

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning OCT 1, 2015, and ending SEP 30, 20 16

2015

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

THE WATERBURY HOSPITAL

06-0665979

Name and title of officer

MARK HOLTZ

CHIEF OPERATING OFFICER

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

Check the box for the return for which you are using this Form 8879-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 for 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-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | |
|-----------------------------|---------------------------------------|--|------------------------|
| 1a Form 990 check here | ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>232,961,877.</u> |
| 2a Form 990-EZ check here | ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here | ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARCUM LLP to enter my PIN 65979
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Mark Holtz* Date ▶ 8/15/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06411606103
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.
523051
10-19-15

Form **8879-EO** (2015)

EXTENDED TO AUGUST 15, 2017

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

| | | | |
|--|--|------------------------------------|--|
| 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 | C Name of organization THE WATERBURY HOSPITAL | | D Employer identification number 06-0665979 |
| | Doing business as | | E Telephone number (203) 573-6000 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 235,130,518. |
| | 64 ROBBINS STREET | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code WATERBURY, CT 06708 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F Name and address of principal officer: MARK HOLTZ SAME AS C ABOVE | | H(c) Group exemption number | |
| I Tax-exempt status: <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 | | | |
| J Website: WWW.WATERBURYHOSPITAL.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1951 |
| M State of legal domicile: CT | | | |

| Part I Summary | | Prior Year | Current Year |
|---|--|---|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: WATERBURY HOSPITAL'S MISSION IS TO PROVIDE COMPASSIONATE HIGH QUALITY HEALTH CARE SERVICES THROUGH A | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 1823 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 96 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 630,069. |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -37,740. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 5,068,751. | 6,445,374. |
| | 9 Program service revenue (Part VIII, line 2g) | 202,809,107. | 218,688,844. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,358,483. | 3,272,865. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,101,763. | 4,554,794. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 215,338,104. | 232,961,877. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 117,106,705. | 117,470,316. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 245,640. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 109,516,554. | 136,573,921. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 226,623,259. | 254,044,237. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -11,285,155. | -21,082,360. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 152,423,511. | End of Year 136,695,474. |
| | 21 Total liabilities (Part X, line 26) | 96,644,358. | 112,009,298. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 55,779,153. | 24,686,176. |

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

| | | | | | |
|-------------------------------|---|---------------------------------|------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | MARK HOLTZ, CHIEF OPERATING OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name DOUGLAS FARRINGTON | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00370668 |
| | Firm's name MARCUM LLP | Firm's EIN 11-1986323 | | | |
| | Firm's address CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103 | Phone no. 860-760-0600 | | | |

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

532001 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WATERBURY HOSPITAL'S MISSION IS TO PROVIDE COMPASSIONATE HIGH QUALITY HEALTH CARE SERVICES THROUGH A FAMILY OF PROFESSIONALS AND SERVICES.

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 [X] No

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

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 \$ 211,175,658. including grants of \$) (Revenue \$ 222,694,973.)

STATEMENT OF PURPOSE

AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL, WATERBURY HOSPITAL PROVIDES QUALITY HEALTH CARE TO ALL AREA INDIVIDUALS, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR ABILITY TO PAY. HOWEVER, REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE HOSPITAL'S STABILITY AND LONG-TERM OPERATION.

SEE SCHEDULE O FOR CONTINUATION

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 211,175,658.

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 | 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 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | 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 |
| 8 | 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 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | 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 | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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 | |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a | 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 | 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 | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | 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 | |
| 19 | 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 |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | X | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | X | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | X | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Form 990 (2015)

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

Section A. Governing Body and Management

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|---|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 14 | | | | | | | | | | | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 10 | | | | | | | | | | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | | | | | | | | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | X | | | | | | | | | | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | | | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | | | | | X |
| 6 Did the organization have members or stockholders? | | | | | | | X | | | | | | | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | X | | | | | | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | | | | | X | | | | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | | | | |
| a The governing body? | | | | | | | | | | X | | | | |
| b Each committee with authority to act on behalf of the governing body? | | | | | | | | | | X | | | | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | | | | | | | X |

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **SCOTT BOWMAN - 203-573-7333**
64 ROBBINS STREET, WATERBURY, CT 06708

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

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

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

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

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

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 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) DARLENE STROMSTAD PRESIDENT/TREASURER | 40.00 26.00 | X | | X | | | 615,112. | 0. | 96,379. | |
| (2) CARL D. CONTADINI CHAIRMAN | 0.90 0.90 | X | | X | | | 0. | 0. | 0. | |
| (3) JOHN A. KELLY, JR. VICE CHAIRMAN | 0.90 0.90 | X | | X | | | 0. | 0. | 0. | |
| (4) WILLIAM J. PIZZUTO, PH.D. SECRETARY | 0.90 0.90 | X | | X | | | 0. | 0. | 0. | |
| (5) SUNDAE BLACK DIRECTOR | 0.40 0.40 | X | | | | | 0. | 0. | 0. | |
| (6) HENRY BORKOWSKI, M.D. DIRECTOR / CAGW - CARDIOLOGIST | 40.00 0.30 | X | | | | | 556,959. | 0. | 38,119. | |
| (7) RON J. D'ANDREA, M.D. DIRECTOR | 0.20 0.20 | X | | | | | 0. | 0. | 0. | |
| (8) JAMES H. GATLING, PH.D. DIRECTOR | 0.40 0.40 | X | | | | | 0. | 0. | 0. | |
| (9) PATRICIA MCKINLEY DIRECTOR | 0.40 0.40 | X | | | | | 0. | 0. | 0. | |
| (10) JOHN A. MICHAELS DIRECTOR | 0.70 0.70 | X | | | | | 0. | 0. | 0. | |
| (11) NEIL PETERSEN, M.D. CHIEF OF STAFF | 7.00 0.30 | X | | | | | 75,000. | 0. | 0. | |
| (12) DAVID J. PIZZUTO, M.D. DIRECTOR / VP MEDICAL SERVICES | 20.00 7.00 | X | | | | | 164,793. | 0. | 6,154. | |
| (13) FRANK SHERER DIRECTOR | 0.40 0.40 | X | | | | | 0. | 0. | 0. | |
| (14) CARL B. SHERTER, M.D. DIRECTOR | 0.30 0.30 | X | | | | | 0. | 0. | 0. | |
| (15) SANDRA A. IADAROLA CHIEF NURSING OFFICER | 40.00 2.10 | | | X | | | 239,003. | 0. | 12,962. | |
| (16) MICHAEL J. CEMENO CHIEF INFORMATION OFFICER | 40.00 7.00 | | | X | | | 329,400. | 0. | 20,323. | |
| (17) RICHARD KROPP VP HUMAN RESOURCES | 40.00 20.00 | | | X | | | 84,919. | 0. | 11,156. | |

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 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 | | | |
| (18) MARK HOLTZ CHIEF OPERATING OFFICER | 40.00 9.00 | | | X | | | | 226,333. | 0. | 21,817. |
| (19) JAMES MOYLAN CHIEF FINANCIAL OFFICER | 40.00 8.00 | | | X | | | | 254,476. | 0. | 0. |
| (20) GUY DISTEFANO CHIEF FINANCIAL OFFICER | 40.00 8.00 | | | X | | | | 0. | 0. | 0. |
| (21) EHSAN ANSARI CAGW - CARDIOLOGIST | 40.00 | | | | | X | | 885,601. | 0. | 42,480. |
| (22) JOSEPH MORLEY CAGW - CARDIOLOGIST | 40.00 | | | | | X | | 865,413. | 0. | 42,480. |
| (23) KEVIN KETT CAGW - CARDIOLOGIST | 40.00 | | | | | X | | 819,453. | 0. | 41,972. |
| (24) STEPHEN WIDMAN CAGW - CARDIOLOGIST | 40.00 | | | | | X | | 790,777. | 0. | 43,649. |
| (25) MARK RUGGIERO CAGW - CARDIOLOGIST | 40.00 | | | | | X | | 786,684. | 0. | 41,972. |
| (26) DIANE M. WOOLLEY FORMER VP HUMAN RESOURCES | 40.00 5.00 | | | | | | X | 128,228. | 0. | 20,668. |
| 1b Sub-total | | | | | | | | 6,822,151. | 0. | 440,131. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 115,401. | 0. | 22,125. |
| d Total (add lines 1b and 1c) | | | | | | | | 6,937,552. | 0. | 462,256. |

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 **113**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | 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 |
|---|----------------------------------|---------------------|
| CROTHALL HEALTHCARE 1500 LIBERTY RIDGE DRIVE, WAYNE, PA 19087 | BUILDING SVCS, TRANSPORT SVCS | 6,171,325. |
| MORRISON HEALTHCARE, 5801 PEACHTREE DUNWOODY RD, ATLANTA, GA 30342 | DIETARY SERVICES | 3,887,545. |
| CERNER CORPORATION, 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117 | INFORMATION TECHNOLOGY | 1,924,833. |
| ACCESS REHAB CENTERS, LLC 22 TOMPKINS ST., WATERBURY, CT 06708 | PHYSICAL THERAPY SERVICES | 1,326,457. |
| CT COLONY EMERGENCY PHYSICIANS P.O. BOX 37889, PHILADELPHIA, PA 19101-7889 | CLINICAL SERVICES | 1,225,328. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **79**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | (A) | (B) | (C) | (D) | |
|---|--|--|------------------------------------|----------------------------|--|--|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 3,619,809. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,825,565. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 1,000. | | | |
| | h Total. Add lines 1a-1f | | 6,445,374. | | | |
| Program Service Revenue | 2 a NET PATIENT SERVICE REVENUE | Business Code 624100 | 211,779,037. | 211,779,037. | | |
| | b CAW - NET PATIENT SERVICE REVENUE | 621110 | 6,279,738. | 6,279,738. | | |
| | c LAB SERVICE REVENUE | 621500 | 373,906. | | 373,906. | |
| | d IMAGE REPAIRS & MAINTENANCE | 541900 | 256,163. | | 256,163. | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 218,688,844. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,796,480. | | 2,796,480. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | 437,679. | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | 0. | | | |
| | | c Rental income or (loss) | 437,679. | | | |
| | d Net rental income or (loss) | | 437,679. | | 437,679. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 2,449,753. | | | |
| | | (ii) Other | 45,244. | | | |
| | | b Less: cost or other basis and sales expenses | 2,018,612. | 0. | | |
| | | c Gain or (loss) | 431,141. | 45,244. | | |
| | d Net gain or (loss) | | 476,385. | | 476,385. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | 244,428. | | | |
| | | b Less: direct expenses | 150,029. | | | |
| c Net income or (loss) from fundraising events | | | 94,399. | | 94,399. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a CAW - OTHER INCOME | 621110 | 1,624,329. | 1,624,329. | | | |
| b PARTNERSHIP INCOME | 900099 | 1,442,966. | 1,442,966. | | | |
| c OTHER INCOME | 900099 | 572,114. | 572,114. | | | |
| d All other revenue | 900099 | 383,307. | 366,720. | | 16,587. | |
| e Total. Add lines 11a-11d | | 4,022,716. | | | | |
| 12 Total revenue. See instructions. | | 232,961,877. | 222,064,904. | 630,069. | 3,821,530. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,889,796. | 670,337. | 2,219,459. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 87,704,818. | 82,334,979. | 5,307,251. | 62,588. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,447,630. | 5,079,904. | 364,622. | 3,104. |
| 9 Other employee benefits | 15,049,616. | 13,821,338. | 1,217,067. | 11,211. |
| 10 Payroll taxes | 6,378,456. | 5,835,736. | 538,139. | 4,581. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,806,797. | 161,396. | 1,645,401. | |
| c Accounting | 243,170. | | 243,170. | |
| d Lobbying | 83,501. | | 83,501. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 592,220. | | 592,220. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 45,723,515. | 32,598,878. | 13,124,637. | |
| 12 Advertising and promotion | 755,711. | 37,979. | 717,732. | |
| 13 Office expenses | 9,756,907. | 7,750,901. | 2,004,091. | 1,915. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,502,844. | 1,230,491. | 3,272,353. | |
| 17 Travel | 107,751. | 80,017. | 27,734. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 136,802. | 74,295. | 62,357. | 150. |
| 20 Interest | 1,805,096. | | 1,805,096. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,089,157. | | 6,089,157. | |
| 23 Insurance | 3,219,532. | | 3,219,532. | |
| 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 PENSION WITHDRAWAL EXPE | 28,300,000. | 28,300,000. | | |
| b MEDICAL/SURGICAL SUPPLI | 26,996,006. | 26,994,678. | 1,328. | |
| c IMPAIRMENT OF LONG-LIVE | 6,485,028. | | 6,485,028. | |
| d PROVISION FOR RETROSPEC | -7,296,457. | | -7,296,457. | |
| e All other expenses | 7,266,341. | 6,204,729. | 899,521. | 162,091. |
| 25 Total functional expenses. Add lines 1 through 24e | 254,044,237. | 211,175,658. | 42,622,939. | 245,640. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,879,927. | 1 | 812,242. |
| | 2 Savings and temporary cash investments | 15,571,642. | 2 | 7,847,330. |
| | 3 Pledges and grants receivable, net | 3,791,077. | 3 | 4,615,260. |
| | 4 Accounts receivable, net | 27,568,580. | 4 | 21,527,130. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 3,257,310. | 8 | 2,635,674. |
| | 9 Prepaid expenses and deferred charges | 1,531,580. | 9 | 1,377,781. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 270,801,696. | | |
| | b Less: accumulated depreciation | 10b 249,461,032. | 10c | 21,340,664. |
| | 11 Investments - publicly traded securities | 9,024,565. | 11 | 10,202,207. |
| | 12 Investments - other securities. See Part IV, line 11 | 56,644,352. | 12 | 58,647,157. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 1,813,567. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 802,743. | 15 | 7,690,029. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 152,423,511. | 16 | 136,695,474. | |
| Liabilities | 17 Accounts payable and accrued expenses | 28,935,144. | 17 | 23,447,237. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 23,789,744. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 43,919,470. | 25 | 88,562,061. |
| | 26 Total liabilities. Add lines 17 through 25 | 96,644,358. | 26 | 112,009,298. |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 1,355,351. | 27 | -32,170,513. |
| | 28 Temporarily restricted net assets | 8,220,369. | 28 | 8,722,091. |
| | 29 Permanently restricted net assets | 46,203,433. | 29 | 48,134,598. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 55,779,153. | 33 | 24,686,176. |
| 34 Total liabilities and net assets/fund balances | 152,423,511. | 34 | 136,695,474. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 232,961,877. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 254,044,237. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -21,082,360. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 55,779,153. |
| 5 | Net unrealized gains (losses) on investments | 5 | 236,898. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -10,247,515. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 24,686,176. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | 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. | X | |
| 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? | | X |
| 3b | 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 | | |

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **THE WATERBURY HOSPITAL** Employer identification number **06-0665979**

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 | | |
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| Total | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

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

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

| | | |
|---|--------------------------|---|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

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 on 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? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. 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? If "Yes," provide detail in Part VI. | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year |
|----------------------------------|--|----------------|------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 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 Total 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 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ 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.

OMB No. 1545-0047

2015

Name of the organization

THE WATERBURY HOSPITAL

Employer identification number

06-0665979

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

THE WATERBURY HOSPITAL

06-0665979

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 | | \$ 5,610. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 26,050. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 32,560. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 207,051. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE WATERBURY HOSPITAL | Employer identification number 06-0665979 |
|---|---|

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 | <hr/> <hr/> <hr/> | \$ <u>680,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>27,001.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ <u>7,005.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ <u>1,509,050.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ <u>6,110.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE WATERBURY HOSPITAL | Employer identification number 06-0665979 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 13 | | \$ 144,650. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 175,000. | 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.) |
| | | \$ _____ | Person <input 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.) |
| | | \$ _____ | Person <input 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

Employer identification number

THE WATERBURY HOSPITAL

06-0665979

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 |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

| | |
|---|---|
| Name of organization THE WATERBURY HOSPITAL | Employer identification number 06-0665979 |
|---|---|

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 (d) 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 info. once.) ▶ \$ _____
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 |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| 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

2015

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **THE WATERBURY HOSPITAL** Employer identification number **06-0665979**

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- |
|----------|-------------|---------|--|---|
| | | | | |
| | | | | |
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2015

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | X | | |
| d Mailings to members, legislators, or the public? | X | | |
| e Publications, or published or broadcast statements? | X | | |
| f Grants to other organizations for lobbying purposes? | X | | 50,000. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | |
| i Other activities? | X | | 33,501. |
| j Total. Add lines 1c through 1i | | | 83,501. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | |
|--|----|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A PORTION OF THE CT HOSPITAL ASSOCIATION FEES THAT ARE PAID BY THE WATERBURY HOSPITAL IS FOR LOBBYING ACTIVITIES. THE WATERBURY HOSPITAL ALSO PAYS ROY AND LEROY LLC FOR LOBBYING SERVICES TOTALING \$50,000.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

THE WATERBURY HOSPITAL

Employer identification number

06-0665979

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 53,252,862. | 59,832,482. | 58,391,891. | 54,791,385. | 48,442,875. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 2,783,836. | -2,805,083. | 2,214,558. | 4,160,381. | 6,884,672. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 604,308. | 3,774,537. | 773,967. | 559,875. | 536,162. |
| f Administrative expenses | | | | | |
| g End of year balance | 55,432,390. | 53,252,862. | 59,832,482. | 58,391,891. | 54,791,385. |

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 86.83 %
- c Temporarily restricted endowment 13.17 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 287,549. | | 287,549. |
| b Buildings | | 82,191,981. | 74,549,112. | 7,642,869. |
| c Leasehold improvements | | 654,276. | 554,113. | 100,163. |
| d Equipment | | 184,794,752. | 171,791,117. | 13,003,635. |
| e Other | | 2,873,138. | 2,566,690. | 306,448. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 21,340,664. |

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) FUNDS HELD IN TRUST BY | | |
| (B) OTHERS | 45,342,562. | END-OF-YEAR MARKET VALUE |
| (C) GREATER WATERBURY IMAGING | | |
| (D) CENTER | 3,034,700. | END-OF-YEAR MARKET VALUE |
| (E) ACCESS REHAB CENTERS | 4,875,985. | END-OF-YEAR MARKET VALUE |
| (F) IMAGING PARTNERS | 432,285. | END-OF-YEAR MARKET VALUE |
| (G) ALLIANCE MEDICAL GROUP | 4,961,625. | END-OF-YEAR MARKET VALUE |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 58,647,157. | |

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) | | |
| Total. (Col. (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.

| (a) Description | (b) Book value |
|--|----------------|
| (1) OTHER RECEIVABLES | 165,128. |
| (2) OTHER INVESTMENTS | 228,444. |
| (3) RETROSPECTIVE PREMIUM CREDIT RECEIVABLE | 7,296,457. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 7,690,029. |

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) LIABILITIES OF CONSOLIDATED | |
| (3) AFFILIATES | 1,584,834. |
| (4) RESERVE FOR WORKER'S | |
| (5) COMP/MALPRACTICE LIAB. LOSS | 13,776,227. |
| (6) NONCONTROLLING INTEREST | 2,503,706. |
| (7) DEFERRED LIAB. ON GIFT ANNUITY | 101,571. |
| (8) ASSET RETIREMENT OBLIGATION | 2,980,756. |
| (9) CAPITAL LEASE LIABILITY | 3,621,147. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 88,562,061. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | |
|---|---|----|----|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 265,592,559. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | 236,898. |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | 34,278,941. |
| e | Add lines 2a through 2d | | 2e | 34,515,839. |
| 3 | Subtract line 2e from line 1 | | 3 | 231,076,720. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 592,220. |
| b | Other (Describe in Part XIII.) | 4b | | 1,292,937. |
| c | Add lines 4a and 4b | | 4c | 1,885,157. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 232,961,877. |

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

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

| | | | | |
|---|--|----|----|--------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 295,486,816. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | 42,034,799. |
| e | Add lines 2a through 2d | | 2e | 42,034,799. |
| 3 | Subtract line 2e from line 1 | | 3 | 253,452,017. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 592,220. |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 592,220. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 254,044,237. |

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.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED FOR FREE CARE AND GENERAL HOSPITAL OPERATIONS.

PART X, LINE 2:

THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE HOSPITAL IS ALSO EXEMPT FROM STATE INCOME TAXES. ACCESS, GWIC, CAGW, AND IMAGING PARTNERS LLC ARE PARTNERSHIPS. FOR TAX PURPOSES, THESE PARTNERSHIP ARE PASS-THROUGH ENTITIES. TAXATION DOES NOT OCCUR AT THE PARTNERSHIP LEVEL. ACCORDINGLY, NO PROVISION FOR TAXES IS INCLUDED. AMG IS TAX EXEMPT

Part XIII Supplemental Information (continued)

UNDER SECTION 501(C)(3) OF THE CODE.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2016, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM CONSOLIDATED AFFILIATES 34,278,941.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME FROM PARTNERSHIP 1,413,474.

WATERBURY GASTROENTEROLOGY INCOME 29,492.

FUNDRAISING EXPENSES -150,029.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,292,937.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSE OF CONSOLIDATED AFFILIATES 41,884,770.

FUNDRAISING EXPENSE 150,029.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 42,034,799.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|------------------------------------|---------------------|------------------------------------|----------|
| | | GALA (event type) | GOLF TOURNAMENT (event type) | 1 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 126,402. | 95,935. | 22,091. | 244,428. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 126,402. | 95,935. | 22,091. | 244,428. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 90,369. | 36,755. | 22,905. | 150,029. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 150,029. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 94,399. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

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, question 20.

▶ Attach to Form 990.

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

Name of the organization **THE WATERBURY HOSPITAL** Employer identification number **06-0665979**

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|---|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | X | |
| 1b If "Yes," was it a written policy? | X | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | X | |
| 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | X | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | X | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | X | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | X | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | X |
| 6a Did the organization prepare a community benefit report during the tax year? | | X |
| b If "Yes," did the organization make it available to the public? | | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

| 7 Financial Assistance and Certain Other Community Benefits at Cost | | | | | | |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| | (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 |
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 1635320. | 684,878. | 950,442. | .38% |
| b Medicaid (from Worksheet 3, column a) | | 45,013 | 54262481. | 44747530. | 9514951. | 3.83% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | 45,013 | 55897801. | 45432408. | 10465393. | 4.21% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | | | | |
| f Health professions education (from Worksheet 5) | | | 14884224. | 8780450. | 6103774. | 2.46% |
| g Subsidized health services (from Worksheet 6) | | 8,336 | 9725839. | 5952643. | 3773196. | 1.52% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total Other Benefits | | 8,336 | 24610063. | 14733093. | 9876970. | 3.98% |
| k Total Add lines 7d and 7j | | 53,349 | 80507864. | 60165501. | 20342363. | 8.19% |

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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)

1 THE WATERBURY HOSPITAL
64 ROBBINS STREET
WATERBURY, CT 06708

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, X, X, X.

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 THE WATERBURY HOSPITAL

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

| | Yes | No |
|--|-----|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | X |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | X | |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X | |
| 6a 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 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 | |
| 7 Did the hospital facility make its CHNA report widely available to the public? | X | |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 7</u> | | |
| b <input type="checkbox"/> Other website (list url): | | |
| c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | X | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | X | |
| a If "Yes," (list url): <u>SEE PART V, PAGE 7</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | X |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c 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 THE WATERBURY HOSPITAL

| | | Yes | No |
|---|--|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | X | |
| If "Yes," indicate the eligibility criteria explained in the FAP: | | | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input type="checkbox"/> Medical indigency | | |
| e | <input type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance status | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | X | |
| 15 | Explained the method for applying for financial assistance? | X | |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? | X | |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | <input type="checkbox"/> The FAP was widely available on a website (list url): _____ | | |
| b | <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____ | | |
| c | <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____ | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input type="checkbox"/> Other (describe in Section C) | | |

Billing and Collections

| | | | |
|-----------|--|----------|--|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | X | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a | <input checked="" type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input checked="" type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| e | <input 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 THE WATERBURY HOSPITAL

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

| | Yes | No |
|----|-----|----|
| 19 | | X |
| | | |
| | | |
| | | |

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

| | Yes | No |
|----|-----|----|
| 21 | X | |
| | | |
| | | |
| | | |

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

| | Yes | No |
|--|-----|----|
| | | |
| | | |
| | | |
| | | |

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

| | Yes | No |
|----|-----|----|
| 23 | | X |
| | | |
| | | |
| | | |

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

| | Yes | No |
|----|-----|----|
| 24 | | X |
| | | |
| | | |
| | | |

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 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 WATERBURY HOSPITAL:

PART V, SECTION B, LINE 5: IN MAY 2016, INDIVIDUALS FROM HEALTHCARE ORGANIZATIONS, COMMUNITY AGENCIES, SOCIAL SERVICE ORGANIZATIONS, AND AREA NON-PROFITS GATHERED TO REVIEW THE RESULTS OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) DATA AND PLANNING FOR THE FUTURE. THE MEETING WAS INITIATED BY PARTNERS OF GWHIP. THE GOAL OF THE MEETING WAS TO DISCUSS THE COMMITMENT TO THE GREATER WATERBURY AREA AND DISCUSS FUTURE PRIORITIZATIONS OF THE ORGANIZATION AND ITS MEMBERS.

THE OBJECTIVES OF THE SESSION WERE TO REVIEW COMPILED DATAHAVEN HEALTH AND WELLBEING DATA AND HIGHLIGHT KEY RESEARCH FINDINGS, GATHER FEEDBACK FROM COMMUNITY REPRESENTATIVES ABOUT COMMUNITY HEALTH NEEDS, AND PRIORITIZE THE COMMUNITY HEALTH NEEDS BASED ON SELECT CRITERIA.

EXECUTIVE LEADERS OF THE CONNECTICUT COMMUNITY FOUNDATION, THE CITY OF WATERBURY HEALTH DEPARTMENT, AND GWHIP FACILITATED THE PRIORITIZATION SESSION. THE MEETING BEGAN WITH AN ABBREVIATED RESEARCH OVERVIEW, INCLUDING THE RESULTS OF THE PRIMARY AND SECONDARY RESEARCH AND KEY FINDINGS OF THE CHNA.

FOLLOWING THE RESEARCH OVERVIEW OF THE DATAHAVEN HEALTH AND WELLBEING DATA, MEETING PARTICIPANTS WERE PROVIDED WITH INFORMATION REGARDING THE PRIORITIZATION PROCESS, CRITERIA TO CONSIDER MOVING FORWARD WITH KEY AREAS OF FOCUS, AND OTHER ASPECTS OF HEALTH IMPROVEMENT PLANNING. IN A LARGE-GROUP FORMAT, ATTENDEES WERE ASKED TO SHARE OPENLY WHAT THEY PERCEIVED TO BE THE NEEDS AND AREAS OF OPPORTUNITY IN THE COMMUNITY AND

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.

HOW THEY WOULD FIT INTO THE PRIORITIZATION AREAS.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH SAINT MARY'S HOSPITAL AS A PARTNER OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE CONNECTICUT COMMUNITY FOUNDATION, CITY OF WATERBURY HEALTH DEPARTMENT, UNITED WAY, AND STAYWELL HEALTH CENTER AS PARTNERS OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 11: THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) REVIEWED THE FINDINGS AND DISCUSSED CROSS-CUTTING APPROACHES TO FURTHER HONE THE PRIORITY AREAS. THE FOLLOWING FOUR PRIORITY AREAS FOR WATERBURY WERE ADOPTED FOR THE 2017-2019 IMPLEMENTATION PLAN IN ORDER TO TOUCH ON SEVERAL HEALTH INITIATIVES: ACCESS TO CARE - INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE, HEALTHY LIFESTYLE - INCLUDING OBESITY AND TOBACCO USE, ASTHMA, AND HEALTH COMMUNICATIONS.

WATERBURY HOSPITAL CONTINUES TO BE A PARTNER IN GWHIP AND ACTIVELY

PARTICIPATES IN THE WORK GROUPS FOR EACH OF THE HEALTH INITIATIVES

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.

IDENTIFIED. IN ADDITION, WATERBURY HOSPITAL HAS ITS OWN IMPLEMENTATION PLAN THAT ILLUSTRATES THE HOSPITAL'S SPECIFIC STRATEGIES AND RESOURCES.

ACCESS TO CARE

WATERBURY HOSPITAL IS CURRENTLY CHAIRING THE GWHIP ACCESS TO CARE WORKGROUP. THE WORKGROUP IS WORKING ON DEVELOPING INFOGRAPHICS AS A WAY TO HELP PEOPLE NAVIGATE LOCAL HEALTH SYSTEM FOR DIFFERENT AREAS INCLUDING WHEN TO USE ED VS. URGENT CARE VS. PRIMARY CARE, ASTHMA, MENTAL HEALTH, AND DIABETES.

THE WORKGROUP ALSO CONTINUES TO WORK ON CREATING THE COMMUNITY CARE TEAM IN ORDER TO PROVIDE CROSS-ORGANIZATION CASE MANAGEMENT FOR HIGH UTILIZATION EMERGENCY DEPARTMENT VISITORS BETWEEN BOTH HOSPITAL EDS AND A COMPREHENSIVE ARRAY OF COMMUNITY ORGANIZATIONS.

HEALTHY LIFESTYLE

THE HEALTHY LIFESTYLE WORKGROUP IS WORKING ON MAPPING EXISTING COMMUNITY RESOURCES IN ORDER TO HAVE A DATABASE ON WHAT EXISTS AND WHO IN THE COMMUNITY IS DOING WHAT. THE WORKGROUP IS ALSO WORKING ON ESTABLISHING THE STATE OF CT LIVEWELL DIABETES SERIES IN WATERBURY OR HAVING SOME TYPE OF DIABETES EDUCATION AVAILABLE TO THE COMMUNITY.

ASTHMA

WATERBURY HOSPITAL IS PARTICIPATING IN THE CT HOSPITAL ASSOCIATION ASTHMA INITIATIVE WHICH IS WORKING TOWARDS HAVING AN ASTHMA ACTION PLAN GIVEN TO EVERY PATIENT WHO COMES INTO THE EMERGENCY DEPARTMENT (ED) WITH AN ASTHMA DIAGNOSIS AND PROVIDING EDUCATION ON PROPER USE OF INHALER.

THROUGH GWHIP, WE ARE PARTNERING WITH THE WATERBURY HEALTH DEPARTMENT WITH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 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 PUTTING ON AIRS PROGRAM. THE ED IS REFERRING QUALIFIED PATIENTS TO THE WATERBURY HEALTH DEPARTMENT WITH AN ASTHMA ACTION PLAN. THE PROGRAM IS AN EVIDENCED BASED FREE HOME VISITATION PROGRAM FOCUSING ON INDOOR ASTHMA TRIGGERS AND EDUCATION ABOUT ASTHMA AS A CHRONIC ILLNESS.

HEALTH COMMUNICATIONS

THE HEALTH COMMUNICATIONS WORKGROUP WAS A NEW WORK GROUP THAT WAS ADDED AFTER THE 2016 CHNA PROCESS. THE WORKGROUP'S GOAL IS TO INCREASE MESSAGING AND COMMUNICATIONS TO THE PARTNERS, COMMUNITY ORGANIZATIONS, AND THE GREATER WATERBURY COMMUNITY. THEY HAVE IDENTIFIED A VENDOR THAT WILL BE IN CHARGE OF THE WEB DESIGN, SOCIAL MEDIA, LOGO, AND COLOR SCHEME AND THE WORK SHOULD BE COMPLETED BY FALL 2017.

WATERBURY HOSPITAL'S PR DEPARTMENT IS CURRENTLY INCLUDING INFORMATION ON COMMUNITY EVENTS AND PROGRAMS ON THE WATERBURY HOSPITAL'S WEBSITE - COMMUNITY CALENDAR, FACEBOOK PAGE, AND EVERGREEN NEWSLETTER.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 22D: CCR - COST TO CHARGE RATIO

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 7A:

HTTP://WWW.WATERBURYHOSPITAL.ORG/COMMUNITY/CHNA/2016-CHNA-FINAL-REPORT/

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 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 WATERBURY HOSPITAL:

PART V, SECTION B, LINE 10A:

HTTP://WWW.WATERBURYHOSPITAL.ORG/COMMUNITY/CHNA/2016-CHNA-

IMPLEMENTATION-PLAN/

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? 7

| Name and address | Type of Facility (describe) |
|--|-------------------------------------|
| 1 CARDIOLOGY ASSOCIATES OF GTR WATERBURY 455 CHASE PARKWAY WATERBURY, CT 06708 | MEDICAL OFFICES, DIAGNOSTIC TESTING |
| 2 BLOOD DRAW STATION 134 GRANDVIEW AVENUE WATERBURY, CT 06708 | BLOOD DRAWING FACILITY |
| 3 BLOOD DRAW STATION 1625 STRAITS TURNPIKE, SUITE 304 MIDDLEBURY, CT 06762 | BLOOD DRAWING FACILITY/X-RAYS |
| 4 BLOOD DRAW STATION 22 OLD WATERBURY ROAD, SUITE 201 SOUTHURY, CT 06488 | BLOOD DRAWING FACILITY |
| 5 BLOOD DRAW STATION 130 SOUTH MAIN STREET THOMASTON, CT 06787 | BLOOD DRAWING FACILITY |
| 6 BLOOD DRAW STATION 51 DEPOT STREET, SUITE 212 WATERTOWN, CT 06795 | BLOOD DRAWING FACILITY |
| 7 BLOOD DRAW STATION 305 CHURCH STREET, SUITE 16 NAUGATUCK, CT 06770 | BLOOD DRAWING FACILITY |
| | |
| | |
| | |

Schedule H (Form 990) 2015

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 I, LINE 3C:

N/A

PART I, LINE 6A:

N/A

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
 BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
 THIS COLUMN IS \$ 5,693,497.

PART II, COMMUNITY BUILDING ACTIVITIES:

AS A LEADER IN THE DELIVERY OF HEALTHCARE SERVICES IN THE GREATER
 WATERBURY AREA, WATERBURY HOSPITAL (WH) IS COMMITTED TO STRENGTHENING THE
 WELFARE AND AWARENESS OF THE CITIZENS WITHIN ITS COMMUNITY. FROM
 STRENGTHENING THE CAREER PATHS OF WATERBURY AREA YOUTH; TO SUPPORTING THE
 UNINSURED AND UNDERINSURED THROUGH THE WATERBURY HEALTH ACCESS PROGRAM
 AND; PROVIDING TRANSPORT TO AND FROM MEDICAL APPOINTMENTS; WATERBURY

Part VI Supplemental Information (Continuation)

HOSPITAL IS REMOVING THE BARRIERS TO QUALITY HEALTH CARE FOR ALL AND REMAINS FIRM IN ITS COMMITMENT TO A HEALTHIER, STRONGER, AND MORE PRODUCTIVE COMMUNITY.

YOUTH PIPELINE INITIATIVES - THE WH YOUTH PIPELINE INITIATIVES WERE ESTABLISHED IN 2001 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL AND WATERBURY PUBLIC SCHOOLS. THE MISSION OF THE PROGRAM IS: "TO CLOSE THE ACHIEVEMENT GAP FOR MINORITY AND ECONOMICALLY DISADVANTAGED STUDENTS IN WATERBURY SO THEY CAN MATRICULATE AND COMPETE NATIONALLY FOR PLACEMENT IN POST-SECONDARY EDUCATION PROGRAMS IN PREPARATION FOR HEALTH CAREERS". WH IS COMMITTED TO ENHANCING AND ENRICHING THE ACADEMIC OPPORTUNITIES AND PERSONAL JOURNEYS OF OUR YOUTH, WHO ARE THE EMERGING WORKFORCE OF TOMORROW. DURING 2016, WH PROVIDED 52 STUDENTS AND PARENTS IN GREATER WATERBURY WITH UNIQUE EDUCATIONAL PROGRAMS THAT WILL ENHANCE THE OVERALL WELFARE OF OUR COMMUNITY.

THE WH YOUTH PIPELINE INITIATIVES HAD FOUR FOCUS AREAS DURING FY 2016, INCLUDING:

- PARENT LEADERSHIP TRAINING INSTITUTE (PLTI) - IN 2016, 11 INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PLTI, A 20-WEEK CURRICULUM TEACHING LEADERSHIP AND ADVOCACY SKILLS, AS WELL AS INDIVIDUAL COMMUNITY PROJECT PLANNING. PLTI'S CORE MISSION IS TO IMPART LEADERSHIP AND ADVOCACY SKILLS TO PARENTS WHILE SIMULTANEOUSLY EDUCATING THEM ABOUT VOLUNTEERISM, CIVIC LIFE, AND THE PROCESS BY WHICH STATE AND LOCAL GOVERNMENTS ENACT AND CHANGE LAWS. EACH PARTICIPANT COMPLETES AND IMPLEMENTS A COMMUNITY PROJECT.

Part VI Supplemental Information (Continuation)

- CHILDREN LEADERSHIP TRAINING INSTITUTE (CLTI) - CLTI IS RUN IN CONNECTION WITH THE PLTI PROGRAM. 10 CHILDREN PARTICIPATED IN THE PROGRAM IN 2016.

- UCONN PEOPLE EMPOWERING PEOPLE (PEP) - THE PROGRAM INCLUDED A 10-WEEK PARENT LEADERSHIP AND ADVOCACY REGIMEN THROUGH WHICH 9 PARTICIPANTS SUCCESSFULLY COMPLETED THE PEP COURSE. UCONN PEP IS A PERSONAL, FAMILY, AND LEADERSHIP DEVELOPMENT PROGRAM WITH A STRONG COMMUNITY FOCUS. PEP IS DESIGNED TO BUILD ON THE UNIQUE STRENGTHS AND LIFE EXPERIENCES OF PARTICIPANTS AND EMPHASIZES THE CONNECTION BETWEEN AN INDIVIDUAL AND COMMUNITY ACTION. PARTICIPANTS WORK INDIVIDUALLY OR COLLABORATIVELY TO CREATE A COMMUNITY PROJECT WHICH IS COMPLETED AS PORTION OF THE PROGRAM.

- WH SUMMER BRIDGE PROGRAM - DURING THE SUMMER OF 2016, 22 STUDENTS FROM WATERBURY, GRADES 6-11, PARTICIPATED IN THE WH SUMMER BRIDGE PROGRAM. 100% OF MEALS WERE SECURED FOR THE PROGRAM FROM CITY OF WATERBURY SUMMER FOOD PROGRAM.

STUDENTS COMPLETED THE FOLLOWING MODULES:

- 13.5 HOURS OF MATH (PRE- ALGEBRA, ALGEBRA II, ADVANCED MATH) REVIEW SESSIONS

- 14 HOURS OF ENGLISH LANGUAGE ARTS AND SECOND ANNUAL WH GREAT DEBATE

- 18 HOURS OF SAT VOCABULARY

- 13.5 HOURS OF PROJECT CITIZEN (CIVICS COURSE)

- 6.5 HOURS OF SAT VOCAB

- 9 HOURS OF PRACTICAL MONEY SKILLS

- 9 HOURS OF TEAM BUILDING

- 13 HOURS OF POETRY INSTRUCTION AND PARTICIPATION IN THE ANNUAL WH

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

POETRY SLAM

- 6 HOURS SCIENCE MODULE AT STONE ACADEMY

- 6 HOURS OF SOCIAL DETERMINANTS OF HEALTH DOCUMENTARIES AND ACTIVE DISCUSSIONS WITH THE WATERBURY HEALTH DEPT.

- HEALTH & NUTRITION FAIR HOSTED BY THE STUDENTS INCLUDING PRESENTATIONS ON OBESITY

- FIELDTRIPS INCLUDED: HAMMONASSET STATE PARK (EDUCATIONAL SESSION AT MEIGS POINT NATURE CENTER), THE HAROLD LEEVER CANCER CENTER, LYMAN ORCHARD, AND MYSTIC AQUARIUM.

SUPPORT GROUPS - DURING 2016, WATERBURY HOSPITAL HOSTED SEVERAL SUPPORT GROUPS FOR ITS PATIENTS AND THEIR FAMILIES, INCLUDING:

- BEHAVIORAL HEALTH'S PARENT AND SIBLING SUPPORT GROUP, WHICH OFFERS EMOTIONAL ASSISTANCE TO FAMILIES WHO HAVE CHILDREN IN TREATMENT; AND

- ALCOHOLICS ANONYMOUS, SERVES OVER 4,000 PEOPLE ANNUALLY, MEETS WEEKLY THROUGHOUT THE YEAR, AND IS COORDINATED BY OUR BEHAVIORAL HEALTH DEPARTMENT.

PART III, LINE 2:

OVERALL COST TO CHARGE RATIO USED IN CALCULATION.

PART III, LINE 3:

FINANCIAL ASSISTANCE (CHARITY CARE) IS A SEPARATE NUMBER, AND NOT INCLUDED IN THE AMOUNT REPORTED ON LINE 2.

PART III, LINE 4:

THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED

Part VI Supplemental Information (Continuation)

POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME LEVELS, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES AND ASSETS. THESE SERVICES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES. EFFECTIVE OCTOBER 1, 2013, THE HOSPITAL CHANGED ITS CHARITY CARE POLICY TO DISCOUNT ALL SELF PAY RECEIVABLES BY 50% UPON FINAL BILLING.

PART III, LINE 8:

COSTING METHODOLOGY USED TO COMPUTE THE MEDICARE SHORTFALL AND ANY ASSOCIATED COMMUNITY BENEFIT IS A COMBINATION OF THE AMOUNT REPORTED ON LINE 7 AS WELL AS THE HEALTH PROFESSION EDUCATION LINE. A TOTAL SHORTFALL OF \$5,068,780 WAS DERIVED FROM THE 2016 MEDICARE COST REPORT USING AN AHA APPROVED FORM FOR SCHEDULE H WORKSHEET B PPS AND IPF HOSPITALS. ALL OF THIS SHORTFALL SHOULD BE REPORTED AS A COMMUNITY BENEFIT. THE HOSPITAL COST ACCOUNTING SYSTEM SHOWS A SHORTFALL FROM ALL MEDICARE PROGRAMS (INCLUDING MANAGED MEDICARE) OF \$9,819,801 (NET OF BAD DEBT AND FREE CARE).

PART III, LINE 9B:

WE HAVE SEVERAL CREDIT AND COLLECTION PROGRAMS GOVERNING PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE; PROMPT PAY DISCOUNT; SLIDING SCALE; PAYMENT ARRANGEMENTS; CHARITY CARE AND FREE BED FUNDS. ANY PATIENT EXPRESSING DIFFICULTY PAYING A BALANCE IS ENTITLED TO APPLY FOR FINANCIAL COUNSELING ASSISTANCE. CUSTOMER SERVICE REPRESENTATIVES WORK WITH THE PATIENTS TO DETERMINE PROGRAM QUALIFICATION BASED ON THE

Part VI Supplemental Information (Continuation)

COMPLETION OF A FINANCIAL APPLICATION. CASES ARE PREPARED AND PRESENTED TO THE PATIENT ASSISTANCE COMMITTEE. APPROVED CASES WILL BE EITHER FULLY OR PARTIALLY WRITTEN OFF TO FREE BED FUNDS OR CHARITY CARE.

PART VI, LINE 2:

IN ORDER TO ACCESS THE HEALTH CARE NEEDS OF THE COMMUNITY, WATERBURY HOSPITAL CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS INCLUDING SAINT MARY'S HOSPITAL, STAYWELL HEALTH CENTER, WATERBURY HEALTH DEPARTMENT, UNITED WAY, AND THE CONNECTICUT COMMUNITY FOUNDATION. THE PARTNERSHIP, ALSO KNOWN AS THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), REVIEWED THE FINDINGS AND DISCUSSED CROSS-CUTTING APPROACHES TO FURTHER HONE THE PRIORITY AREAS. THE FOLLOWING FOUR PRIORITY AREAS FOR WATERBURY WERE ADOPTED FOR THE 2017-2019 IMPLEMENTATION PLAN IN ORDER TO TOUCH ON SEVERAL HEALTH INITIATIVES: ACCESS TO CARE - INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE, HEALTHY LIFESTYLE - INCLUDING OBESITY AND TOBACCO USE, ASTHMA, AND HEALTH COMMUNICATIONS.

WATERBURY HOSPITAL CONTINUES TO BE A PARTNER IN GWHIP AND ACTIVELY PARTICIPATES IN THE WORK GROUPS FOR EACH OF THE HEALTH INITIATIVES IDENTIFIED. IN ADDITION, WATERBURY HOSPITAL HAS ITS OWN IMPLEMENTATION PLAN THAT ILLUSTRATES THE HOSPITAL'S SPECIFIC STRATEGIES AND RESOURCES.

PART VI, LINE 3:

WE HAVE SIGNAGE, PT HANDBOOK, STATEMENT BACKERS & HANDOUTS THAT INFORM PATIENTS OF FREE BED FUNDS ETC. THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL.

Part VI Supplemental Information (Continuation)

ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES.

PART VI, LINE 4:

THE HOSPITAL'S TOTAL SERVICE AREA COMPRISES 35 ZIP CODES, WHICH INCLUDE THE CITY OF WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA WHICH COVERS NINE US CENSUS ZIP CODE TABULATION AREAS (ZCTAS) INCLUDES WATERBURY, NAUGATUCK, PROSPECT AND WOLCOTT HAS A POPULATION OF APPROXIMATELY 168,000. THE SECONDARY SERVICE AREA INCLUDES BEACON FALLS, BETHLEHEM, CHESHIRE, MIDDLEBURY, MORRIS, OXFORD, PLYMOUTH, SOUTHBURY, THOMASTON, WATERTOWN AND WOODBURY HAS A POPULATION OF APPROXIMATELY 133,000.

THE COMBINED POPULATION FOR THESE COMMUNITIES IS ROUGHLY 301,000 RESIDENTS, WITH THE MAJORITY OF PATIENTS LIVING IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$41,136, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$70,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2015 WAS 10.7%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 6.6%. APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 24.2% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 10.5% IN

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

CONNECTICUT.

CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH.

PART VI, LINE 5:

WATERBURY HOSPITAL HAS SPECIFIC PROGRAMS AND RESOURCES THAT SUPPORT ONGOING EFFORTS TO ADDRESS THE IDENTIFIED COMMUNITY HEALTH PRIORITIES AND WE PARTICIPATE IN A VARIETY OF COMMUNITY EVENTS THROUGHOUT THE YEAR. WE ALSO CONTINUE TO PARTICIPATE IN THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) WHICH CREATES OPPORTUNITIES FOR COLLECTIVE IMPACT, FOSTERS GREATER COLLABORATION COMMUNITY-WIDE, AND HELPS MAKE BETTER USE OF RESOURCES BY ELIMINATING DUPLICATION OF EFFORT WHEREVER POSSIBLE.

PART VI, LINE 6:

N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE WATERBURY HOSPITAL

Employer identification number

06-0665979

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes 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? | X | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | | |
| <input type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | X | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | X |
| 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? | | X |
| b Any related organization? | | X |
| 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? | | X |
| b Any related organization? | | X |
| 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. | | X |
| 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. | | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

LHA 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) DARLENE STROMSTAD PRESIDENT/TREASURER | (i) | 533,998. | 81,114. | 0. | 82,950. | 13,429. | 711,491. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) HENRY BORKOWSKI, M.D. DIRECTOR / CAGW - CARDIOLOGIST | (i) | 556,959. | 0. | 0. | 25,950. | 12,169. | 595,078. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DAVID J. PIZZUTO, M.D. DIRECTOR / VP MEDICAL SERVICES | (i) | 143,124. | 21,669. | 0. | 2,602. | 3,552. | 170,947. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SANDRA A. IADAROLA CHIEF NURSING OFFICER | (i) | 204,254. | 34,749. | 0. | 3,816. | 9,146. | 251,965. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) MICHAEL J. CEMENO CHIEF INFORMATION OFFICER | (i) | 285,522. | 43,878. | 0. | 5,325. | 14,998. | 349,723. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) MARK HOLTZ CHIEF OPERATING OFFICER | (i) | 226,333. | 0. | 0. | 0. | 21,817. | 248,150. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JAMES MOYLAN CHIEF FINANCIAL OFFICER | (i) | 254,476. | 0. | 0. | 0. | 0. | 254,476. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) EHSAN ANSARI CAGW - CARDIOLOGIST | (i) | 885,601. | 0. | 0. | 25,950. | 16,530. | 928,081. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) JOSEPH MORLEY CAGW - CARDIOLOGIST | (i) | 865,413. | 0. | 0. | 25,950. | 16,530. | 907,893. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) KEVIN KETT CAGW - CARDIOLOGIST | (i) | 819,453. | 0. | 0. | 25,950. | 16,022. | 861,425. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) STEPHEN WIDMAN CAGW - CARDIOLOGIST | (i) | 790,777. | 0. | 0. | 25,950. | 17,699. | 834,426. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) MARK RUGGIERO CAGW - CARDIOLOGIST | (i) | 786,684. | 0. | 0. | 25,950. | 16,022. | 828,656. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) DIANE M. WOOLLEY FORMER VP HUMAN RESOURCES | (i) | 105,728. | 22,500. | 0. | 3,562. | 17,106. | 148,896. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) EDWARD ROMERO FORMER CHIEF FINANCIAL OFFICER | (i) | 98,061. | 17,340. | 0. | 3,521. | 18,604. | 137,526. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 4B:

DARLENE STROMSTAD'S SERP CONTRIBUTION: \$75,000

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 |
| NEIL PETERSEN, M.D. | TRUSTEE | 75,000. | STIPEND FOR | | X |
| NEIL PETERSEN, M.D. | TRUSTEE | 707,750. | DR. NEIL PE | | X |
| CARL B. SHERTER, M.D. | TRUSTEE | 568,078. | DR. CARL B. | | X |
| HENRY BORKOWSKI, M.D. | TRUSTEE | 138,880. | RENT FOR CA | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NEIL PETERSEN, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 75,000.

(D) DESCRIPTION OF TRANSACTION: STIPEND FOR SERVING AS CHIEF OF STAFF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NEIL PETERSEN, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 707,750.

(D) DESCRIPTION OF TRANSACTION: DR. NEIL PETERSEN IS AN EMPLOYEE OF WATERBURY ANESTHESIOLOGY ASSOCIATES, WHICH PROVIDED ANESTHESIA SERVICES FOR THE WATERBURY HOSPITAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CARL B. SHERTER, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION \$ 568,078.

(D) DESCRIPTION OF TRANSACTION: DR. CARL B. SHERTER IS AN EMPLOYEE OF WATERBURY PULMONARY ASSOCIATES, WHICH PROVIDED PULMONARY SERVICES FOR THE WATERBURY HOSPITAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: HENRY BORKOWSKI, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 138,880.

(D) DESCRIPTION OF TRANSACTION: RENT FOR CARDIOLOGY ASSOCIATES OF GREATER WATERBURY, LLC OFFICE SPACE

(E) SHARING OF ORGANIZATION REVENUES? = NO

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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE WATERBURY HOSPITAL

Employer identification number

06-0665979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILY OF PROFESSIONALS AND SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):

TOTAL COMMUNITY BENEFITS FOR FY 2016 BY CATEGORY:

A. COMMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS

BENEFIT: \$5,830,171

PERSONS SERVED: 28,032

- COMMUNITY HEALTH EDUCATION
- COMMUNITY-BASED CLINICAL SERVICES
- HEALTH CARE SUPPORT SERVICES

B. HEALTH PROFESSIONS EDUCATION

BENEFIT: \$7,323,386

PERSONS SERVED: 83

- PHYSICIANS/MEDICAL STUDENTS
- NURSES/NURSING STUDENTS
- OTHER HEALTH PROFESSIONS EDUCATION
- SCHOLARSHIPS/FUNDING FOR PROFESSIONAL EDUCATION
- OTHER

D. RESEARCH

BENEFIT: \$726

PERSONS SERVED: 2

- CLINICAL RESEARCH

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
532211
08-02-15

Schedule O (Form 990 or 990-EZ) (2015)

| | |
|---|---|
| Name of the organization THE WATERBURY HOSPITAL | Employer identification number 06-0665979 |
|---|---|

- COMMUNITY HEALTH RESEARCH

E. FINANCIAL AND IN-KIND CONTRIBUTIONS

BENEFIT: \$0

PERSONS SERVED: N/A

- CASH DONATIONS

- IN-KIND DONATIONS

F. COMMUNITY BUILDING ACTIVITIES

BENEFIT: \$142,530

PERSONS SERVED: 247

- COMMUNITY SUPPORT

- ENVIRONMENTAL IMPROVEMENTS

- LEADERSHIP DEVELOPMENT/TRAINING COMMUNITY MEMBERS/ YOUTH PIPELINE

- COALITION BUILDING

- OTHER

G. COMMUNITY BENEFIT OPERATIONS

BENEFIT: \$141,879

PERSONS SERVED: N/A

- DEDICATED STAFF

SUBTOTAL FOR COMMUNITY BENEFITS: \$13,438,692

SUBTOTAL FOR PERSONS SERVED: 28,364

TRADITIONAL CHARITY CARE COSTS

- FREE CARE: \$950,442

- BAD DEBT: \$761,283

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- UNPAID MEDICAID COSTS: \$9,514,951 (PERSONS SERVED: 45,013)

- UNPAID MEDICARE COSTS: \$3,716,027 (PERSONS SERVED: 62,701)

SUBTOTAL FOR CHARITY CARE COSTS BENEFIT: \$14,942,703 (PERSONS SERVED:
107,714)

TOTAL BENEFIT - FY 2016: \$28,381,395 (PERSONS SERVED: 136,078)

CATEGORY A: COMMUNITY HEALTH IMPROVEMENT SERVICES

TOTAL BENEFIT: \$5,830,171

TOTAL PERSONS SERVED: 28,032

REALIZING THE DIVERSE NEEDS OF RESIDENTS IN OUR COMMUNITY, WATERBURY HOSPITAL (WH) REMAINS DEDICATED TO PROVIDING COMPREHENSIVE HEALTH SERVICES TO ENSURE EVERY INDIVIDUAL HAS ACCESS TO APPROPRIATE, QUALITY HEALTHCARE.

DURING 2016, WATERBURY HOSPITAL'S SPECTRUM OF SERVICES CONTINUED TO HAVE A POSITIVE IMPACT ON THE WELFARE OF WATERBURY'S CITIZENS. TO REMAIN CONSISTENT WITH WATERBURY HOSPITAL'S MISSION, MANY OF OUR SERVICES ARE TARGETED FOR VULNERABLE MEMBERS OF OUR COMMUNITY, INCLUDING THOSE WHO ARE UNINSURED OR UNDERINSURED.

WATERBURY HEALTH ACCESS PROGRAM (WHAP) - WATERBURY HOSPITAL IS AWARE OF THE ECONOMIC NEEDS MANY PATIENTS IN OUR COMMUNITY, AND, AS A RESULT, WE REMAIN COMMITTED TO THE WATERBURY HEALTH ACCESS PROGRAM. FOUNDED IN 2003 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL, ST. MARY'S HOSPITAL, AND STAYWELL HEALTH CENTER (FQHC), WHAP IMPROVES ACCESS TO HIGH-QUALITY MEDICAL CARE BY PROVIDING COMPREHENSIVE CASE MANAGEMENT, PHARMACY

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ASSISTANCE, AND ACCESS TO PRIMARY AND SUB-SPECIALTY MEDICAL CARE FOR THE UNINSURED AND UNDERINSURED RESIDENTS OF THE GREATER WATERBURY REGION. WITH THE INSTITUTION OF THE ACA, WHAP WORKERS HAVE BECOME ACCESS HEALTH CT ASSISTERS, HAVE INCREASED THEIR NAVIGATION SERVICES TO INCLUDE THE MEDICAID POPULATION, AND CONTINUE TO ADD TO ITS REPERTOIRE ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH FOR THOSE WHO ARE IDENTIFIED AS HIGH UTILIZERS WITH CHRONIC HEALTH CONDITIONS. DURING FY 2016, WHAP HAD OVER 5,256 ACTIVE CLIENTS. ADDITIONALLY, WATERBURY HOSPITAL PROVIDED \$176,384 WORTH OF DONATED SERVICES TO WHAP'S PATIENTS.

BEHAVIORAL HEALTH - WATERBURY HOSPITAL'S CENTER FOR BEHAVIORAL HEALTH IS ONE OF THE REGION'S LARGEST SERVICE PROVIDERS OFFERING A FULL CONTINUUM OF CARE FOR CHILDREN, ADOLESCENTS AND ADULTS. OUR SERVICES ALSO OUTREACH TO THE COMMUNITY THROUGH REGULAR PARTICIPATION IN HEALTH FAIRS, ELECTED MEMBERSHIP IN THE NORTHWEST REGIONAL MENTAL HEALTH BOARD, AS A HOST SITE TO NUMEROUS TWELVE-STEP MEETINGS AND THE PROVISION OF CASE MANAGEMENT AS WELL AS ACUTE SERVICES TO THE HOMELESS WITHIN THE CITY OF WATERBURY. BEHAVIORAL HEALTH CLINICIANS CAN ENGAGE CLIENTS TO HELP FACILITATE THEIR ENTRANCE INTO TREATMENT. WE PROVIDE PHONE SUPPORT, REFERRALS AND TRIAGING TEN HOURS A DAY SEVEN DAYS A WEEK. WITHIN OUR CRISIS CENTER WE OFFER SHORT TERM SERVICES TO HELP INDIVIDUALS OBTAIN MORE PERMANENT TREATMENT THAT BEST MEETS THEIR NEEDS. AMBULATORY SERVICES INCLUDE PARTIAL HOSPITAL PROGRAMS, INTENSIVE OUTPATIENT SERVICES, GROUP, INDIVIDUAL THERAPY AND MEDICATION MANAGEMENT TO PATIENTS EXPERIENCING MENTAL ILLNESS AND/ OR A SUBSTANCE USE DISORDER. FOR INDIVIDUALS EXPERIENCING ACUTE SYMPTOMS WE OFFER INPATIENT TREATMENT TO ADOLESCENTS AGED 12 AND UP AS WELL AS ADULT

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SERVICES. OUR EFFORTS ARE AIMED AT PROMOTING THE BENEFITS OF CLINICAL TREATMENT AS WELL AS POSITIVE LIFESTYLE CHOICES. EVERY EFFORT IS MADE TO EDUCATE CLIENTS, THEIR FAMILIES AND THE COMMUNITY ABOUT MENTAL ILLNESS AND THE IMPACT TREATMENT CAN HAVE ON ONE'S ILLNESS. THE ULTIMATE GOAL IS TO HELP PEOPLE FEEL BETTER, REDUCE OR RESOLVE SYMPTOMS AND TO MINIMIZE THE STIGMA OF MENTAL ILLNESS.

BE WELL BUS - IN ORDER TO ENSURE THAT PATIENTS HAVE ACCESS TO MEDICAL APPOINTMENTS, AT THE HOSPITAL AND AT LOCAL PHYSICIANS' OFFICES, WATERBURY HOSPITAL'S BE WELL BUS PROVIDES TRANSPORTATION SERVICES TO PATIENTS FROM WATERBURY AND ELEVEN OF ITS SURROUNDING TOWNS. WH HAS CONTRACTED WITH VPNE, A TRANSPORTATION COMPANY TO OFFER THE BUS SERVICE. COMMUNITIES SERVED INCLUDE: WATERBURY, WATERTOWN, THOMASTON, SOUTHBURY, MIDDLEBURY, NAUGATUCK, WOLCOTT, AND BEACON FALLS.

HEART CENTER OF GREATER WATERBURY - FORMED IN COLLABORATION WITH SAINT MARY'S HOSPITAL, THE HEART CENTER OF GREATER WATERBURY PROVIDES DIVERSE MEDICAL SUPPORT INITIATIVES TO HELP EDUCATE RESIDENTS IN THE GREATER WATERBURY COMMUNITY ABOUT PERTINENT HEALTH AND WELLNESS ISSUES. THIS PAST YEAR, THE HEART CENTER CONDUCTED A SERIES OF HEALTH FAIRS AND VARIOUS HEALTH AND WELLNESS EDUCATION SESSIONS, INCLUDING "HEALTH SCREENINGS," WHICH PROVIDES PATIENTS WITH COMPLIMENTARY BLOOD PRESSURE SCREENINGS AND HEALTH AWARENESS EDUCATION.

EVERGREEN 50 CLUB - THE EVERGREEN 50 CLUB HAS 9,200 MEMBERS OVER THE AGE OF 50. THE CLUB OFFERS FITNESS CLASSES INCLUDING WEIGHT TRAINING AND PILATES, WELLNESS CLASSES, AND HEALTH EDUCATION PRESENTATIONS ON A VARIETY OF TOPICS ARE PRESENTED BY HEALTHCARE PROFESSIONALS.

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WATERBURY HOSPITAL INFECTIOUS DISEASE CLINIC (WHIC) - THE WHIC PROVIDES PATIENTS WITH ON-SITE PRIMARY AND SPECIALTY SERVICES, INDIVIDUALIZED MEDICATION ADHERENCE SERVICES, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, NUTRITION COUNSELING, INDIVIDUALIZED HIV EDUCATION, LABORATORY TESTING, AND RADIOLOGY SERVICES. WHIC'S PROVIDERS INCLUDE THREE BOARD-CERTIFIED/BOARD-ELIGIBLE INFECTIOUS DISEASE SPECIALISTS AS WELL AS AN ADVANCED PRACTITIONER NURSE AND A REGISTERED DIETICIAN, ALL WITH EXPERTISE IN THE MANAGEMENT OF PATIENTS WITH HIV/AIDS. IN FY 2016, WHIC SERVED AROUND 452 PEOPLE LIVING WITH HIV/AIDS (PLWHA).

CATEGORY B: HEALTH PROFESSIONS EDUCATION

TOTAL BENEFIT: \$7,323,386

TOTAL PERSONS SERVED: 83

SINCE IT FIRST AFFILIATED WITH THE YALE UNIVERSITY SCHOOL OF MEDICINE IN 1973, WATERBURY HOSPITAL HAS SERVED AS THE CLINICAL TRAINING SITE FOR THOUSANDS OF MEDICAL PROFESSIONALS IN TRAINING. DURING FY 2016, STUDENTS COMPLETED CLINICAL ROTATIONS, INTERNSHIPS, AND SHADOWING EXPERIENCES AT WATERBURY HOSPITAL.

WATERBURY HOSPITAL INTERNAL MEDICINE RESIDENCY PROGRAM

THE YALE-WATERBURY INTERNAL MEDICINE RESIDENCY PROGRAM, INITIATED THREE YEARS AGO, IS SPONSORED BY YALE-NEW HAVEN HOSPITAL AND AFFILIATED WITH YALE UNIVERSITY. ACTIVITIES INCLUDE PARTICIPATION IN RESEARCH DAYS AT YALE AND WATERBURY HOSPITAL/SAINT MARY'S HOSPITAL, HOME AND OFFICE VISITS FOR CLINIC PATIENTS AND EDUCATION SEMINARS HELD AT WATERBURY HOSPITAL AND YALE UNIVERSITY. WE CURRENTLY HAVE 41 RESIDENTS IN OUR

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PROGRAM. THE CHASE OUTPATIENT CENTER IS THE HUB OF OUTPATIENT SERVICES FOR OUR RESIDENTS.

OTHER RESIDENCY PROGRAMS

WATERBURY HOSPITAL ALSO HAS A SURGERY RESIDENCY PROGRAM. THE PROGRAM IS AFFILIATED WITH YALE UNIVERSITY, UNIVERSITY OF CONNECTICUT MEDICAL CENTER, AND QUINNIPIAC UNIVERSITY SCHOOL OF MEDICINE. THIS PROGRAM PROVIDES A FULL SPECTRUM OF SURGICAL EXPERIENCES FOR THE HOSPITAL'S RESIDENTS. GENERAL SURGERY AND MEDICINE TRAINING PROGRAMS INCLUDES ACCESS TO GENERAL SURGERY, ENT, UROLOGY, PLASTICS, GYN, NEUROSURGERY AND ORTHOPEDIC CASES.

WATERBURY HOSPITAL HAS A PHARMACY RESIDENCY PROGRAM. TWO STUDENTS ARE ENROLLED IN THE PHARMACY RESIDENCY PROGRAM. WATERBURY HOSPITAL'S PGY-1 PROGRAM IS ACCREDITED BY THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP). TWO RESIDENT POSITIONS WILL BE AVAILABLE EACH YEAR. THE MISSION OF THE PHARMACY RESIDENCY PROGRAM IS TO BE CLINICALLY FOCUSED AND TO SHARE RESPONSIBILITY FOR THE OPTIMAL OUTCOME OF PATIENT DRUG THERAPIES. 1-YEAR OF CONCENTRATED TRAINING IN ALL ASPECTS OF PHARMACY PRACTICE IS PROVIDED IN ADDITION TO LEARNING ACTIVITY ROTATIONS THAT ACCOMMODATE THE RESIDENT'S PREVIOUS EXPERIENCES AND CURRENT GOALS. THIS PROGRAM SATISFIES THE ASHP PGY-1 REQUIRED OUTCOMES. ROTATIONS INCLUDED ARE:

- PHARMACY OPERATIONS (FOUR WEEKS)
- INTERNAL MEDICINE (EIGHT WEEKS)
- CRITICAL CARE (EIGHT WEEKS)
- EMERGENCY MEDICINE (SIX WEEKS)

| | |
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- PSYCHIATRY (FOUR WEEKS)
- PHARMACY ADMINISTRATION (SIX WEEKS)
- PAIN MANAGEMENT (FOUR WEEKS)
- PHARMACY INFORMATICS (FOUR WEEKS)
- AMBULATORY CARE (LONGITUDINAL)

PHYSICIAN'S ASSISTANT (PA) STUDENTS -

P.A. STUDENTS FROM QUINNIPIAC UNIVERSITY COMPLETED CLINICAL ROUNDS IN SEVERAL DEPARTMENTS AROUND THE HOSPITAL, INCLUDING THE OPERATING ROOM, EMERGENCY DEPARTMENT, BEHAVIORAL HEALTH, AND RADIOLOGY. THE EXPERIENCE IS DESIGNED FOR THE STUDENT TO LEARN TO APPLY THE KNOWLEDGE GAINED FROM DIDACTIC COURSE WORK IN MEDICINE, SURGERY, AND THE BASIC AND BEHAVIORAL SCIENCES INTO THE CLINICAL ARENA RESULTING IN THE ABILITY TO SUCCESSFULLY MANAGE PATIENTS IN A THOROUGH AND COMPREHENSIVE MANNER. THE PRIMARY GOAL OF CLINICAL ROTATIONS IS TO EXPOSE THE STUDENT TO PATIENTS OF ALL AGES, PATIENTS IN A VARIETY OF DIFFERENT SETTINGS, AND PATIENTS WITH A BROAD RANGE OF MEDICAL, SURGICAL, AND PSYCHOSOCIAL PROBLEMS.

THE P.A. STUDENTS PARTICIPATE IN:

- HISTORY TAKING
- EXAMINING THE PATIENT
- ASSISTING IN AND/OR PERFORMING DIAGNOSTIC TESTING
- ASSISTING IN AND/OR PERFORMING THERAPEUTIC TASKS
- ORAL PRESENTATIONS
- MEDICAL DOCUMENTATION OF THE PATIENT ENCOUNTER
- FORMULATING A DIFFERENTIAL DIAGNOSIS AND PROBLEM LIST
- FORMULATING A TREATMENT PLAN

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- COUNSELING OF PATIENTS REGARDING MEDICATION, DIET, AND LIFESTYLE
CHANGES SUCH AS SMOKING CESSATION, EXERCISE, AND WELL-BEING.

RADIOLOGY STUDENTS FROM NVCC -

THE NAUGATUCK VALLEY COMMUNITY COLLEGE (NVCC) RADIOLOGY STUDENTS ARE INVOLVED WITH MANY ACTIVITIES WHILE ASSIGNED TO WATERBURY HOSPITAL. UNDER THE SUPERVISION OF A NVCC CLINICAL INSTRUCTOR AND HOSPITAL RADIOLOGIC TECHNOLOGISTS, THE STUDENTS ARE ASSIGNED TO THE VARIOUS RADIOGRAPHIC SUITES AND MODALITIES. DURING THEIR ASSIGNMENT, STUDENTS ARE PERFORMING OR ASSISTING WITH RADIOGRAPHIC PROCEDURES, INCLUDING CHEST X-RAYS, SKELETAL EXAMS, FLUOROSCOPIC PROCEDURES, MOBILE X-RAYS IN THE VARIOUS PATIENT UNITS, AND SURGICAL CASES. THE STUDENTS ALSO INCREASE THE NUMBER OF INDIVIDUALS AVAILABLE IN THE DEPARTMENT TO ASSIST IN MOVING AND TRANSPORTING PATIENTS AS WELL AS CHAPERONING SENSITIVE EXAMS. IN ADDITION TO THE DIAGNOSTIC RADIOLOGY THE STUDENTS ARE ASSIGNED TO EXPERIENCES IN INTERVENTIONAL RADIOLOGY, CT, MRI, NUCLEAR MEDICINE, AND ULTRASOUND.

WATERBURY HOSPITAL'S AFFILIATION WITH NVCC AS A CLINICAL SITE FOR STUDENTS HAS MANY BENEFITS. PERHAPS THE SINGLE MOST IMPORTANT BENEFIT IS THE HOSPITAL HAS A CONTINUOUS STREAM OF POTENTIAL RADIOLOGY EMPLOYEES. STUDENTS ARE IN THE PROGRAM FOR 22 MONTHS AND IN THAT TIME BECOME VERY FAMILIAR WITH THE HOSPITAL EQUIPMENT, ROUTINES, PERSONAL, AND MISSION. THIS PROVIDES WATERBURY HOSPITAL WITH NEW EMPLOYEES WHO HAVE A STRONG SKILL SET AND PROVEN DEDICATION TO THE HOSPITAL COMMUNITY.

CATEGORY D: RESEARCH

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TOTAL BENEFIT: \$726

TOTAL PERSON SERVED: 2

DURING 2016, WATERBURY HOSPITAL PARTICIPATED IN SEVERAL CLINICAL TRIALS THAT BENEFITED RESIDENTS IN GREATER WATERBURY INCLUDING: THE FECAL TRANSPLANT STUDY, WHICH ENROLLS PATIENTS WITH RESISTANT CLOSTRIDIUM DIFFICILE COLITIS WHO HAVE HAD 2 OR MORE RELAPSES OF COLITIS IN SPITE OF ANTIBIOTIC THERAPY.

CATEGORY F: COMMUNITY BUILDING ACTIVITIES

TOTAL BENEFIT: \$142,530

TOTAL PERSONS SERVED: 247

AS A LEADER IN THE DELIVERY OF HEALTHCARE SERVICES IN THE GREATER WATERBURY AREA, WATERBURY HOSPITAL (WH) IS COMMITTED TO STRENGTHENING THE WELFARE AND AWARENESS OF THE CITIZENS WITHIN ITS COMMUNITY. FROM STRENGTHENING THE CAREER PATHS OF WATERBURY AREA YOUTH; TO SUPPORTING THE UNINSURED AND UNDERINSURED THROUGH THE WATERBURY HEALTH ACCESS PROGRAM AND; PROVIDING TRANSPORT TO AND FROM MEDICAL APPOINTMENTS; WATERBURY HOSPITAL IS REMOVING THE BARRIERS TO QUALITY HEALTH CARE FOR ALL AND REMAINS FIRM IN ITS COMMITMENT TO A HEALTHIER, STRONGER, AND MORE PRODUCTIVE COMMUNITY.

YOUTH PIPELINE INITIATIVES - THE WATERBURY HOSPITAL YOUTH PIPELINE INITIATIVES WERE ESTABLISHED IN 2001 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL AND WATERBURY PUBLIC SCHOOLS. THE MISSION OF THE PROGRAM IS: "TO CLOSE THE ACHIEVEMENT GAP FOR MINORITY AND ECONOMICALLY DISADVANTAGED STUDENTS IN WATERBURY SO THEY CAN MATRICULATE AND COMPETE

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NATIONALLY FOR PLACEMENT IN POST-SECONDARY EDUCATION PROGRAMS IN PREPARATION FOR HEALTH CAREERS". WATERBURY HOSPITAL IS COMMITTED TO ENHANCING AND ENRICHING THE ACADEMIC OPPORTUNITIES AND PERSONAL JOURNEYS OF OUR YOUTH, WHO ARE THE EMERGING WORKFORCE OF TOMORROW. DURING 2016, WATERBURY HOSPITAL PROVIDED 52 STUDENTS AND PARENTS IN GREATER WATERBURY WITH UNIQUE EDUCATIONAL PROGRAMS THAT WILL ENHANCE THE OVERALL WELFARE OF OUR COMMUNITY.

THE WH YOUTH PIPELINE INITIATIVES HAD FOUR FOCUS AREAS DURING FY 2016, INCLUDING:

- PARENT LEADERSHIP TRAINING INSTITUTE (PLTI) - IN 2016, 11 INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PLTI, A 20-WEEK CURRICULUM TEACHING LEADERSHIP AND ADVOCACY SKILLS, AS WELL AS INDIVIDUAL COMMUNITY PROJECT PLANNING. PLTI'S CORE MISSION IS TO IMPART LEADERSHIP AND ADVOCACY SKILLS TO PARENTS WHILE SIMULTANEOUSLY EDUCATING THEM ABOUT VOLUNTEERISM, CIVIC LIFE, AND THE PROCESS BY WHICH STATE AND LOCAL GOVERNMENTS ENACT AND CHANGE LAWS. EACH PARTICIPANT COMPLETES AND IMPLEMENTS A COMMUNITY PROJECT.

- CHILDREN LEADERSHIP TRAINING INSTITUTE (CLTI) - CLTI IS RUN IN CONNECTION WITH THE PLTI PROGRAM. 10 CHILDREN PARTICIPATED IN THE PROGRAM IN 2016.

- UCONN PEOPLE EMPOWERING PEOPLE (PEP) - THE PROGRAM INCLUDED A 10-WEEK PARENT LEADERSHIP AND ADVOCACY REGIMEN THROUGH WHICH 9 PARTICIPANTS SUCCESSFULLY COMPLETED THE PEP COURSE. UCONN PEP IS A PERSONAL, FAMILY AND LEADERSHIP DEVELOPMENT PROGRAM WITH A STRONG

| | |
|---|---|
| Name of the organization THE WATERBURY HOSPITAL | Employer identification number 06-0665979 |
|---|---|

COMMUNITY FOCUS. PEP IS DESIGNED TO BUILD ON THE UNIQUE STRENGTHS AND LIFE EXPERIENCES OF PARTICIPANTS AND EMPHASIZES THE CONNECTION BETWEEN INDIVIDUAL AND COMMUNITY ACTION. PARTICIPANTS WORK INDIVIDUALLY OR COLLABORATIVELY TO CREATE A COMMUNITY PROJECT WHICH IS COMPLETED AS PORTION OF THE PROGRAM.

- WH SUMMER BRIDGE PROGRAM - DURING THE SUMMER OF 2016, TWENTY-TWO STUDENTS FROM WATERBURY, GRADES 6-11, PARTICIPATED IN THE WH SUMMER BRIDGE PROGRAM. 100% OF MEALS WERE SECURED FOR THE PROGRAM FROM CITY OF WATERBURY SUMMER FOOD PROGRAM.

STUDENTS COMPLETED THE FOLLOWING MODULES:

- 13.5 HOURS OF MATH (PRE- ALGEBRA, ALGEBRA II, ADVANCED MATH)

REVIEW SESSIONS

- 14 HOURS OF ENGLISH LANGUAGE ARTS AND SECOND ANNUAL WH GREAT

DEBATE

- 18 HOURS OF SAT VOCABULARY

- 13.5 HOURS OF PROJECT CITIZEN (CIVICS COURSE)

- 6.5 HOURS OF SAT VOCAB

- 9 HOURS OF PRACTICAL MONEY SKILLS

- 9 HOURS OF TEAM BUILDING

- 13 HOURS OF POETRY INSTRUCTION AND PARTICIPATION IN THE ANNUAL WH

POETRY SLAM

- 6 HOURS SCIENCE MODULE AT STONE ACADEMY

- 6 HOURS OF SOCIAL DETERMINANTS OF HEALTH DOCUMENTARIES AND ACTIVE

DISCUSSIONS WITH THE WATERBURY HEALTH DEPT.

- HEALTH & NUTRITION FAIR HOSTED BY THE STUDENTS INCLUDING

PRESENTATIONS ON OBESITY

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- FIELDTRIPS INCLUDED: HAMMONASSET STATE PARK (EDUCATIONAL SESSION AT MEIGS POINT NATURE CENTER), THE HAROLD LEEVER CANCER CENTER, LYMAN ORCHARD, AND MYSTIC AQUARIUM.

SUPPORT GROUPS - DURING 2016, WATERBURY HOSPITAL HOSTED SEVERAL SUPPORT GROUPS FOR ITS PATIENTS AND THEIR FAMILIES, INCLUDING:

- BEHAVIORAL HEALTH'S PARENT AND SIBLING SUPPORT GROUP, WHICH OFFERS EMOTIONAL ASSISTANCE TO FAMILIES WHO HAVE CHILDREN IN TREATMENT; AND

- ALCOHOLICS ANONYMOUS, SERVES OVER 4,000 PEOPLE ANNUALLY, MEETS WEEKLY THROUGHOUT THE YEAR, AND IS COORDINATED BY OUR BEHAVIORAL HEALTH DEPARTMENT.

CATEGORY G: COMMUNITY BENEFIT OPERATIONS

TOTAL BENEFIT: \$141,879

TOTAL PERSON SERVED: N/A

THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) - WATERBURY HOSPITAL IS ONE OF THE FOUNDERS OF GWHIP. THE PARTNERSHIP FOCUSES ON ADDRESSING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE IDENTIFIED FOUR PRIORITY AREAS FOR GREATER WATERBURY. WATERBURY HOSPITAL EMPLOYEES PARTICIPATE AND CONTRIBUTE IN THE STEERING COMMITTEE AND IN THE PRIORITY WORKGROUPS.

FORM 990, PART VI, SECTION A, LINE 3:

WATERBURY HOSPITAL EMPLOYED JAMES MOYLAN (DBA JAMES MOYLAN CONSULTING) TO PERFORM THE DUTIES OF CHIEF FINANCIAL OFFICER FROM APRIL 1, 2015 UNTIL APRIL 30, 2016. IN CY 2015 HE WAS PAID \$254,476 BY THE HOSPITAL; \$245,431 WAS FOR HIS DUTIES AS CFO AND \$9,045 WAS FOR CONSULTING WORK.

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IN FY 2016, MR. MOYLAN WAS PAID A TOTAL OF \$318,628 BY THE HOSPITAL;
 \$223,865 WAS FOR HIS DUTIES AS INTERIM CFO. \$94,763 WAS FOR CONSULTING WORK
 RELATED TO THE TRANSACTION WITH PROSPECT MEDICAL HOLDINGS.

FORM 990, PART VI, SECTION A, LINE 6:

GREATER WATERBURY HEALTH NETWORK, INC. IS SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

GREATER WATERBURY HEALTH NETWORK, INC. ELECTS HOSPITAL BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

GREATER WATERBURY HEALTH NETWORK, INC. HAS RESERVED POWERS FOR HOSPITAL
 TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT
 COMMITTEE. A COPY OF THE FORM 990 IS THEN MADE AVAILABLE TO EACH BOARD
 MEMBER BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE HOSPITAL COMPLIANCE OFFICER REVIEWS ANNUALLY THE SUBMISSION OF
 POTENTIAL/ACTUAL CONFLICT DECLARATIONS. THEY ARE ALSO REVIEWED ANNUALLY AT
 THE BOARD'S COMPLIANCE AND ETHICS COMMITTEE MEETING AND RECOMMENDATIONS FOR
 ACTION ARE MADE TO THE FULL BOARD AS NECESSARY. ADDITIONALLY, RESPONSES ARE
 PROFILED, BY MEMBER, FOR EACH COMMITTEE OF THE BOARD/NETWORK, AND
 DISTRIBUTED AT EACH COMMITTEE MEETING AS A WAY TO PROMOTE TRANSPARENCY. THE
 COMMITTEE CHAIR AND MEMBERS SHARE RESPONSIBILITY IN IDENTIFYING AND

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MANAGING THESE DECLARED CONFLICTS OF INTEREST WHEN MAKING BUSINESS
DECISIONS ON BEHALF OF THE HOSPITAL.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION IS UNDER THE PURVIEW OF THE BOARD OF TRUSTEES. THERE
IS A COMPENSATION COMMITTEE AND THEY ALWAYS USE THE SERVICES OF AN
INDEPENDENT COMPENSATION CONSULTANT WHO USES NATIONAL, STATE AND REGIONAL
COMPENSATION SURVEY DATA FOR SIMILAR TAX EXEMPT COMMUNITY HOSPITALS.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL RESULTS ARE MADE AVAILABLE IN THE ANNUAL REPORT TO THE COMMUNITY.
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON
REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

| | |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 84,059. |
| MANAGEMENT AND GENERAL EXPENSES | 2,489,554. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,573,613. |

PURCHASED SERVICES:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 23,380,978. |
| MANAGEMENT AND GENERAL EXPENSES | 10,635,083. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 34,016,061. |

PROFESSIONAL MEDICAL FEES:

| | |
|---|---|
| Name of the organization THE WATERBURY HOSPITAL | Employer identification number 06-0665979 |
|---|---|

| | |
|---|--------------------|
| PROGRAM SERVICE EXPENSES | 9,133,841. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 9,133,841. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 45,723,515. |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|---------------------|
| INCREASE IN FAIR VALUE OF FUNDS HELD IN TRUST BY OTHERS | 1,931,165. |
| ALLIANCE SUBSIDY | -9,766,889. |
| PENSION LIABILITY ADJUSTMENTS | -2,511,843. |
| INTEREST RATE SWAP ADJUSTMENT | 129,544. |
| INCOME FROM WATERBURY GASTROENTEROLGY | -29,492. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -10,247,515. |

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS HAS THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THE AUDIT COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS IN REGARD TO THE SELECTION OF AN INDEPENDENT AUDITOR.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Name of the organization

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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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| CARDIOLOGY ASSOCIATES OF GREATER WATERBURY, LLC - 27-3828899, 455 CHASE PARKWAY, WATERBURY, CT 06708 | CARDIOLOGY PRACTICE | CONNECTICUT | -6,385,952. | 993,345. | THE WATERBURY HOSPITAL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
| GREATER WATERBURY HEALTH NETWORK, INC. - 22-2572044, 64 ROBBINS STREET, WATERBURY, CT 06721 | HEALTH CARE MANAGEMENT | CONNECTICUT | 501(C)(3) | 11 TYPE 1 | N/A | | X |
| GREATER WATERBURY HEALTH SERVICES, INC. - 22-2572042, 64 ROBBINS STREET, WATERBURY, CT 06708 | HEALTH SERVICES | CONNECTICUT | 501(C)(3) | 9 | GREATER WATERBURY HEALTH NETWORK, INC. | | X |
| ALLIANCE MEDICAL GROUP, INC. - 26-3520540 1625 STRAITS TURNPIKE, SUITE 211 MIDDLEBURY, CT 06762 | HEALTH SERVICES | CONNECTICUT | 501(C)(3) | 9 | THE WATERBURY HOSPITAL | X | |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2015

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

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | X | |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | X | |
| s 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) ACCESS REHAB CENTERS, LLC | J | 70,355. | |
| (2) ACCESS REHAB CENTERS, LLC | M | 1,266,581. | |
| (3) ALLIANCE MEDICAL GROUP | K | 17,048. | |
| (4) GREATER WATERBURY IMAGING CENTER, LLP | A | 105,628. | |
| (5) GREATER WATERBURY IMAGING CENTER, LLP | M | 1,086,450. | |
| (6) ALLIANCE MEDICAL GROUP | R | 9,766,889. | |

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

| | | |
|---|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. THE WATERBURY HOSPITAL | Employer identification number (EIN) or 06-0665979 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 64 ROBBINS STREET | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. WATERBURY, CT 06708 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SCOTT BOWMAN

• The books are in the care of **64 ROBBINS STREET - WATERBURY, CT 06708**
Telephone No. **203-573-7333** Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2017**.

5 For calendar year _____, or other tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

| | | | |
|---|-----------|----|-----------|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **_____** Title **CHIEF OPERATING OFFICER** Date **_____**