCURRED IN CONNECTION WITH THE ISSURANCE OF SERIES H BONDS.

SERIES M BONDS (\$46,030,000):

SERIES M BONDS WERE ISSUED CONCURRENTLY IN 2011 WITH SERIES L BONDS AND WERE USED TO FUND THE PLANNING, DESIGN, ACQUISITION, CONSTRUCTION, EQUIPPING AND FURNISHING OF DANBURY HOSPITAL'S NEW PATIENT TOWER, EXPANSION OF A PARKING GARAGE, CAPITAL IMPROVEMENTS AND TO FUND CAPITALIZED INTEREST.

SERIES N BONDS (\$39,880,000):

SERIES N BONDS MATURE SERIALY FROM JULY, 1 2014 TO JULY 1, 2029. THE PROCEEDS WERE USED TO REFUND DANBURY HOSPITAL'S SERIES G BONDS WHICH WERE ISSUED ON SEPTEMBER 29, 1999. ACCORDINGLY, PART III HAS NO YET BEEN COMPLETED.

SERIES O BONDS (\$122,120,000):

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

SERIES O BONDS MATURE SERIALY FROM JULY 1, 2022 TO JULY 1, 2041. THE  
PROCEEDS WERE USED TO REFUND DANBURY HOSPITAL'S SERIES K AND SERIES L  
BONDS WHICH WERE FULLY REDEEMED AS OF SEPTEMBER 30, 2015.

PART II, LINE #3 INCLUDES INVESTMENT EARNINGS OF \$1,818,235 FOR SERIES H  
BONDS.

PART II, LINE #3 INCLUDES INVESTMENT EARNINGS OF \$53,144 FOR SERIES M  
BONDS.

PART IV, LINE #2C

THE REBATE COMPUTATIONS WERE PERFORMED IN MARCH, 2016 FOR SERIES H BONDS  
AND JULY, 2016 FOR SERIES M BONDS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
DANBURY HOSPITAL

Employer identification number  
06-0646597

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KAUFMAN HALL & ASSOCIATES	SEE PART V	599,800.	CONSULTING FIRM		X
(2) MAIN ELMOOD, LLC	SEE PART V	637,810.	RENTAL OF SPACE		X
(3) FRONTIER COMMUNICATIONS	SEE PART V	1,002,965.	TELECOMMUN. SERVICES		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV, COL (C)

DURING THE YEAR THE FOLLOWING TRANSACTIONS ARE AT ARM'S LENGTH, ENTERED INTO THE ORDINARY COURSE OF BUSINESS AND IN COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY:

DAVID M. CYGANOWSKI, A DIRECTOR AT DANBURY HOSPITAL IS A SHAREHOLDER OF KAUFMAN HALL & ASSOCIATES, INC., WHICH PROVIDES FINANCIAL AND FORECASTING SERVICES.

ANTHONY RIZZO, JR., A DIRECTOR AT DANBURY HOSPITAL OWNS A BUILDING AT 70 MAIN STREET THAT DANBUY RENTS SPACE FROM.

DANIEL MCCARTHY, A DIRECTOR AT DANBURY HOSPITAL SERVES AS THE PRESIDENT AND CEO OF FRONTIER COMMUNICATIONS, WHICH PROVIDES TELECOMMUNICATION SERVICES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

DANBURY HOSPITAL

Employer identification number

06-0646597

FORM 990, PART VII (ADDT'L INFORMATION)

FOR THOSE OFFICERS AND TOP 5 EMPLOYEES, FOR WHICH ONLY 40 HOURS IS NOTED  
TO REFLECT PAID HOURS, ACTUAL HOURS WORKED EXCEEDED THIS AMOUNT.

NOTE: ALL AMOUNTS IN COLUMN F, OF PART VII, "ESTIMATED AMOUNT OF OTHER  
COMPENSATION", REPRESENT BENEFITS, AND DO NOT REFLECT ANY COMPENSATION  
FOR WHICH THE AVERAGE AMOUNT OF TIME WORKED CAN BE REFLECTED.

FORM 990, PART IX, COLUMN D

ALTHOUGH CONTRIBUTIONS ARE REFLECTED ON LINE #1 OF PAGE #1 ON FORM 990,  
ALL FUNDRAISING EXPENSES WERE INCURRED BY THE WESTERN CONNECTICUT HEALTH  
NETWORK FOUNDATION, INC.

FORM 990, PART VI, LINE 7A

THE SOLE MEMBER SHALL BE RESPONSIBLE FOR ELECTING, AT THE ANNUAL MEETING  
OF THE MEMBERSHIP, THE MEMBERS OF THE BOARD OF DIRECTORS OF THE HOSPITAL  
TO SERVE FOR THREE YEAR TERMS AND UNTIL THEIR SUCCESSORS ARE ELECTED AND  
HAVE QUALIFIED.

FORM 990, PART VI, SECTION B, 12A, 13 AND 14

THE POLICIES EXIST AT THE PARENT LEVEL, WHICH ARE FOLLOWED BY EACH ENTITY  
AND ARE APPROVED BY THE PARENT BOARD, BUT NOT EACH INDIVIDUAL BOARD. THIS  
EXCLUDES THE RECORD RETENTION POLICY, WHICH IS APPROVED ONLY BY THE  
PARENT AUDIT COMMITTEE.



Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

MEDICAL SERVICE LINE

DANBURY HOSPITAL'S MEDICAL SERVICE LINE CONSISTS OF THE FOLLOWING

SERVICES:

INPATIENT CASES:

GASTROINTESTINAL	1,833
INFECTIOUS DISEASE	1,079
INTERNAL MEDICINE	698
NEUROLOGY MEDICINE	510
RENAL/UROLOGY MEDICINE	840
PULMONARY MEDICINE	1,423
ALL OTHER INPATIENT	1,826

OUTPATIENT SERVICE LINE CASES:

O/P MEDICINE	9,465
O/P MEDICINE COMM. CLINIC	21,385
O/P MEDICAL ONCOLOGY	10,653
O/P PULMONARY MEDICINE	5,257

DIGESTIVE DISEASES:

OUR DIGESTIVE DISEASE CENTER IS STAFFED BY RENOWNED FELLOWSHIP-TRAINED GASTROENTEROLOGISTS. WE USE ADVANCED DIAGNOSTIC AND TREATMENT TECHNOLOGY IN A COMPASSIONATE AND SUPPORTIVE MANNER. THE FOLLOWING SERVICES ARE PROVIDED: ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, COLON CANCER

Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
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SCREENING, COLONOSCOPY, CRYOTHERAPY, ENDOSCOPY, ENDOSCOPIC ULTRASOUND AND FINE-NEEDLE ASPIRATION, , LACTOSE TOLERANCE TESTING, LINX REFLUX MANAGEMENT SYSTEM FOR TREATMENT OF GERD, WIRELESS CAPSULE ENDOSCOPY AND LAPAROSCOPIC FUNDOPLICATION FOR GERD.

**INFECTIOUS DISEASE:**

DANBURY HOSPITAL'S INFECTIOUS DISEASE SPECIALISTS TREAT THE FULL RANGE OF INFECTIOUS DISEASES, INCLUDING CONDITIONS CAUSED BY LIVING ORGANISMS (BACTERIA, VIRUSES, FUNGI AND PARASITES), HIV, AND RELATED CONDITIONS, LYME DISEASE, CHRONIC AND WOUND-RELATED INFECTION, AND TRAVEL-RELATED INFECTION. OUR DOCTORS HAVE EXPERTISE IN THE PROPER USE OF ANTIBIOTICS AND OTHER ANTI-INFECTIVE MEDICINES TO TREAT DISEASE AND ALSO COLLABORATE WITH PRIMARY CARE DOCTORS, SPECIALISTS AND SURGEONS TO PROVIDE INDIVIDUALIZED TREATMENT FOR EACH PATIENT.

**INTERNAL MEDICINE:**

WHATEVER YOUR MEDICAL NEEDS, DANBURY HOSPITAL PROVIDES EXPERT CARE IN THE WARM, FOCUSED AND PERSONAL MANNER YOU DESERVE. SPECIALISTS IN PRIMARY CARE, OUR FAMILY MEDICINE PHYSICIANS TREAT INFANTS, CHILDREN AND ADULTS OF ALL AGES. SERVICES INCLUDE PREVENTIVE MEDICINE (INCLUDING VACCINES AND IMMUNIZATIONS), DIAGNOSIS AND TREATMENT OF CHRONIC AND ACUTE ILLNESSES AND INJURIES, AND COORDINATION OF SPECIALTY CARE. OUR FAMILY PHYSICIANS ARE TRAINED TO PROVIDE MEDICAL CARE FOR PATIENTS RANGING IN AGE FROM PEDIATRICS THROUGH ADULT AND GERIATRICS.

Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
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## NEUROLOGY AND STROKE:

WE OFFER EXPERTISE IN TREATMENT OF NEUROLOGICAL DISORDERS, INCLUDING STROKE, EPILEPSY, HEADACHE, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE AND VERTIGO. ONE OF THE NATION'S FIRST HOSPITALS TO EARN PRIMARY STROKE CENTER ACCREDITATION FROM THE JOINT COMMISSION AND RECEIVE THE SILVER PERFORMANCE AWARD FROM THE AHA'S STROKE ASSOCIATION FOR THE QUALITY OF CARE WE PROVIDE. WE HAVE BEEN REGULARLY RECOGNIZED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR CONSISTENTLY DEMONSTRATING THE ABILITY TO RAPIDLY DIAGNOSE AND TREAT STROKE. COMMITTED TO REMAINING ON THE FOREFRONT OF RAPID AND EFFECTIVE STROKE CARE, WE CONTINUE TO INCORPORATE THE LATEST EFFECTIVE TREATMENTS.

## UROLOGY:

OUR EXPERT UROLOGISTS TREAT CONDITIONS SUCH

- FEMALE UROLOGIC DISORDERS, INCLUDING URINARY INCONTINENCE AND VOIDING DYSFUNCTION
- INFERTILITY
- KIDNEY, BLADDER, PROSTATE AND TESTICULAR CANCER
- KIDNEY STONES
- MALE SEXUAL DIFFICULTIES
- PROSTATE CANCER
- URINARY TRACT INFECTIONS
- VASECTOMY AND VASECTOMY REVERSAL

PROCEDURES WE PERFORM INCLUDE:

Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
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- EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES
- LAPAROSCOPIC NEPHRECTOMY
- MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE
- MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE
- PYELOPLASTY

PULMONOLOGY:

WE OFFER OUTSTANDING DIAGNOSIS, TREATMENT AND CARE FOR PATIENTS WITH ALL TYPES OF PULMONARY CONDITIONS. WE PERFORM SPECIALIZED SERVICES, SUCH AS CARDIOPULMONARY EXERCISE TESTING TO MEASURE DEGREE OF FITNESS AND AID IN THE ASSESSMENT OF SHORTNESS OF BREATH; SPECIFIC DIAGNOSTIC ASTHMA TESTING; AND TESTING TO DETERMINE THE NEED FOR SUPPLEMENTAL OXYGEN FOR EVERYDAY LIVING AND AIR TRAVEL.

ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

SURGERY SERVICE LINE

INPATIENT CASES:

MAJOR JOINT REPLACEMENT	900
TRAUMA SURGERY	602
MINOR GI SURGERY	249

Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
--	--

GENERAL SURGERY	344
UROLOGY SURGERY	163
COLON/BOWEL SURGERY	240
OBESITY SURGERY	136
SPINAL SURGERY	389
ALL OTHER INPATIENT SURGERY	624

## OUTPATIENT SERVICE LINE CASES:

ABDOMEN GI SURGERY	1,200
BREAST SURGERY-NON PLASTIC	269
ENDOSCOPY	11,900
MISC. GENERAL SURGERY	3,765
ORAL SURGERY	91
OPHTHALMOLOGY	641
UROLOGY	978
PAIN INJECTION PROCEDURES	646
HEAD/NECK SURGERY	1,207
PLASTIC SURGERY	1,012
ALL OTHER OUTPATIENT SURGERY	1,342

## GENERAL SURGERY:

DANBURY HOSPITAL'S SURGEONS ARE CONTINUALLY RECOGNIZED FOR THEIR EXPERIENCE, EXCELLENT OUTCOMES, AND EXPERTISE IN MINIMALLY INVASIVE

Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
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SURGICAL TECHNIQUES. HERE ARE JUST SOME OF THE AWARDS WE'VE BEEN

PRIVILEGED TO RECEIVE:

-INTERSOCIETAL ACCREDITATION COMMISSION'S VEIN CENTER ACCREDITATION FOR THE VASCULAR SURGICAL SERVICE (2015)

-PARTICIPANT, INSTITUTE FOR HEALTHCARE IMPROVEMENTS INTERNATIONAL JOINT REPLACEMENT LEARNING COMMUNITY (2014)

-MEMBER, INSTITUTE FOR HEALTHCARE IMPROVEMENT'S INTERNATIONAL JOINT REPLACEMENT LEARNING COMMUNITY (2015)

JOINT COMMISSION TOP PERFORMER, AMERICA'S IMPROVING QUALITY AND SAFETY (2014/13)

-TOP 100 COMMUNITY VALUE LEADERSHIP AWARD FOR PROVIDING HIGH-QUALITY, HIGH-VALUE SERVICE AT AN APPROPRIATE COST, FROM CLEVERLY AND ASSOCIATES (2014)

-TOP 100 GREAT COMMUNITY HOSPITALS FROM BECKER'S HOSPITAL REVIEW (2012)

-RECERTIFICATION, JOINT COMMISSION DISEASE SPECIFIC CERTIFICATION IN HIP ARTHROPLASTY, KNEE ARTHROPLASTY AND SPINE SURGERY (2015)

-THE CENTER FOR WEIGHT LOSS SURGERY HAS BEEN NAMED THE COMPREHENSIVE CENTER WITH THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) (2015 - 2018)

-A BARIATRIC CENTER FOR EXCELLENCE UNDER THE OPTUM CLINICAL SCIENCE INSTITUTE (CSI) (2015)

-RECIPIENT OF THE AETNA INSTITUTE OF QUALITY BARIATRIC DESIGNATION (2015)

AT DANBURY HOSPITAL OUR EXPERT SURGEONS EXCEL AT USING ADVANCED

Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
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TECHNOLOGY TO PERFORM MINIMALLY INVASIVE PROCEDURES, ALLOWING PATIENTS TO UNDERGO SURGERY WITH LESS PAIN, SHORTER HOSPITAL STAYS, AND QUICKER RECOVERY PERIODS. SURGEONS USE VERY SMALL INCISIONS, MEANING LESS TRAUMA TO THE BODY, LESS BLOOD LOSS, SMALLER SCARS AND A LOWER NEED FOR PAIN MEDICATION. OUR SURGEONS HAVE BEEN RECOGNIZED FOR EXCELLENCE IN LAPAROSCOPIC TECHNIQUES PERFORMED IN MANY SURGICAL SPECIALTIES INCLUDING WEIGHT LOSS, COLORECTAL, AND GENERAL SURGICAL PROCEDURES.

FOR ROBOTIC SURGERY, WE USE THE LATEST, MOST ADVANCED ROBOTIC TECHNOLOGY AVAILABLE, THE DA VINCI SURGICAL SYSTEM. WE ARE COMMITTED TO STAYING AT THE FOREFRONT OF INNOVATION, EQUIPPING OUR SURGEONS WITH SOPHISTICATED TECHNOLOGY SO THEY CAN OFFER INNOVATIVE SURGICAL PROCEDURES HERE IN OUR COMMUNITY. OUR DA VINCI SURGICAL SYSTEM GIVES SURGEONS BETTER VISUALIZATION AND TOOLS THAT IMPROVE DEXTERITY. WITH MORE CONTROL THEY CAN OPERATE WITH GREATER PRECISION. OUR DOCTORS USE THIS ADVANCED TECHNOLOGY TO PERFORM A WIDE RANGE OF PROCEDURES, INCLUDING SINGLE-INCISION ROBOTIC SURGERY.

AS A LEVEL II TRAUMA CENTER, DANBURY HOSPITAL'S TEAM OF BOARD CERTIFIED SURGEONS PROVIDE IMMEDIATE, 24/7 CARE FOR ACUTE AND LIFE-THREATENING INJURIES TO CHILDREN AND ADULTS.

ORTHOPEDIC SURGERY:

OUR CENTER FOR ADVANCED ORTHOPEDIC AND SPINE CARE HAS EARNED THE "CENTER

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OF EXCELLENCE" DESIGNATION FROM THE JOINT COMMISSION FOR PROVIDING COMPREHENSIVE, MULTIDISCIPLINARY CARE, INCLUDING HIP, KNEE, SHOULDER, AND ANKLE REPLACEMENT. OUR DANBURY HOSPITAL ORTHOPEDIC SURGEONS OFFER A WIDE ARRAY OF JOINT REPLACEMENT PROCEDURES. OUR CONTINUUM OF CARE INCLUDES:

A CARE COORDINATOR WHO PROVIDES EDUCATION AND GUIDANCE EVERY STEP OF THE WAY, PRE-OP THROUGH YOUR REHABILITATION.

PRE-ADMISSION TESTING IN OUR DEDICATED UNIT, DESIGNED TO MEET THE UNIQUE NEEDS OF JOINT REPLACEMENT PATIENTS AND FAMILIES. SERVICES INCLUDE INDIVIDUALIZED PATIENT EDUCATION, NURSING AND ANESTHESIA ASSESSMENTS, AND COLLABORATION WITH YOU ON PLANNING A PAIN MANAGEMENT PROGRAM FOR YOUR SURGICAL RECOVERY.

DEDICATED ORTHOPEDIC OPERATING ROOMS AND CLINICAL SUPPORT STAFF.

A COMFORTABLE ORTHOPEDIC RECOVERY UNIT WITH PHYSICIAN ASSISTANTS, NURSING AND REHABILITATION STAFF SPECIALLY TRAINED TO CARE FOR TOTAL JOINT REPLACEMENT PATIENTS.

-ADVANCED, DIGITAL DIAGNOSTIC IMAGING TECHNOLOGY.

-ACUTE IN-HOSPITAL THERAPY

-OUTPATIENT PHYSICAL AND OCCUPATIONAL

-ACCESS TO HOME CARE SERVICES WITH WESTERN CONNECTICUT HOME CARE

(FORMERLY DVNA).



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## DIGESTIVE DISEASE:

OUR EXPERT GENERAL AND DIGESTIVE DISEASE SURGEONS SPECIALIZE IN MAJOR AND MINOR SURGICAL PROCEDURES OF THE ABDOMEN, DIGESTIVE TRACT, ENDOCRINE SYSTEM, BREASTS, SKIN AND BLOOD VESSELS.

## UROLOGIC SURGERY:

DANBURY HOSPITAL UROLOGISTS ARE KNOWN NATIONALLY FOR INNOVATION. PROCEDURES PERFORMED INCLUDE: EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES; LAPAROSCOPIC NEPHRECTOMY, MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE; MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE AND PYELOPLASTY. DANBURY HOSPITAL'S COLON AND RECTAL SURGEONS TREAT A VARIETY OF ANORECTAL CONDITIONS USING SURGICAL INTERVENTION.

## BARIATRIC/WEIGHT LOSS SURGERY:

DANBURY HOSPITAL HAS A LONGSTANDING REPUTATION FOR EXCELLENCE AND INNOVATION IN BARIATRIC SURGERY. WE WERE AMONG THE FIRST HOSPITALS IN CONNECTICUT TO RECEIVE 1A ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS, BARIATRIC SURGERY NETWORK. OUR EXPERT TEAM OF SURGEONS, NURSES, DIETITIANS, PSYCHOLOGISTS AND SPECIALLY TRAINED STAFF PROVIDE ENCOURAGEMENT AND SUPPORT EVERY STEP OF THE WAY.

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## NEUROSURGERY:

BOARD-CERTIFIED NEUROSURGEONS DIAGNOSE AND TREAT DISORDERS THAT AFFECT ANY PORTION OF THE NERVOUS SYSTEM, INCLUDING THE BRAIN, SPINAL CORD AND ITS SURROUNDING STRUCTURES AND THE PERIPHERAL NERVES. CONDITIONS INCLUDE BRAIN ANEURYSMS, CEREBRAL ANEURYSMS, CHRONIC SUBDURAL HEMATOMA, COMA, CONCUSSIONS, DEGENERATIVE DISC DISEASE, DISC HERNIATION, EPILEPSY, HEAD TRAUMA, SEIZURES, SPINAL COMPRESSION FRACTURES, SPINAL CORD INJURY, SPINAL CORD TUMORS, STENOSIS, STROKE, AND TORTICOLLIS.

ACCREDITATION TO THE PRAXAIR CANCER CENTER, AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER, 2015.

ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

## CARDIOVASCULAR SERVICES

DANBURY HOSPITAL'S CARDIOVASCULAR SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES:

## INPATIENT CASES:

CARDIAC MEDICINE	1,295
CARDIAC SURGERY	224

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CARDIAC PCI MEDICINE	257
CARDIAC VASCULAR SURGERY	241
ALL OTHER INPATIENT CARDIOVASUCLAR SERVS.	352

## OUTPATIENT SERVICE LINE CASES:

ANTICOAGULATION CLINIC	12,094
CARDIAC DIAGNOSTIC CLINIC	9,603
NON INVASIVE VASCULAR LAB	6,897
CARDIAC REHABILITATION	4,016
ALL OTHER OUTPATIENT CARDIOVASCULAR SERVS.	8,070

DANBURY HOSPITAL OFFERS A PREMIER CARDIOVASCULAR PROGRAM TO MEET THE NEEDS OF PATIENTS WITH CARDIAC AND VASCULAR PROBLEMS. LED BY A SPECIALIST TEAM OF CARDIOLOGISTS, INTERVENTIONAL CARDIOLOGISTS AND VASCULAR SURGEONS, THIS PROGRAM HAS ACHIEVED WIDE ACCLAIM FOR PROVIDING LEADING-EDGE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF CARDIOVASCULAR DISEASE. AT DANBURY HOSPITAL'S PRAXAIR CENTER, WE PROVIDE EXPERT, COLLABORATIVE, MULTIDISCIPLINARY CARE, INPATIENT AND OUTPATIENT, FOR THE FULL RANGE OF CARDIOVASCULAR CONDITIONS, INCLUDING THOSE THAT AFFECT THE HEART, HEART VALVES AND THE VASCULAR SYSTEM. WE OFFER THE FULL SPECTRUM OF ADVANCED TREATMENTS AND PROCEDURES FOR CARDIOVASCULAR DISEASE IN THE AREAS OF:

-GENERAL CARDIOLOGY

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- CARDIAC SURGERY
- VASCULAR SURGERY
- INTERVENTIONAL CARDIOLOGY
- ELECTROPHYSIOLOGY
- STRUCTURAL HEART

COMMON HEART & VASCULAR CONDITIONS WE TREAT:

- ATRIAL FIBRILLATION (IRREGULAR HEARTBEAT)
- CONGESTIVE HEART FAILURE
- HEART ATTACK
- CHEST PAIN
- CORONARY ARTERY DISEASE
- PERIPHERAL ARTERY DISEASE

OUR EXPERT PHYSICIANS, ADVANCED PRACTICE PROVIDERS, NURSES AND SUPPORT STAFF ARE SERIOUS ABOUT THEIR ROLE IN SUPPORTING THE HEART HEALTH OF EVERYONE IN OUR COMMUNITY. WHETHER FOR SCREENING, DIAGNOSTIC TESTS OR TREATMENT FOR A HEART OR VALVE CONDITION, WE PROVIDE COMPASSIONATE CARE THAT IS PERSONALIZED TO YOUR NEEDS. DIAGNOSTICS AND TESTS WE OFFER INCLUDE:

- ANGIOGRAM
- CORONARY ANGIOGRAPHY
- DIAGNOSTIC ELECTROPHYSIOLOGY STUDIES (EPS)
- ECHOCARDIOGRAM
- HOLTER MONITOR

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-STRESS TESTS

HEART AND VASCULAR TREATMENTS AND PROCEDURES

AMONG THE ADVANCED TREATMENTS AND PROCEDURES WE PROVIDE ARE:

- ABDOMINAL AORTIC ANEURYSM (AAA) SURGERY
- ANGIOPLASTY
- AORTIC VALVE REPLACEMENT
- CARDIOVERSION
- CATHETER ABLATION
- DEEP VEIN THROMBOSIS (DVT) THERAPY
- HEART BYPASS SURGERY
- HYBRID CONVERGENT PROCEDURE FOR ATRIAL FIBRILLATION (AFIB)
- MITRAL VALVE REPAIR/REPLACEMENT
- OPEN HEART SURGERY
- PACEMAKER AND ICD PLACEMENT
- STENT PLACEMENT
- TAVR
- THORACIC AORTIC ANEURYSM SURGERY, OPEN

AWARDS & ACCREDITATIONS

AT DANBURY HOSPITAL, OUR CARDIOVASCULAR PREVENTION, DIAGNOSIS, TREATMENT  
AND REHABILITATION STAFF AND PROGRAMS ARE HONORED TO HAVE EARNED THE

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## FOLLOWING NATIONAL RECOGNITIONS AND AWARDS:

-CHEST PAIN CENTER ACCREDITATION\* FROM THE SOCIETY OF CARDIOVASCULAR  
PATIENT CARE

-MISSION LIFELINE - EMS AWARD, AMERICAN HEART ASSOCIATION (2014)

-RE-ACCREDITATION - ECHOCARDIOGRAPHY, INTERSOCIETAL ACCREDITATIONS  
COMMISSION (IAC)(2014 - 2017)

-RE-ACCREDITATION - NUCLEAR MEDICINE, AMERICAN COLLEGE OF RADIOLOGY (2015  
- 2018)

-ACCREDITATION FROM THE VASCULAR SURGERY VEIN CENTER, INTERSOCIETAL  
ACCREDITATION COMMISSION

ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S  
FINANCIAL ASSISTANCE POLICY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

AT DANBURY HOSPITAL DURING FYE2016, APPROXIMATELY 21,000 DISCHARGES AND  
84,000 EMERGENCY ROOM VISITS OCCURRED.

## EMERGENCY SERVICES:

EMERGENCY SERVICES - DANBURY HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF  
HIGH-QUALITY EMERGENCY MEDICAL SERVICES, FOR THE MOST CRITICALLY ILL AND

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INJURED PATIENTS, FROM PRE-HOSPITAL EMS/PARAMEDIC SERVICES TO AN EMERGENCY DEPARTMENT FEATURING A LEVEL II TRAUMA CENTER TO A NATIONALLY RECOGNIZED CRITICAL CARE UNIT. OUR EMERGENCY DEPARTMENT FEATURES MODERN LIFESAVING TECHNOLOGY AND IS STAFFED BY BOARD-CERTIFIED PHYSICIANS AND EXPERIENCED NURSES WITH ADVANCED SKILLS. FOR PATIENTS EXPERIENCING A STROKE, DANBURY HOSPITAL IS CERTIFIED AS A STROKE CENTER BY THE JOINT COMMISSION. FOR PATIENTS EXPERIENCING AN ACUTE HEART ATTACK, DANBURY HOSPITAL IS CERTIFIED AS A PRIMARY ANGIOPLASTY CENTER. ONCE IDENTIFIED AS A CANDIDATE BY EMS OR BY THE EMERGENCY PHYSICIAN, A CRITICAL PATHWAY ENSURES THE RAPID EVALUATION OF THE PATIENT AND MOVEMENT TO THE CARDIAC CATH LAB FOR DEFINITIVE CARE TO MINIMIZE LONG-TERM CONSEQUENCES. IF NEEDED, IT'S COMFORTING TO KNOW THAT DANBURY HOSPITAL'S MARY ELLEN AND SAMUEL KLEIN, MD CRITICAL CARE UNIT HAS BEEN NATIONALLY RECOGNIZED FOR PROVIDING AN EXEMPLARY LEVEL OF CARE. WE ARE "LEAPFROG COMPLIANT," AN ELITE RANKING ACHIEVED BY APPROXIMATELY 15% OF THE NATION'S HOSPITALS; IN RECENT YEARS, WE'VE ALSO EARNED THE BEACON AWARD FOR CRITICAL CARE EXCELLENCE BY THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES THREE TIMES.

AS A LEVEL II TRAUMA CENTER ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS, DANBURY HOSPITAL OFFERS EXPERT 24/7 CARE BY TRAUMA SPECIALISTS, INCLUDING TRAUMA SURGEONS AND EMERGENCY PHYSICIANS.

WOMEN AND CHILDREN'S SERVICE

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OUR WOMENS AND CHILDREN'S SERVICES FEATURES A TOP NOTCH TEAM OF OBSTETRICIANS, GYNECOLOGIST, PEDIATRICIANS, CERTIFIED MIDWIVES, PEDIATRIC HOSPITALISTS, NEONATOLOGISTS, PEDIATRIC SPECIALISTS, PHYSICIAN ASSISTANTS AND NURSES. OUR OBSTETRICIANS AND CERTIFIED NURSE MIDWIVES DELIVER BABIES IN THE HOSPITAL'S MODERN, HOME-LIKE CHILD BIRTH CENTER. THE CENTER FEATURES IN-SUITE AMENITIES, INCLUDING PRIVATE ROOMS, MASSAGE THERAPY FOR INFANTS AND MOTHERS AND WIRELESS INTERNET ACCESS. IN ADDITION ADVANCES, MINIMALLY INVASIVE ROBOTIC SURGERY FOR SEVERAL GYNECOLOGIC PROCEDURES, INCLUDING HYSTERECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE CANCERS, ARE AVAILABLE AT THE HOSPITAL.

AT DANBURY HOSPITAL, WE UNDERSTAND THAT A CHILD IS LIFE'S MOST PRECIOUS GIFT. NO PARENT SHOULD FEEL THE NEED TO CHOOSE BETWEEN EXPERT MEDICAL CARE AND A WARM, SUPPORTIVE, COMMUNITY ENVIRONMENT. WE ARE COMMITTED TO PROVIDING EXCEPTIONAL CARE IN A TENDER, LOVING MANNER TO THE CHILDREN OF OUR COMMUNITY.

FOR CHILDREN WHO NEED HOSPITAL CARE, OUR CHILD-FRIENDLY PEDIATRIC UNIT OFFERS A VARIETY OF SUPPORTS TO MAKE YOUR CHILD'S STAY AS COMFORTABLE AS POSSIBLE FOR BOTH OF YOU. AND MANY CHILDREN REQUIRE THE CARE OF A SPECIALIST AT ONE POINT OR ANOTHER; WE MAKE IT EASIER BY BRINGING EXCELLENT PEDIATRIC SPECIALTY SERVICES INTO ONE CONVENIENT LOCATION AT OUR CHILDREN'S HEALTH AND WELLNESS CENTER.



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THE CHILDREN'S HEALTH AND WELLNESS CENTER IS A CHILD-FRIENDLY, INTERACTIVE ENVIRONMENT FOR WELLNESS AND HEALING. WITH YOUR CONVENIENCE IN MIND, WE OFFER A VARIETY OF PEDIATRIC SPECIALTY SERVICES IN ONE LOCATION.

AT DANBURY HOSPITAL WE ARE PROUD TO PROVIDE ADVANCED SUPPORT IN OUR LEVEL IIIB SPRATT FAMILY NEONATAL INTENSIVE CARE UNIT (NICU), STAFFED 24/7 BY EXPERIENCED NEONATOLOGISTS AND NICU NURSES.

WITH ADVANCED DIAGNOSTIC IMAGING AND A FULL STAFF OF PEDIATRIC SPECIALISTS, WE'RE PREPARED TO "EXPECT THE UNEXPECTED".

BEHAVIORAL AND MENTAL HEALTH:

DANBURY HOSPITAL OFFERS INPATIENT PSYCHIATRIC CARE FOR ADULT AND GERIATRIC PATIENTS. OUR CRISIS INTERVENTION TEAM PROVIDES ACUTE PSYCHIATRIC AND BEHAVIORAL INTERVENTION FOR PATIENTS IN THE EMERGENCY DEPARTMENT. WE TREAT ADULT PATIENTS WITH THE FOLLOWING CONDITIONS:

- BIPOLAR DISORDER
- DEPRESSION
- ANXIETY
- PSYCHOTIC DISORDERS
- DUAL DIAGNOSES (MENTAL ILLNESS AND ADDICTION)

WE PROVIDE EXPERT, SUPPORTIVE CARE FOR HOSPITALIZED PATIENTS WITH

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MEDICAL/SURGICAL NEEDS AND ACCOMPANYING PSYCHIATRIC ILLNESS,  
DUAL-DIAGNOSIS (MENTAL ILLNESS, PLUS ADDICTION TO DRUGS OR ALCOHOL) OR  
WHO REQUIRE DETOXIFICATION.

OUR PSYCHIATRIC INPATIENT MULTIDISCIPLINARY TEAM INCLUDES  
PHYSICIAN-PSYCHIATRISTS, ADVANCED PRACTICE PSYCHIATRIC NURSES, SOCIAL  
WORKERS, ACTIVITY THERAPISTS, EXPERIENCED PSYCHIATRIC RNS AND SUPPORT  
STAFF. THE INPATIENT UNIT OFFERS A VARIETY OF SERVICES AIMED TO  
STABILIZE ACUTE PSYCHIATRIC SYMPTOMS.

**RADIOLOGY/IMAGING:**

DANBURY HOSPITAL IS KNOWN FOR EXCELLENCE IN IMAGING SERVICES. WE ARE  
PROUD OF OUR BOARD-CERTIFIED RADIOLOGISTS, ADVANCED TECHNOLOGY, AND  
MULTIPLE CONVENIENT LOCATIONS. OUR SERVICES INCLUDE MRI, SCANS,  
MAMMOGRAMS, X-RAYS, AND SPECIALIZED TECHNOLOGY FOR CARDIOVASCULAR AND  
CANCER DIAGNOSIS AND TREATMENT. DANBURY HOSPITAL OFFERS A VARIETY OF  
RADIOLOGY SERVICES INCLUDING, CT, PET/CT, CT LUNG SCREENING, VIRTUAL  
COLONOSCOPY, MRI AND OPEN MRI, ULTRASOUND, BONE DENSITY  
MEASUREMENT/OSTEOPOROSIS SCREENING, GENERAL XRAY, DIGITAL MAMMOGRAPHY,  
DIGITAL BREAST, BREAST MRI AND ULTRASOUND, STEREOTACTIC, MRI-GUIDED AND  
ULTRASOUND GUIDED BREAST BIOPSY, NUCLEAR MEDICINE, INTERVENTIONAL  
RADIOLOGY, CRYOABLATION, IMAGE-GUIDED BIOPSY, AND INTERVENTIONAL  
RADIOLOGY.

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PATHOLOGY AND LABORATORY SERVICES:

DANBURY HOSPITAL'S DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE IS FOCUSED ON OPERATIONAL PROFICIENCY TO ASSURE THE ACCURACY AND QUALITY OF EVERY TEST.

DIRECTED BY FOUR BOARD-CERTIFIED PATHOLOGISTS WHO ARE ASSISTED BY MORE THAN A DOZEN CERTIFIED MEDICAL LABORATORY SCIENTISTS AND SUPPORTED BY A LARGE TEAM OF LABORATORY PROFESSIONALS, OUR LAB IS CLIA CERTIFIED (CLINICAL LABORATORY IMPROVEMENT AMENDMENTS). THE STATE OF CONNECTICUT HAS LICENSED US AS HIGH COMPLEXITY, MEANING WE ARE QUALIFIED TO PERFORM NON-AUTOMATED TESTS THAT REQUIRE MULTIPLE STEPS AND A HIGH-LEVEL OF TRAINING AND CARE.

WE ARE PROUD OF OUR CERTIFICATIONS AND ACCREDITATIONS AND WILLINGLY PARTICIPATE IN UNANNOUNCED INSPECTIONS, ROUTINELY RECEIVING THE HIGHEST RATINGS. IN FACT, AS PART OF OUR QUALITY ASSURANCE PROCESS, WE PARTICIPATE IN RANDOM PROFICIENCY TEST SURVEYS FROM VARIOUS OUTSIDE AGENCIES TO CONSISTENTLY MEASURE AND EVALUATE THE PERFORMANCE OF OUR TESTING STAFF.

QUALIFICATIONS AND ACCREDITATIONS

OUR LABORATORY IS ACCREDITED BY CLIA (LICENSE #07D0101031), CAP (LICENSE #11931-01), CT STATE (LICENSE #HP0206), AABB AND NEW YORK STATE (LICENSE #3327 80700470). DANBURY HOSPITAL PARTICIPATES IN RANDOM UNANNOUNCED

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INSPECTIONS BY THESE AGENCIES AND ALWAYS RECEIVES THE HIGHEST SCORES. THE LABORATORY ALSO PARTICIPATES IN PROFICIENCY SURVEYS, WHICH ENSURE QUALITY RESULTS ARE ACHIEVED BY ALL TECHNOLOGISTS.

TEACHING:

DANBURY HOSPITAL IS PART OF A PREMIER PATIENT-CENTERED SYSTEM OF CARE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR PATIENTS AND THE SURROUNDING COMMUNITIES OF WESTERN CONNECTICUT AND NEARBY NEW YORK STATE. AS A REGIONAL MEDICAL CENTER AND UNIVERSITY TEACHING HOSPITAL AFFILIATED WITH THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE AND YALE UNIVERSITY SCHOOL OF MEDICINE, DANBURY HOSPITAL PROVIDES A DYNAMIC ENVIRONMENT FOR TEACHING AND RESEARCH FOR OUR GRADUATE MEDICAL EDUCATION TRAINING PROGRAMS. THE HOSPITAL RECEIVED ACCREDITATION WITH COMMENDATION FROM THE JOINT COMMISSION, AND IS APPROVED TO SPONSOR RESIDENCY/FELLOWSHIP PROGRAMS BY THE ACCREDITATION COUNCIL OF GRADUATE MEDICAL EDUCATION. DANBURY HOSPITAL SPONSORS RESIDENCY TRAINING IN INTERNAL MEDICINE, PRIMARY CARE, OBSTETRICS AND GYNECOLOGY, SURGERY, PATHOLOGY, DENTISTRY, AND A FELLOWSHIP IN CARDIOVASCULAR DISEASE. RESIDENTS AND FELLOWS ARE EXPOSED TO A BROAD RANGE OF CLINICAL AND DIDACTIC EXPERIENCES THROUGHOUT THEIR TRAINING, AND HAVE MANY OPPORTUNITIES TO PRESENT AT LOCAL AND NATIONAL MEETINGS AS WELL AS PUBLISH ORIGINAL RESEARCH.

A DISTINCTIVE COMPONENT OF OUR GRADUATE MEDICAL EDUCATION TRAINING PROGRAM IS OUR GLOBAL HEALTH TRACK. GLOBAL HEALTH OFFERS THE OPPORTUNITY

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FOR RESIDENTS TO PERFORM ROTATIONS IN THE DOMINICAN REPUBLIC, RUSSIA,  
UGANDA, VIETNAM AND ZIMBABWE.

RESEARCH:

STATE-OF-THE-ART COLLABORATIVE PRECISION MEDICINE PROGRAM IS TO BE  
INITIATED AT WCHN. THE PROGRAM WOULD LINK GYNECOLOGIC/ONCOLOGY PATIENT  
CLINICAL CARE AND GENOMIC INFORMATION TO IMPROVED TREATMENT AND  
SURVEILLANCE. THIS IS THE FUTURE OF HEALTH CARE WHERE PATIENT CARE WOULD  
EVOLVE FROM A ONE-SIZE-FITS-ALL TO A MORE PERSONALIZED APPROACH TOWARDS  
DISEASE DIAGNOSIS AND TREATMENT. WE HOPE TO EXPAND THIS APPROACH TO THE  
DIAGNOSIS AND TREATMENT OF DISEASE IN OTHER THERAPEUTIC AREAS SUCH AS  
DIABETES AND CARDIOVASCULAR DISEASE.

THE WCHN BIOMEDICAL RESEARCH INSTITUTE HAD ADDED A NEW RESEARCH GROUP,  
LABORATORY FOR TRANSLATIONAL RESEARCH, TO ITS CURRENT DEPARTMENTS. THIS  
RESEARCH GROUP WILL BE DIRECTED BY DR. JOHN MARTIGNETTI, MD, PHD,  
ASSOCIATE PROFESSOR AT THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI. DR.  
MARTIGNETTI HAS ESTABLISHED A BENCH TO BEDSIDE APPROACH TO A PERSONALIZED  
MEDICINE PROGRAM FOR OVARIAN CANCER AT MOUNT SINAI. THE PERSONALIZED  
APPROACH TO OVARIAN CANCER PATIENT CARE WOULD IMPROVE OUTCOMES AS IT  
WOULD LINK PATIENT CLINICAL CARE AND GENOMIC INFORMATION TO IMPROVE  
DETECTION, SURVEILLANCE, PROGNOSIS AND TREATMENT.

WE HAVE PUT TOGETHER ALL THE NECESSARY COMPONENTS OF A BIOREPOSITORY THAT

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WILL BE PART OF A CORE PROGRAM TO SUPPORT RESEARCH PROGRAMS AIMED AT BIOMARKER DISCOVERY, VALIDATION AND DEVELOPMENT OF NOVEL THERAPEUTICS. THE BIOREPOSITORY WILL HOUSE FROZEN PATIENTS TISSUE, PATIENT DERIVED CELL LINES AND BLOOD/PLASMA FOR RESEARCH PURPOSES.

ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

RICHARD JABARA AND ERVIN SHAMES, BOTH DIRECTORS OF DANBURY HOSPITAL HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

CHANGES IN GOVERNING DOCUMENTS

FORM 990, PART VI, QUESTION 4

THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF DANBURY HOSPITAL FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016:

SECTION 3.2. THIS SECTION OF THE BYLAWS OUTLINES THE NUMBER AND COMPOSITION OF THE DANBURY HOSPITAL BOARD OF DIRECTORS. THIS SECTION WAS AMENDED TO REMOVE THE REQUIREMENT THAT DANBURY HOSPITAL'S BOARD OF DIRECTORS MUST, AT ALL TIMES, INCLUDE AT LEAST TWO INDIVIDUALS WHO ALSO SERVES AS DIRECTORS OF THE MEMBER (WESTERN CONNECTICUT HEALTH NETWORK)

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AND THE NORWALK ASSOCIATION (A RELATED ORGANIZATION).

SECTION 5.5. THIS SECTION OF THE BYLAWS OUTLINE THE POWERS AND RESPONSIBILITIES OF THE PRESIDENT. THIS SECTION WAS AMENDED TO REMOVE THE REQUIREMENT THAT THE PRESIDENT SHALL BE THE SAME INDIVIDUAL SERVING AS THE PRESIDENT OF THE NORWALK HOSPITAL ASSOCIATION.

FORM 990, PART VI, LINE 5 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

WESTERN CONNECTICUT HEALTH NETWORK, INC. IS THE SOLE MEMBER OF DANBURY HOSPITAL.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

CERTAIN FUNDAMENTAL DECISIONS TO BE UNDERTAKEN BY THE HOSPITAL REQUIRE THE APPROVAL OF THE MEMBER.

A) THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CAPACITY VOTING AS A SHAREHOLDER OR MEMBER OF A SUBSIDIARY ("DANBURY SUBSIDIARY") SHALL NOT REQUIRE APPROVAL BY THE BOARD AND ARE RESERVED SOLELY TO THE MEMBER:

- THE AMENDMENT OF THE HOSPITAL'S BYLAWS;
- THE ELECTION OR REMOVAL OF A DIRECTOR;
- APPROVAL OF INVESTMENT POLICIES;
- APPROVAL OF THE ADOPTION OF OR AMENDMENT TO ANY QUALIFIED OR ANY NON-QUALIFIED BENEFIT PLAN;

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-APPROVAL OF THE ADOPTION OF OR ANY AMENDMENT TO THE POLICIES AND PROCEDURES GOVERNING A) INDEMNIFICATION OF DIRECTORS AND OFFICERS OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY; B) CONFLICTS OR DUALITIES OF INTEREST; C) ACCOUNTING AND INVESTMENT STANDARDS AND PRACTICES AND D) SUCH OTHER POLICIES THE MEMBER MAY DETERMINE;

-APPROVAL OF SYSTEM-WIDE QUALITY, PERFORMANCE AND CREDENTIALING STANDARDS AND PROCEDURES TO WHICH THE HOSPITAL OR ANY DANBURY SUBSIDIARY IS EXPECTED TO ADHERE; AND

-APPROVAL OF REGULATORY COMPLIANCE AND METHODOLOGY FOR PHYSICIAN COMPENSATION ARRANGEMENTS.

THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CAPACITY VOTING AS A SHAREHOLDER OR MEMBER OF A DANBURY SUBSIDIARY, WHICH REQUIRE APPROVAL OF THE BOARD, MUST ALSO BE APPROVED BY THE MEMBER:

-THE ELECTION AND REMOVAL OF A DIRECTOR OF A DANBURY SUBSIDIARY;

-THE ELECTION OF THE OFFICERS OF THE HOSPITAL;

-APPROVAL OF ALL OPERATING AND CAPITAL BUDGETS OF THE HOSPITAL AND DANBURY SUBSIDIARY;

-APPROVAL OF ANY AMENDMENT OR RESTATEMENT OF THE HOSPITAL'S CERTIFICATE OF INCORPORATION, BYLAWS, OR OPERATING AGREEMENT OF ANY DANBURY SUBSIDIARY;

-APPROVAL OF ANY SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY OR ASSETS OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY;

-APPROVAL OF THE CREATION OF ANY CORPORATION OF WHICH THE HOSPITAL OR A



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DANBURY SUBSIDIARY IS THE SOLE OR CONTROLLING MEMBER OR SOLE OR CONTROLLING SHAREHOLDER; THE MERGER OR CONSOLIDATION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY WITH ANOTHER CORPORATION; AND THE REORGANIZATION, LIQUIDATION OR DISSOLUTION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY;

-APPROVAL OF ANY LOANS BY THE HOSPITAL OR ANY DANBURY SUBSIDIARY, OR THE INCURRING OF ANY INDEBTEDNESS, SECURED OR UNSECURED, WHICH EXCEEDS TWO MILLION DOLLARS (\$2.0 MILLION) OR WHICH HAS A TERM LONGER THAN ONE YEAR;

-APPROVAL OF UNBUDGETED EXPENDITURES IN EXCESS OF TWO MILLION DOLLARS (\$2.0 MILLION) OR ANY INCREASE IN ANY APPROVED ANNUAL OPERATING OR CAPITAL BUDGET.

-APPROVAL OF ANY AGREEMENT OR TRANSACTION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY INVOLVING AN AMOUNT GREATER THAN TWO MILLION DOLLARS (\$2.0 MILLION) WITH ANOTHER INDIVIDUAL OR ENTITY;

-APPROVAL OF THE AFFILIATION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY WITH ANY OTHER ENTITY FOR THE PURPOSES OF THE JOINT CONDUCT OF BUSINESS;

-CREATION OF ANY COMMITTEE WHICH SHALL HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OR ON BEHALF OF ANY DANBURY SUBSIDIARY;

-APPROVAL OF ANY CONVEYANCE OF, OR THE GRANTING OF MORTGAGES OR TRUSTS ON ANY REAL PROPERTY ASSETS OF THE HOSPITAL OR OF ANY DANBURY SUBSIDIARY;

-APPROVAL OF THE STRATEGIC PLAN OF THE HOSPITAL AND OF ANY DANBURY SUBSIDIARY; AND

-APPROVAL OF ANY COMMENCEMENT, CESSATION, LOCATION, RELOCATION OR CONSOLIDATION OF SIGNIFICANT CLINICAL SERVICES PROVIDED BY THE HOSPITAL OR ANY DANBURY SUBSIDIARY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

STEVEN ROSENBERG, SVP/CFO OF WESTERN CONNECTICUT HEALTH NETWORK, INC.,

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WILL REVIEW THE 990 PRIOR TO IT BEING SENT TO THE IRS. A PRELIMINARY 990, IS PRESENTED TO THE AUDIT COMMITTEE IN JUNE, WHO REVIEWS IT ON BEHALF OF THE BOARD. E&Y IS ON HAND TO REVIEW THE 990 WITH THE AUDIT COMMITTEE AND ANSWER ANY QUESTIONS. PRIOR TO THE 990 BEING FILED WITH THE IRS, THE BOARD WILL RECEIVE A FULL AND ACCURATE COPY ON A SECURED WEBSITE FOR THEIR REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S PROCESS FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST

THE WESTERN CONNECTICUT HEALTH NETWORK AND ITS AFFILIATES' (THE NETWORK) CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, ITS REPRESENTATIVES SHALL SIGN A STATEMENT AFFIRMING THAT THEY DISCLOSED ALL POTENTIAL CONFLICTS, AS DOCUMENTED IN THE CONFLICT OF INTEREST POLICY. IN ADDITION, GENERAL COUNSEL IS PART OF THE ROUTINE CONTRACTS REVIEW PROCESS AND WATCHES FOR POTENTIAL CONFLICTS WITH ANY OF THE NETWORK'S REPRESENTATIVES.

WHO IS COVERED BY THE POLICY

THE NETWORK'S CONFLICT OF INTEREST POLICY COVERS EACH DIRECTOR, OFFICER AND MANAGER OF THE NETWORK, ALSO REFERRED TO AS "REPRESENTATIVES".

LEVEL AT WHICH DETERMINATIONS OF WHETHER THERE IS A CONFLICT

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IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE FACTS OF THE CONFLICT. THE COMPLIANCE OFFICER AND THE AUDIT COMMITTEE REVIEW AND EVALUATE EACH DISCLOSURE TO DETERMINE IF THERE IS A CONFLICT OF INTEREST.

AFTER PRESENTATION OF A POTENTIAL TRANSACTION OR ARRANGEMENT IS MADE BY AN INTERESTED PERSON, THE REMAINING DISINTERESTED BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXIST.

LEVEL THAT REVIEWS AND DETERMINES WHAT TO DO IF THERE IS A CONFLICT

AFTER EXERCISING DUE DILIGENCE THE FULL BOARD WOULD DETERMINE WHAT ACTIONS SHOULD BE TAKEN FOR ALL CONFLICTS BY OFFICERS AND DIRECTORS. ANY CONFLICTS OCCURRING BY A MANAGER ARE REVIEWED BY THE COMPLIANCE COMMITTEE TO DETERMINE WHAT FURTHER ACTION SHOULD BE TAKEN.

RESTRICTIONS ON THE CONFLICTED PERSON

NO DIRECTOR HAVING A CONFLICT OF INTEREST ON ANY MATTER SHALL VOTE ON THAT MATTER OR BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING AT WHICH THE VOTE IS TAKEN, EVEN WHEN PERMITTED BY LAW. NO REPRESENTATIVE HAVING A CONFLICT OF INTEREST ON ANY MATTER SHALL USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER.

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IF THE BOARD OF DIRECTORS, IN ITS SOLE DISCRETION, DETERMINES THAT ANY REPRESENTATIVE HAS CONFLICTS OF INTEREST SUFFICIENT IN NUMBER AND/OR IMPORTANCE THAT THE EFFECTIVENESS OF SUCH INDIVIDUAL ON BEHALF OF THE NETWORK MAY BE SIGNIFICANTLY IMPAIRED, THE BOARD MAY ASK THE INDIVIDUAL TO RESIGN.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL  
PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES:

IN ORDER TO ACHIEVE ITS MISSION AND ITS OVERALL PERFORMANCE OBJECTIVES, WESTERN CONNECTICUT HEALTH NETWORK, INC. EMPLOYS A PERFORMANCE-BASED TOTAL COMPENSATION PROGRAM FOR ITS SENIOR EXECUTIVES THAT IS MARKET COMPETITIVE, COMPLIANT WITH REGULATORY GUIDELINES, AND REPRESENTATIVE OF BEST PRACTICES. ELIGIBLE EXECUTIVES ARE GENERALLY DIRECT REPORTS OF THE CEO ALONG WITH OTHER EXECUTIVES DESIGNATED BY THE CEO.

TO MEET WESTERN CONNECTICUT HEALTH NETWORK INC.'S TOTAL COMPENSATION OBJECTIVES FOR EXECUTIVES, THE FOLLOWING SURVEY SOURCES ARE USED FOR COMPARISON PURPOSES:

-BLEND OF NATIONAL CONFIDENTIAL SOURCE, IHS, AND HAY GROUP POINTS, HEALTH CARE DATA (WHERE DATA AVAILABLE), PLUS 15% GEOGRAPHIC DIFFERENTIAL. TITLE MATCH DATA CUTS SELECTED BASED ON REVENUE SIZE.

-FOR PHYSICIAN EXECUTIVES, SURVEYS COVERING PHYSICIAN COMPENSATION IN

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ACCREDITED MEDICAL SCHOOLS (AAMC) ARE USED IN COMBINATION WITH PROPRIETARY SURVEYS COMPILED BY NATIONALLY KNOWN CONSULTING FIRM, SULLIVAN COTTER AND THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA).

WESTERN CONNECTICUT HEALTH NETWORK, INC. TARGETS CASH COMPENSATION AT MARKET COMPETITIVE LEVELS. BASE SALARY PLUS SHORT-TERM (ANNUAL) INCENTIVE AWARDS (TOTAL CASH) APPROXIMATES A RANGE BETWEEN THE 50TH AND 75TH PERCENTILES FOR TOTAL CASH COMPETITION. EXECUTIVE PERFORMANCE IS EXPECTED TO MEET OR EXCEED PREDETERMINED OPERATIONAL AND FINANCIAL METRICS.

OTHER FACTORS, SUCH AS COMPETITIVE MARKET FORCES, JOB PERFORMANCE, UNIQUE QUALIFICATIONS, AND/OR INDIVIDUAL JOB RESPONSIBILITIES ARE ALSO CONSIDERED IN WESTERN CONNECTICUT HEALTH NETWORK, INC'S EXECUTIVE COMPENSATION DECISIONS.

ROLES OF THE COMPENSATION COMMITTEE AND KEY EXECUTIVES IN THE EXECUTIVE COMPENSATION PROCESS

- THE COMPENSATION COMMITTEE IN CONSULTATION WITH THE CEO AND THE SVP HUMAN RESOURCES (HR) SELECTS THE OUTSIDE COMPENSATION CONSULTANTS. THE CURRENT CONSULTANT IS THE KORN FERRY HAY GROUP, WHOSE PURPOSE IS TO PROVIDE A VALID INDEPENDENT ASSESSMENT OF THE RELEVANT MARKET RATES AND PAY PRACTICES FOR HEALTH CARE EXECUTIVES, PHYSICIAN EXECUTIVES AND FOR PHYSICIANS IN GENERAL.

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- THE COMPENSATION CONSULTING FIRM COMPILES APPROPRIATE MARKET DATA, JOB EVALUATION AND RANKING INFORMATION FOR ALL EXECUTIVES AND PHYSICIANS OF THE ORGANIZATION, EXCLUDING THE CEO, AND WILL SUPPLY THIS MATERIAL TO THE CEO AND SVP HR FOR REVIEW AND AGREEMENT. ONCE THE REPORT IS FINAL, IT WILL BE SUPPLIED TO THE COMPENSATION COMMITTEE FOR THEIR CONSIDERATION AND ACCEPTANCE.

-THE COMPENSATION COMMITTEE DETERMINES THE CEO'S SALARY BASED ON OVERALL PERFORMANCE AND MARKET DATA SUPPLIED BY THE OUTSIDE COMPENSATION CONSULTANT. THE LAST EXECUTIVE COMPENSATION EVALUATION BY AN OUTSIDE CONSULTANT WAS DONE IN DECEMBER, 2016.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS  
PUBLICLY AVAILABLE

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII - COMPENSATION EXPLANATION

DANIEL DEBARBA, JR. (TO 6/1)

EFFECTIVE JUNE 1, 2016, DANIEL DEBARBA RESIGNED AS PRESIDENT OF DANBURY HOSPITAL. JOHN MURPHY, IN ADDITIONA TO BEING THE PRESIDENT AND CEO OF WESTERN CONNECTICUT HEALTH NETWORK, INC., ALSO BECAME PRESIDENT OF DANBURY HOSPITAL.

ANTHEA DISNEY (FROM 1/1)

ANTHEA DISNEY BECAME CHAIRMAN OF THE BOARD ON JANUARY 1, 2016, REPLACING

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JAMES KENNEDY.

SPENCER HOULDIN (FROM 1/1)

SPENCER HOULDIN BECAME SECRETARY OF THE BOARD ON JANUARY 1, 2016,  
REPLACING JOSEPH D. SKRYZYPCZAK.

BRIAN C. WHITE (FROM 1/1)

BRIAN C. WHITE BECAME VICE CHAIRMAN OF THE BOARD ON JANUARY 1, 2016.

JAMES VARRONE (TO 9/23)

JAMES VARRONE, VICE PRESIDENT OF THE SUPPLY CHAIN WAS TERMINATED ON  
9/23/2016. RUTH GREGORY IS FILLING THIS POSITION IN THE INTERIM.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CAPTIVE UBI . . . . .	\$	-518,460.
CHANGE IN EQUITY INTEREST OF WCHNIC. . . . .		9,585,505.
CHANGE IN INVESTMENT OF DH & NMH FOUNDATION. . . . .		-4,523,594.
EQUITY TRANSFER TO BSI-W/O OF INTERCOMPANY. . . . .		-5,422.
EQUITY TRANSFER TO WCHN-W/O OF INTERCOMPANY. . . . .		-30,613,147.
EQUITY TRANSFER TO WCMG-W/O OF INTERCOMPANY. . . . .		-9,466,198.
EQUITY TRF. FOR PROJECT CREDIT. . . . .		423,080.
TOTAL		\$-35,118,336.

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TOTAL \$-35,118,336.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE CHARTIS GROUP DEPARTMENT 5925 CAROL STREAM, IL 60122-5925	CONSULTANTS	1,037,808.
ROBINSON & COLE, LLP 280 TRUMBULL STREET HARTFORD, CT 06103	ATTORNEYS	1,592,360.
DANBURY RADIOLOGICAL ASSOCIATES PO BOX 417407 BOSTON, MA 02241	RADIOLOGY SERVICES	990,619.
E4 SERVICES, LLC 60 NORTH CAROLINA AVE. SINKING SPRING, PA 19608	ITG CONSULTANTS	1,385,390.
NATIONAL LABOR CONSULTANTS PO BOX 422812 KISSIMMEE, FL 34742	CONSULTANTS	1,021,000.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
HEALTHCARE PROFESSIONALS	83,995,782.	70,018,884.	13,976,898.	
PURCHASED SERVICES	25,377,090.	21,154,342.	4,222,748.	
TOTALS	<u>109,372,872.</u>	<u>91,173,226.</u>	<u>18,199,646.</u>	



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

DANBURY HOSPITAL

06-0646597

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WEST. CT HEALTH NETWORK AFFILIATES 95 LOCUST AVENUE DANBURY, CT 06810 22-2594968	OP HLTHCR SVC	CT	501(C)(3)	9	WCHN	X	
(2) WESTERN CT HEALTH NETWORK, INC. 24 HOSPITAL AVENUE DANBURY, CT 06810 22-2594977	PROGRAM DEVL P	CT	501(C)(3)	11, TYPE 2	N/A		X
(3) DANBURY HOSP. & NEW MILFORD HOSP. FOUND. 24 HOSPITAL AVENUE DANBURY, CT 06810 23-7425557	ADMIN CONTRIB	CT	501(C)(3)	7	WCHN	X	
(4) WESTERN CT HOME CARE, INC. 4 LIBERTY STREET DANBURY, CT 06810 06-0655138	HOME HLTHCARE	CT	501(C)(3)	9	WCHN	X	
(5) WESTERN CT MEDICAL GROUP, INC. 14 RESEARCH DRIVE, SUITE 201A BETHEL, CT 06801 06-1137531	PHYSICIAN SVC	CT	501(C)(3)	9	WCHN	X	
(6) EASTERN NY MEDICAL SERVICES, P.C. 14 RESEARCH DRIVE, SUITE 201A BETHEL, CT 06801 45-5431389	PHYSICIAN SVC	NY	501(C)(3)	9	WCHN	X	
(7) THE NORWALK HOSPITAL ASSOCIATION 24 STEVENS STREET NORWALK, CT 06850 06-6068853	HEALTH SVCS	CT	501(C)(3)	3	WCHN	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

DANBURY HOSPITAL

06-0646597

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06850 22-2577708	ADMIN CONTRIB	CT	501 (C) (3)	7	NHH	X	
(2) ADVANCED CTR. FOR REHAB. MEDICINE 24 STEVENS STREET NORWALK, CT 06850 06-1304799	INACTIVE	CT	501 (C) (3)	11, TYPE 2	WCHN	X	
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

**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	
(1) NEW MILFORD MRI 27-1877801 21 ELM STREET CT, 06776	INACTIVE	CT	NMH	N/A	0.	0.		X			X	
(2) NORWALK SURGERY 27-2394942 40 CROSS STREET CT 06851	SURGERY CENTE	CT	NH	RELATED	0.	0.		X	0.		X	
(3) WCHN INVESTMENTS 47-5523212 24 HOSPITAL AVE, CT 06810	INESTMENTS	CT	WCHN	RELATED	7,381,884.	121,804,228.		X	0.		X	27.8600
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) WEST. CT HEALTH NETWORK INSUR. 98-0438151 23 LIME TREE BAY, P.O. BOX 105 GRAND CAYMAN, CJ	MALPRCTICE	CJ	DH	C CORP	13,057,444.	141,439,635.	100.0000	X	
(2) MEDICAL SERVICES OF DANBURY 06-1635945 24 HOSPITAL AVENUE DANBURY, CT 06811	INACTIVE	CT	WCMG	C CORP	0.	0.		X	
(3) SWC CORPORATION 22-2577718 24 STEVENS STREET NORWALK, CT 06850	PHARMACY	CT	WCHN	C CORP	0.	0.		X	
(4)									
(5)									
(6)									
(7)									

**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 . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .	X	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**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) WEST. CT HEALTH NETWORK AFFILIATES	J	177,949.	COST
(2) WEST. CT HEALTH NETWORK AFFILIATES	L	226,090.	COST
(3) WEST. CT HEALTH NETWORK AFFILIATES	M	483,742.	COST
(4) WEST. CT HEALTH NETWORK AFFILIATES	O	236,730.	COST
(5) WEST. CT HEALTH NETWORK AFFILIATES	Q	5,713,421.	COST
(6) WEST. CT HEALTH NETWORK AFFILIATES	S	5,926,073.	COST

**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 (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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) DANBURY HOSP. & NEW MILFORD HOSP. FOUNDATION	C	8,067,000.	COST
(2) DANBURY HOSP. & NEW MILFORD HOSP. FOUNDATION	J	89,593.	COST
(3) DANBURY HOSP. & NEW MILFORD HOSP. FOUNDATION	K	56,258.	COST
(4) DANBURY HOSP. & NEW MILFORD HOSP. FOUNDATION	O	2,740,493.	COST
(5) DANBURY HOSP. & NEW MILFORD HOSP. FOUNDATION	Q	1,331,391.	COST
(6) DANBURY HOSP. & NEW MILFORD HOSP. FOUNDATION	S	9,398,906.	COST

**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 . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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) WESTERN CT HOME CARE, INC	L	81,308.	COST
(2) WESTERN CT HOME CARE, INC	O	63,950.	COST
(3) WESTERN CT HOME CARE, INC	Q	1,152,397.	COST
(4) WESTERN CT HOME CARE, INC	S	1,300,488.	COST
(5) WESTERN CT MEDICAL GROUP, INC.	B	9,466,198.	COST
(6) WESTERN CT MEDICAL GROUP, INC.	J	2,402,496.	COST

**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 (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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) WESTERN CT MEDICAL GROUP, INC.	L	4,117,147.	COST
(2) WESTERN CT MEDICAL GROUP, INC.	M	75,379,563.	COST
(3) WESTERN CT MEDICAL GROUP, INC.	O	898,030.	COST
(4) WESTERN CT MEDICAL GROUP, INC.	Q	77,505,739.	COST
(5) WESTERN CT MEDICAL GROUP, INC.	S	77,651.	COST
(6) EASTERN NY MEDICAL SERVICES, P.C.	Q	153,877.	COST

**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 . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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
<b>(1)</b> THE NORWALK HOSPITAL ASSOCIATION	I	763,789.	COST
<b>(2)</b> THE NORWALK HOSPITAL ASSOCIATION	J	301,000.	COST
<b>(3)</b> THE NORWALK HOSPITAL ASSOCIATION	L	15,854,127.	COST
<b>(4)</b> THE NORWALK HOSPITAL ASSOCIATION	O	13,528,574.	COST
<b>(5)</b> THE NORWALK HOSPITAL ASSOCIATION	Q	18,581,095.	COST
<b>(6)</b> THE NORWALK HOSPITAL ASSOCIATION	S	46,010,857.	COST



**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 (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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) NORWALK HOSPITAL FOUNDATION	Q	137,942.	COST
(2) NORWALK HOSPITAL FOUNDATION	S	75,217.	COST
(3) WEST. CT HEALTH NETWORK INSUR. CO., LTD	Q	7,268,429.	COST
(4) WEST. CT HEALTH NETWORK INSUR. CO., LTD	R	9,628,895.	COST
(5) WEST. CT HEALTH NETWORK INSUR. CO., LTD	S	7,261,131.	COST
(6) SWC CORPORATION	Q	56,320.	COST

**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 . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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) SWC CORPORATION	R	80,000.	COST
(2) WCHN INVESTMENTS, LLC	R	141,919,131.	COST
(3) WCHN INVESTMENTS, LLC	S	27,500,000.	COST
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
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(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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