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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Danbury Hospital
% MARY JO PAWLAK
Doing business as

Number and street (or P O box if mail is not delivered to street address) 24 Hospital Avenue
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Danbury, CT 068106099

D Employer identification number
06-0646597

E Telephone number
(203) 739-7000

G Gross receipts $ 668,573,745

F Name and address of principal officer
JOHN M MURPHY MD
24 Hospital Avenue
Danbury, CT 068106099

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.danburyhospital.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1885

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To enhance through medical care,education and research the health and well being of individuals in Danbury and surrounding communities in partnership with those we serve

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	3,944
6	Total number of volunteers (estimate if necessary)	**6**	313
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,328,247
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,913,270	10,738,946
9	Program service revenue (Part VIII, line 2g)	598,482,181	628,296,690
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,838,153	4,050,104
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,601,785	2,735,468
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	619,835,389	645,821,208
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)	280,914,729	279,223,654
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	343,750,186	365,958,821
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	624,664,915	645,182,475
19	Revenue less expenses Subtract line 18 from line 12	-4,829,526	638,733

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	836,823,101	821,780,750
21	Total liabilities (Part X, line 26)	360,086,728	368,426,366
22	Net assets or fund balances Subtract line 21 from line 20	476,736,373	453,354,384

Part II Signature Block

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

Sign Here

******
Signature of officer
2017-08-14
Date

STEVEN H ROSENBERG SVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MIKE A CINCOTTA	MIKE A CINCOTTA			P01595811

Firm's name ▶ ERNST & YOUNG US LLP
Firm's EIN ▶
Firm's address ▶ 200 CLARENDON STREET BOSTON, MA 021165072
Phone no (617) 266-2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	206,997,014	including grants of $	(Revenue $	169,433,718)
4b	(Code See Additional Data)	(Expenses $	128,758,226	including grants of $	(Revenue $	138,322,982)
4c	(Code See Additional Data)	(Expenses $	80,019,701	including grants of $	(Revenue $	75,421,576)
4d	Other program services (Describe in Schedule O)	(Expenses $	138,280,754	including grants of $	(Revenue $	245,714,253)
4e	**Total program service expenses ▶**		554,055,695			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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*	**21**		No
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*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	677		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,944		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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*	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ 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 ▶ MARY JO PAWLAK 24 HOSPITAL AVENUE Danbury, CT 068106099 (203) 739-7000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								11,064,224	204,529	734,453

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 690

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE CHARTIS GROUP, DEPARTMENT 5925 CAROL STREAM, IL 601225925	CONSULTANTS	1,037,808
ROBINSON COLE LLP, 280 TRUMBULL STREET HARTFORD, CT 06103	ATTORNEYS	1,592,360
DANBURY RADIOLOGICAL ASSOCIATES, PO BOX 417407 BOSTON, MA 02241	RADIOLOGY SERVICES	990,619
E4 SERVICES LLC, 60 NORTH CAROLINA AVE SINKING SPRING, PA 19608	ITG CONSULTANTS	1,385,390
NATIONAL LABOR CONSULTANTS, PO BOX 422812 KISSIMMEE, FL 34742	CONSULTANTS	1,021,000

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 ▶ 71

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 8,066,779				
	e	Government grants (contributions) 1e 2,469,504				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 202,663				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	10,738,946			
Program Service Revenue		Business Code				
	2a	ANCILLARY SERVICE 621990	316,851,498	316,851,498		
	b	MEDICARE/MEDICAID PAY'TS 621990	258,394,543	258,394,543		
	c	ROUTINE PATIENT 621990	40,900,699	40,900,699		
	d	CONTRACT LAB 621500	5,067,628		5,067,628	
	e	EDUCATION 900099	3,383,731	3,383,731		
	f	All other program service revenue	3,698,591	3,698,591		
	g	**Total.** Add lines 2a-2f . . . . . ▶	628,296,690			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	4,817,612		174	4,817,438
	4	Income from investment of tax-exempt bond proceeds . . ▶	72,451			72,451
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 1,123,495				
	b	Less rental expenses 178,610				
	c	Rental income or (loss) 944,885 / 0				
	d	Net rental income or (loss) . . . . . ▶	944,885	202,900	741,985	
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 21,213,763 / 54,775				
	b	Less cost or other basis and sales expenses 22,063,355 / 45,142				
	c	Gain or (loss) -849,592 / 9,633				
	d	Net gain or (loss) . . . . . ▶	-839,959			-839,959
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a 474,632				
	b	Less cost of goods sold . . b 465,430				
	c	Net income or (loss) from sales of inventory . . ▶	9,202			9,202
		Miscellaneous Revenue / Business Code				
	11a	ADMINISTRATIVE SERVICES 561000	524,153			524,153
	b	INS TO COMMUNITY PHYS 524298	518,460		518,460	
	c	OTHER PATIENT SERVICES 900099	392,939	392,939		
	d	All other revenue	345,829			345,829
	e	**Total.** Add lines 11a-11d . . . . . ▶	1,781,381			
	12	**Total revenue.** See Instructions . . . . . ▶	645,821,208	623,824,901	6,328,247	4,929,114

Part IX Statement of Functional Expenses

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

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

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	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,503,187	3,066,660	5,436,527	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	212,379,696	177,039,715	35,339,981	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,169,303	8,477,131	1,692,172	
9 Other employee benefits	30,427,392	25,364,274	5,063,118	
10 Payroll taxes	17,744,076	14,791,462	2,952,614	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,586,086		2,586,086	
c Accounting	1,104,393		1,104,393	
d Lobbying	181,134	150,993	30,141	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	109,372,872	91,173,226	18,199,646	
12 Advertising and promotion	1,851,807	1,543,666	308,141	
13 Office expenses	8,195,451	6,831,728	1,363,723	
14 Information technology	24,171,041	20,148,980	4,022,061	
15 Royalties	0			
16 Occupancy	13,847,513	11,543,287	2,304,226	
17 Travel	558,764	465,786	92,978	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	172,527	143,819	28,708	
20 Interest	7,413,493	7,413,493		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	46,692,879	38,923,184	7,769,695	
23 Insurance	7,421,964	6,738,181	683,783	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	94,409,960	94,409,960		
b STATE OF CT HOSPITAL TAX	35,065,556	35,065,556		
c EQUIPMENT RENT AND MAINT	9,671,374	8,062,057	1,609,317	
d PROFESSIONAL MEMBERSHIP	3,242,007	2,702,537	539,470	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	645,182,475	554,055,695	91,126,780	0
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		87,296	1	58,831
	2	Savings and temporary cash investments		21,119,887	2	24,173,104
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		76,938,200	4	67,983,163
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		10,950,142	8	11,965,288
	9	Prepaid expenses and deferred charges		4,185,867	9	4,482,889
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 890,362,678			
	b	Less accumulated depreciation	10b 491,994,092	394,160,849	10c	398,368,586
	11	Investments—publicly traded securities		64,573,120	11	15,098,240
	12	Investments—other securities See Part IV, line 11		102,260,022	12	121,804,229
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		162,547,718	15	177,846,420
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		836,823,101	16	821,780,750
Liabilities	17	Accounts payable and accrued expenses		75,819,734	17	73,901,226
	18	Grants payable		0	18	0
	19	Deferred revenue		2,565,628	19	13,796,105
	20	Tax-exempt bond liabilities		244,850,000	20	243,270,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		36,851,366	25	37,459,035
	26	**Total liabilities.** Add lines 17 through 25		360,086,728	26	368,426,366
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		406,109,696	27	392,151,181
	28	Temporarily restricted net assets		36,051,363	28	25,377,524
	29	Permanently restricted net assets		34,575,314	29	35,825,679
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		476,736,373	33	453,354,384
	34	Total liabilities and net assets/fund balances		836,823,101	34	821,780,750

Part XI Reconcilliation 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	645,821,208
2	Total expenses (must equal Part IX, column (A), line 25)	2	645,182,475
3	Revenue less expenses Subtract line 2 from line 1	3	638,733
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	476,736,373
5	Net unrealized gains (losses) on investments	5	11,097,614
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	-35,118,336
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	453,354,384

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 06-0646597
Name: Danbury Hospital

Form 990, Part III, Line 4a

4a	(Code SEE SCHEDULE O	) (Expenses $	206,997,014	including grants of $	) (Revenue $	169,433,718)	

Form 990, Part III, Line 4b

4b	(Code SEE SCHEDULE O	) (Expenses $	128,758,226	including grants of $	) (Revenue $	138,322,982)	

Form 990, Part III, Line 4c

4c	(Code SEE SCHEDULE O	) (Expenses $	80,019,701	including grants of $	) (Revenue $	75,421,576)	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John M MurphyMD PRES -WCHN/DH	40 0 7 0	X		X				1,422,295	0	44,157
Neil Culligan MD Director	1 0 1 0	X						0	0	0
D Cyganowski TO 11 Director	1 0 1 0	X						0	0	0
Richard G Jabara TO 11 Director	1 0 5 0	X						0	0	0
Anthea Disney FROM 11 Chairman	3 0 1 0	X		X				0	0	0
Joseph D Skrzypczak TO 11 Secretary	3 0 3 0	X		X				0	0	0
Spencer Houldin FROM 11 SECRETARY	3 0 1 0	X		X				0	0	0
Brian C White FROM 11 VICE CHAIRMAN	3 0 3 0	X		X				0	0	0
James Kennedy TO 11 Chairman	3 0 0 0	X		X				0	0	0
CARRIE L AMOS FROM 210 DIRECTOR	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ALICE DONIUS FROM 210 DIRECTOR	1 0 0 0	X						0	0	0
C FERREIRA MD FROM 210 DIRECTOR	1 0 0 0	X						0	0	0
PHIL FIORE JR FROM 210 DIRECTOR	1 0 1 0	X						0	0	0
BRUCE D HAIMS FROM 210 DIRECTOR	1 0 0 0	X						0	0	0
DANIEL MCCARTHY FROM 210 DIRECTOR	1 0 0 0	X						0	0	0
GREG ONEGLIA FROM 210 DIRECTOR	1 0 0 0	X						0	0	0
EMMANUEL PALMARES FROM 210 DIRECTOR	1 0 0 0	X						0	0	0
D RALLS-MORRISON FROM 210 DIRECTOR	1 0 0 0	X						0	0	0
ANTHONY RIZZO JR FROM 210 DIRECTOR	1 0 3 0	X						0	0	0
ANNE ROBY FROM 210 DIRECTOR	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steven H Rosenberg SVP/CFO, WCHN	40 0 16 0			X				781,435	0	44,044
Daniel DeBarba Jr TO 61 Exec VP/Pres-DH	35 0 2 0			X				1,455,998	0	40,495
Donna Kaplanis Ass't Secretary	40 0 8 0			X				258,683	0	47,501
Matthew A Miller MD SVP & Chief Medical Officer	40 0 4 0				X			683,257	0	46,890
Morris Gross VP of Facilities/Real Estate	40 0 2 0				X			359,631	0	47,171
Kathleen A Dematteo Chief Infor Officer, WCHN	40 0 0 0				X			496,115	0	35,372
Patrick C Minicus VP of Finance	20 0 20 0				X			505,208	0	35,148
James Varrone to 923 VP Supply Chain	36 0 4 0				X			0	204,529	32,348
Ruth Gregory FROM 923 VP OF SUPPLY CHAIN	40 0 0 0				X			161,915	0	26,805
Debra Carragher VP of Operations	40 0 0 0					X		337,778	0	15,694

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carolyn McKenna Sr VP/Gen'l Coun	40 0 0 0					X		474,287	0	46,230
Ramin Ahmadi MD TO 229 Dir of Educ /Res	40 0 0 0					X		337,136	0	43,710
Dawn Myles VP OF PERF INNOVA	40 0 0 0					X		345,249	0	20,384
ROWENA BERGMANS VP-POPULATION HLTH	40 0 0 0					X		344,207	0	32,940
Moreen Donahue ENDOW CHAIR OF EDUC /RESEARCH	40 0 0 0						X	458,070	0	44,857
Michael Daglio PRESIDENT OF NORWALK HOSP	5 0 43 0						X	585,528	0	45,214
L SCHMITTGALL SRVP Strategy-WCHN (FORMER)	0 0 0 0						X	738,803	0	13,334
Joseph Campbell Chief Audit Compl Officer	40 0 0 0						X	292,029	0	46,511
P ZAPPALA FORMER Sr VP of Human Resource	0 0 0 0						X	1,026,600	0	25,648

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SCHEDULE A (Form 990 or 990EZ)

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
Danbury Hospital

Employer identification number
06-0646597

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 for 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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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 on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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.*	1		
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.*	2		

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).*	1		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).*	2		
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.*	3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
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.*	2a		
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.*	2b		
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.*	3a		
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.*	3b		

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

Section C - Distributable Amount

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

7 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 From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Danbury Hospital	06-0646597

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-
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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					

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		13
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		62,259
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		118,606
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		257
j	Total Add lines 1c through 1i			181,135
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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

Return Reference	Explanation
PART II-B - DESCRIPTION OF LOBBYING ACTIVITY	Dues were paid to CHA in the amount of $773,236, of which 7 50% of this amount or $58,012 were expended on lobbying AHA dues of $19,198 had 22 12% or $4,247 expended on lobbying activities Both amounts are reflected on 1f Federal, state and local officials were lobbied during 2016 As part of this miscellaneous office expense such as phone, computer supplies, freight, refreshment etc were incurred and were reflected on line #1i accordingly Direct contact with legislators and state leaders were lobbied in support of maintaining patient access to essential services for both the uninsured and under insured Mental health support and substance abuse treatment initiatives were of particular importance The amounts spent on lobbying were not a significant portion of the Hospital's revenues and mostly related to the Hospital's exempt purpose

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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
Danbury Hospital

Employer identification number
06-0646597

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

		(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 an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	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 in Part XIII . . . . . ☐

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land		5,137,258		5,137,258
b Buildings		528,288,501	255,053,714	273,234,787
c Leasehold improvements		9,333,618	4,305,048	5,028,570
d Equipment		317,502,727	232,635,330	84,867,397
e Other		30,100,574		30,100,574
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				398,368,586

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) WCHN INVESTMENTS, LLC	121,804,229	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	121,804,229	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	177,846,420

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
457B LIABILITY	1,046,595
ASSET RETIREMENT OBLIGATION	306,892
DUE TO 3RD PARTIES	18,200,144
LONG-TERM PAYABLES	140,000
MALPRACTICE TRUST FUND RESERVE	11,405,000
RESERVE FOR WORKERS COMPENSATION	6,360,404
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	37,459,035

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0646597
Name: Danbury Hospital

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) 457B ASSET	1,046,595
(2) BOND ESCROW FUND	1,868,469
(3) BOND ISSUANCE COST	3,024,032
(4) BULK ACCOUNTS NET OF RESERVE	1,090,733
(5) CSV ON OFFICER'S LIFE POLICY	1,938,980
(6) DUE FROM RELATED PARTIES	9,995,195
(7) INTEREST IN DH/NMH FOUNDATION	87,854,370
(8) INVESTMENT IN WCHIC, LTD	66,751,612
(9) MALPRACTICE RECEIVABLE	1,345,000
(10) MORRISON DEPOSIT	96,418
(11) OTHER RECEIVABLES	2,835,016

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Danbury Hospital

Employer identification number
06-0646597

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean	1	1	Program Services	Malpractice Ins	0
(2)	Central America and the Caribbean	1	1	Investments	MALPRACTICE INS	66,751,612
(3)	Central America and the Caribbean	1	1	Program Services	MALPRACTICE INS	7,380,728
(4)						
(5)						
3a	Sub-total	3	3			74,132,340
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	3	3			74,132,340

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3f - Method of Accounting	All information for Part I, Line 3, column (f) is accounted for on the audited financial statements on the accrual basis

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Danbury Hospital

Employer identification number
06-0646597

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 400 %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)			15,660,359	2,573,873	13,086,486	2 030 %
b	Medicaid (from Worksheet 3, column a)			112,596,213	55,103,595	57,492,618	8 910 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
d	**Total** Financial Assistance and Means-Tested Government Programs			128,256,572	57,677,468	70,579,104	10 940 %
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)			202,451	53,962	148,489	0 020 %
f	Health professions education (from Worksheet 5)			23,347,271	8,156,282	15,190,989	2 350 %
g	Subsidized health services (from Worksheet 6)			2,291,298	1,419,628	871,670	0 140 %
h	Research (from Worksheet 7)			2,208,349	610,286	1,598,063	0 250 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			12,898	410	12,488	
j	**Total.** Other Benefits			28,062,267	10,240,568	17,821,699	2 760 %
k	**Total.** Add lines 7d and 7j			156,318,839	67,918,036	88,400,803	13 700 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			1,496	100	1,396	
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			2,252		2,252	
7	Community health improvement advocacy			84,387		84,387	0 010 %
8	Workforce development						
9	Other						
10	Total			88,135	100	88,035	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	6,524,062		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,287,818		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	207,769,791
6	Enter Medicare allowable costs of care relating to payments on line 5	6	265,627,861
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-57,858,070
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Danbury Hospital

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

			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?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART VI FOR URL			
b	☑ Other website (list url) SEE PART VI FOR URL			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART VI FOR URL			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Danbury Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART VI FOR URL			
b	☑ The FAP application form was widely available on a website (list url) SEE PART VI FOR URL			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART VI FOR URL			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ 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?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ 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)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Danbury Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
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?	**19**		No
	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?	**21**	Yes	
	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)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group New Milford Hospital Campus

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

			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?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART VI FOR URL			
b	☑ Other website (list url) SEE PART VI FOR URL			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART VI FOR URL			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

New Milford Hospital Campus

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART VI FOR URL			
b	☑ The FAP application form was widely available on a website (list url) SEE PART VI FOR URL			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART VI FOR URL			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ 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?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ 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)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

New Milford Hospital Campus

Name of hospital facility or letter of facility reporting group

			Yes	No
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?	**19**		No
	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?	**21**	Yes	
	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)			
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?	**23**		No
	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?	**24**		No
	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, 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.

Form and Line Reference	Explanation

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **23**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C - CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED)	Annual income IS USED to determine eligibility If family income limit for eligibility is between 400% and 500% then 50% will be taken off based on a sliding scale

Form and Line Reference	Explanation
PART I, LINE 6A - RELATED ORGANIZATION COMMUNITY BENEFIT REPORT	Part I, Line 6a & 6b The Community Benefit report is reported on a Network basis It contains the organization's community benefit programs and services' descriptions and financial data The form is made available to the public on the Office of Health Care Access' website http //www ct gov/dph/CWP/VIEW ASP?A =3902&Q =585448

Form and Line Reference	Explanation
PART 1, LINE 7 - EXPLANATION OF COSTING METHOD	Charity Care At Cost Percentage Total Gross Patient charges written off to charity (Income Statement) * Patient Cost to Charge % (see below) = Total Community Benefit Expense Total Community Benefit Expenses - Revenue from Uncompensated Care Pools and programs (DHS * % of cost of uncompensated care shown on the OCHA Schedule 500) = Net community benefits expenses Net community benefits expenses / total expenses = % of total expenses Ratio Cost To Charge Calculation Total Operating Expenses - non-patient care activities, medicaid provider tax, total community benefit expense and total community building expense = Adjusted Patient Care Cost Adjusted Patient Care Cost divided by Gross Patient Charges = Ratio of patient care costs to charges

Form and Line Reference	Explanation
PART I, LINE 7G - COSTS ASSOCIATED WITH PHYSICIANS CLINICS	There are no physician clinics included in this amount

Form and Line Reference	Explanation
PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE	The ratio of cost to charges is applied to the bad debt expense on the audited financial statements

Form and Line Reference	Explanation
PART III, LINE 3 - METHODOLOGY OF ESTIMATED AMOUNT & RATIONALE FOR	INCLUDING IN COMMUNITY BENEFIT It is the policy of the Hospital to provide necessary care to all persons seeking treatment without discrimination on the grounds of age, race, creed, national origin or any other grounds unrelated to an individual's need for the service or the availability of the needed service at the Hospital A patient is classified as a charity care patient by reference to established policies of the Hospital Essentially, these policies define charity services as those services for which no payment is anticipated In assessing a patient's inability to pay, the Hospital utilizes the generally recognized federal poverty income guidelines, but also includes certain cases where incurred charges are significant when compared to a responsible party's income and their countable assets Those charges are not included in net patient service revenue for financial reporting purposes Because the hospital is not paid for these services, they are considered to be community benefit When private pay patients are sent to the collection agency their account is considered to be a bad debt Subsequently, Medicaid may be granted for some of those patients At that time those accounts would become charity care or a community benefit

Form and Line Reference	Explanation
PART III, LINE 4 - BAD DEBT EXPENSE	PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED BY THE HOSPITAL ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS The Hospital's estimation of the allowance for uncollectible accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of the Hospital's collection efforts The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded On a monthly basis, the Hospital reviews its accounts receivable balances and various analytics to support the basis for its estimates These efforts primarily consist of reviewing the following Historical write-off and collection experience using a hindsight or look-back approach, Revenue and volume trends by payor, particularly the self-pay components, Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients, Cash collections as a percentage of net patient revenue less the provision for uncollectible accounts, and Trending of days revenue in accounts receivable The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for uncollectible accounts The Hospital's primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies and private patients The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for uncollectible amounts Significant concentrations of gross patient accounts receivable include 31%, 14% and 55% and 30%, 11% and 59% for Medicare, Medicaid and non-government payors, respectively, at September 30, 2016 and 2015, respectively

Form and Line Reference	Explanation
PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT	Danbury Hospital's Medicare shortfall should be treated as a community benefit as the organization strives to provide 24/7 coverage, improved patient access, highest clinical quality as well as addressing the needs of the community by offering critical services to our geographic area As a result, the organization must balance the cost of these programs against the continued decreasing government reimbursement levels, uninsured population and community needs A cost accounting system is used to calculate the shortfall, which is Medicare Net Patient Revenue less applicable costs

Form and Line Reference	Explanation
PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED	PERSONS It is the policy of Danbury Hospital to provide "Financial Assistance" (either free care or reduced patient obligations) to persons or families where (i) there is limited or no health insurance available, (ii) the patient fails to qualify for governmental assistance (for example Medicare or Medicaid), (iii) the patient cooperates with the Hospital in providing the requested information, (iv) the patient demonstrates financial need, and (v) Danbury Hospital makes an administrative determination that Financial Assistance is appropriate After the Hospital determines that a patient is eligible for Financial Assistance, the Hospital will determine the amount of Financial Assistance available to the patient by utilizing the Charitable Assistance Guidelines, which are based upon the most recent federal poverty guidelines Danbury Hospital shall regularly review this Financial Assistance Policy to ensure that at all times it (i) reflects the philosophy and mission of the Hospital, (ii) explains the decision processes of who may be eligible for Financial Assistance and in what amounts, and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to indigent patients Consistent with this mission, Danbury Hospital recognizes its obligation to the community it serves to provide financial assistance to indigent persons within the community In furtherance of its charitable mission, Danbury Hospital will provide both (i) emergency treatment to any person requiring such care, and (ii) essential, non-emergent care to patients who are permanent residents of its primary service area who meet the conditions and criteria set forth in this Policy, without regard to the patients' ability to pay for such care Elective procedures generally will not be considered essential, non-emergent care and usually will not be eligible for Financial Assistance Danbury Hospital will collect from individuals on financial assistance if they received a partial charitable discount All patients can apply for charitable care on balances they feel that they cannot afford

Form and Line Reference	Explanation
PART VI - NEEDS ASSESSMENT	PART VI, LINE 2 The Community Forum held in 2014 was attended by 37 community stakeholders from the Housatonic Valley Region (HVR) This included representatives from 5 Health Departments/Districts (Danbury, New Milford, Bethel, Newtown, and Pomperaug), Western CT Health Network, Danbury EMS, the Bethel Visiting Nurse Association, the United Way of Western CT, the Regional YMCA, the Housatonic Valley Coalition Against Substance Abuse, the Mid-Western CT Council on Alcoholism, the AmerCares Free Clinic, the CIFC Community Health Center, Doctor's Express Urgent Care Center, the Regional Educational Service Center, the Danbury Fire Department, the New Milford Senior Center, and the Peter and Carmen Lucia Buck Foundation Two community health conversations were held with key community stakeholders in October 2012 - (Danbury and New Milford, CT) to ensure accessibility by key stakeholders throughout the region Attendees included a total of 52 representatives from hospitals, community health centers, school-based health centers, Visiting Nurse Associations/Services, municipal health, education, social service, senior centers and fire departments, non-profit organizations, and a legislator's office Geographically, all 10 HVR municipalities were represented either directly or through regional agencies and organizations The participation and insights of community leaders and agencies/organizations who provide direct programs and services for the low income/minority members of the community was important to the data collection and assessment process The Western CT Health Network (of which Danbury Hospital is a part) conducted a Physician Resource Assessment to evaluate the supply of health care providers within its combined service area towns This is done to document community need for health care providers, and to develop a plan to meet the health care needs of the community served Through Western CT Health Network's annual Planning Process, an environmental assessment is conducted to identify health care gaps and needs of the service area community brought about by local and national trends in economic, legislative, demographic, health care industry and other environmental factors These forces are considered and incorporated in meeting the health care needs of the community by helping to frame the priorities, goals and initiatives of Western CT Health Network's long range and annual strategic plans IN 2015, DANBURY HOSPITAL, ALONG WITH THE COMMUNITY ACTION PLANNING STEERING COMMITTeE CONSISTING OF VARIOUS COMMUNITY MEMBERS, BEGAN THE PROCESS TO DEVELOP THE 2016 CHNA COMMUNITY FORUMS WERE HELD TO DISCUSS RESULTS AND IDENTIFY PRIORITY ISSUES FROM THE COMMUNITY WELLBEING SURVEY CONDUCTED BY DATAHAVEN, A NON-PROFIT ORGANIZATION THAT WORKS TO IMPROVE QUALITY OF LIFE BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA FOR EFFECTIVE DECISION MAKING A KEY INFORMANT SURVEY WAS ALSO DEVELOPED AND DISTRIBUTED TO 200 COMMUNITY LEADERS IN THE DANBURY HOSPITAL AREA FURTHER DETAILS ON THE 2016 CHNA AND CHIP WILL BE PROVIDED IN NEXT YEAR'S SCHEDULE H, 990 REPORT

Form and Line Reference	Explanation
PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	part vi, LINE 3 The Hospital has messages on all statements providing information regarding how the patient can get assistance with their hospital bill Also signs are posted throughout the hospital and counselors are available to provide further assistance All uninsured inpatients are interviewed by financial counselors and assessed for eligibility for assistance programs The hospital provides informational handouts to all uninsured patients at the time of registration which refers them to financial counseling if they would like assistance with their bills Further, the hospital mails notices to all self-pay accounts referring them to financial counseling if they need assistance The collection department will also refer patients to financial counseling when a patient indicates that they cannot afford their balances, and finally, schedulers refer uninsured patients to financial counseling prior to their test or procedure The policy and applications for assistance are also available on line, AS WELL AS UPON REQUEST AT THE HOSPITAL

Form and Line Reference	Explanation
PART VI - COMMUNITY INFORMATION	PART VI, LINE 4 Community Information Danbury Hospital and the New Milford Hospital Campus serves an area with a population of about 265,000 people The Primary Service Area includes Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Ridgefield, and Southbury (in CT), and the Secondary Service Area includes Kent, Redding, Roxbury, Sherman, Washington, Wingdale, and Woodbury (in CT) and Brewster, North Salem, Patterson, and Pawling (in NY) This service area is comprised of a densely populated core of the urban/suburban City of Danbury surrounded by moderately affluent residential and rural towns Danbury is also listed as a Medically Underserved Area, or MUA Danbury has a median household income of $65,981 and a poverty rate of 7 9%, while New Milford has a household income of $80,260 and a poverty rate of 7 3% The overall uninsured population rate for the state is estimated to be 3 8% Although the population of the primary and secondary service areas is expected to remain virtually level from 2010 to 2020, the cohort aged 65 and over is expected to increase by 2 78% in Danbury and 4 05% in New Milford, while the age 20-44 age cohort is forecast to slightly increase at 0 68% in Danbury and decrease by 1 13% in New Milford over the same time period

Form and Line Reference	Explanation
PART VI - Community Building Activities	PART II COMMUNITY BUILDING ACTIVITIES Relates to Line #6, Coalition Building, totaling $2 ,252 Western Connecticut Health Network (WCHN) participates as a member of a regional col laborative representing the Housatonic Valley Region and ten municipalities A Steering Co mmittee comprised of health care providers, community-based providers, and local governmen t agencies meets no less than twice a year to oversee a community health improvement plan (CHIP) that was developed utilizing data from a report card and previous community convers ations Four priority health indicators (PHI) are being addressed through a work group str ucture that includes a designated leader who convenes the group to further develop and ref ine their action plans Community stakeholders participated in an April 2014 community for um facilitated by the Center for Health Schools & Communities @ Education Connection O ver all, data obtained from the conversations provided high quality information to frame the b eginning of a community health improvement change process in the region 1 Prevention and Education of Most Prevalent Chronic Diseases/Health Conditions Obesity, Type 2 diabetes, and hypertension were identified as the most prevalent health conditions in the community The PHI team goals are to increase healthy eating options, enhance access to physical ac tivities, and promote a universal healthy lifestyle In July 2014, the PHI team received t he YMCA Diabetes Prevention Program Grant which was used to fund their diabetes prevention program The program began in O ctober 2014, and through December 2015 10 classes had been conducted (average class size of 5 4 participants, average age of 59 years, and 75% of th e referrals were from physician offices) Participants exceeded the targeted weight loss g oal of 7% (achieved 10 4%) which was supported by consistent program participation, physic al activity and food tracker completion The team also participated in National Walk Day, which garnered over 150 people from the Housatonic Valley Region and formation of 3 commun ity walking groups The Coalition for Healthy Kids is piloting a "Walking School Bus" prog ram with a local school to encourage physical activity A wellness campaign building on th e "5, 2, 1, 0 Let's Go" messaging was implemented and the "Know Your Numbers" campaign tra cked 338 individuals with blood pressure monitoring 2 Improving Access/Utilization to Su bstance Abuse and Mental Health Services Mental health issues and substance abuse continu e to be prevalent issues in the community This PHI team is collaborating with 12 Local Pr evention Councils, the CT Prevention Framework, and other entities to increase outreach ef forts Their goals are to identify gaps in services and access, provide education, and inc rease awareness regarding services and programs There is awareness to vulnerable target g roups in need of enhanced services and supports, such as the homeless population and youth The team worked to improve education and information dissemination, and supported integr ation of a "question-persuade-refer" model for suicide prevention Areas of focus targeted prescription drug use, support for community boxes" , opiate use, underage drinking, and behavioral health initiates in primary care practices 3 Improve Assessment and Service P lanning to Senior Health Senior citizens, particularly homebound elderly and immigrants, are in need of assessment and service planning to address their health, housing, and socia l support needs The main goal is to increase awareness, services, and education for senio r health This team is supporting and collaborating with the Aging in Place initiatives fu nded by the Peter and Carmen Lucia Buck Foundation, which includes the "Safe at Home" prog ram that delivers home safety items to seniors Efforts continue to move the Danbury commu nity as a "livable" community and to share learnings with adjacent communities 4 Improve Awareness and Utilization of Existing Health and Social Programs/Services This team focu sed on enhancing awareness and utilization of existing programs and services in the commun ity, including support of Infoline 2-1-1 and 5 Health Access CT Assistor sites by target p opulations It also established a partnership with FamilyWize to provide promotional mater ials for distribution to health providers and key community sites To the best of the orga nization's knowledge, all PRIORITY HEALTH issues in the community are being addressed THRO UGH THE 2013 CHNA ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT DANBURY HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSING OR ENVIRONMENTAL HEALTH IN ORDER TO ADDRE SS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A STEERING COMMITTEE COMPRISED OF HEALTH CARE PROVIDERS, COMMUNITY-BASED PROVIDERS, AND LOCAL GOVERNMENT AGENCIES MEETS NO LESS THA N TWICE A YEAR TO OVERSEE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THAT WAS DEVELOPED UT ILIZING DATA FROM A REPORT CARD AND PREVIOUS COMMU

Form and Line Reference	Explanation
PART VI - Community Building Activities	NITY CONVERSATIONS THE PRIORITY HEALTH ISSUES WILL BE RE-EVALUATED ONCE THE 2016 CHNA HAS BEEN REVIEWED AND THE IMPLEMENTATION STRATEGY APPROVED BY THE BOARD OF DH Relates to Lin e #2, Economic Development, and Line #7, Community Health Improvement Advocacy totaling $8 5,783 Part II Community Health Improvement Advocacy VARIOUS WCHN OFFICIALS PARTICIPATED IN CHAMBER OF COMMERCE MEETINGS AND EVENTS, WORKING TO PROMOTE ECONOMIC DEVELOPMENT IN TH E DANBURY HOSPITAL AREA STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED I N SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERI NSURED THE TOTAL ADVOCACY INVESTMENT FOR FY2016 IS $84,387, WHICH INCLUDES INDIRECT AND D IRECT STAFFING EXPENSES AS PART OF THIS EFFORT, MISCELLANEOUS EXPENSES ARE NOTED IN SCHED ULE C, PART II-B1I

Form and Line Reference	Explanation
PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE	PART VI, LINE 5 Promotion of community health IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, Danbury Hospital IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY THESE SERVICES ARE PROMOTED IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER DANBURY HOSPITAL (AND NEW MILFORD HOSPITAL) served approximately 345,000 persons through over 350 health OCCURRENCES IN FY16 One of the highest impact outreach activities includes 255,000 individuals served through Health Talk Health Talk which airs twice a week ON COMCAST AND focuses on disease prevention AND new treatments TOPICS INCLUDED ELECTROPHYSIOLOGY, CUSTOM KNEE REPLACEMENT, SUMMER SAFETY, AND IRRITABLE BOWEL SYNDROME, TO NAME A FEW EXAMPLES Over 50% of the Board Members are independent and do not get paid by Danbury Hospital Danbury Hospital also has an open medical staff Surplus funds are used to provide innovative technology to clinical care in addition to expanding our service area PART VI-AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION Western Connecticut Health Network (WCHN) is an integrated health care delivery system comprised of three community hospitals and their affiliated entities In addition to Norwalk Hospital, Danbury Hospital and its New Milford Hospital Campus, the continuum of care includes a large medical group, home health care services, a nationally renowned biomedical research institute, the WCHN and Norwalk Hospital Foundations, and other related affiliates (the Network) WCHN's mission is to improve the health of every person we serve through the efficient delivery of excellent, innovative and compassionate care For 2016, WCHN provided approximately $23,863,186 in total charity care Danbury Hospital, its New Milford Hospital Campus and Norwalk Hospital provide medical services to the community regardless of the individual's ability to pay Services include routine inpatient ancillary and outpatient care in support of the Network's mission statement, as noted above, For 2016, charity care was provided in the following amounts Norwalk Hospital, $9,347,702, Danbury Hospital and its New Milford Hospital Campus, approximately $13,086,486 All hospitals noted above have open medical staffs If an individual meets the educational, experiential and licensure requirements they can join the medical staff Western Connecticut Medical Group The mission of Western Connecticut Medical Group is to provide safe, innovative, convenient and coordinated primary and specialty health care in the communities they serve and strive to be aware of and respond to their patients' needs They support a commitment to advance the health and well-being of individuals in their community by delivering quality care, participating in medical research and medical residency programs and the provision of medical services to patients For 2016, WCMG provided approximately $1,382,000 in charity care Western Connecticut Health Network Foundation Inc 's mission is to raise funds, reinvest and administer these funds and make distributions to Danbury Hospital and its New Milford Hospital Campus and other Danbury not-for-profit health care affiliates Norwalk Hospital Foundation's mission is to raise funds, reinvest and administer these funds and make distributions to Norwalk Hospital and other not-for-profit Norwalk Hospital affiliates Western Connecticut Health Network Affiliates principal purpose is to provide outpatient health care services in various locations and also provide ambulance services to Danbury and surrounding towns, while serving those that cannot afford the care Western Connecticut Home Care, Inc (WCHC) provides state of the art clinical services ranging from pediatric patients to the elderly utilizing best practice in home care to meet the needs of their patients For 2015, WCHC provided approximately $47,000 in charity care Eastern New York Medical Services (ENYMS) The mission at ENYMS is to provide safe, innovative, convenient and coordinated primary and gastroenterology health care in the communities we serve and strive to be aware of and respond to our patients' needs

Form and Line Reference	Explanation
PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED	CT

Form and Line Reference	Explanation
PART V - EXPLANATION OF NUMBER OF FACILITY TYPE	14 DIAGNOSTIC CENTERS 6 OUTPATIENT PHYSICIAN CLINICS 1 OUTPATIENT SURGICAL CENTER 1 REHABILITATION CENTER 1 EDUCATION CENTER

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PART I, LINE 7E WCHN PROVIDED COMMUNITY BENEFIT THROUGH VARIOUS PROGRAMS AND EVENTS THAT WERE MADE AVAILABLE TO THE COMMUNITY AT LARGE BELOW IS A LIST OF ALL THE PROGRAMS OFFERED WITH A BRIEF DESCRIPTION - CANCER 6,796 SERVED THROUGH FREE WIGS, "LOOK GOOD, FEEL BETTER" PROGRAM, TALKS, "FOOD FOR LIFE" COOKING AND NUTRITION CLASSES, COMMUNITY OUTREACH SUBCOMMITTEE (CANCER), AND TALKS - SUPPORT GROUPS 68 SERVED THROUGH BARIATRIC AND TBI SUPPORT GROUPS - DIABETES 140 SERVED THROUGH TALKS AND FAIRS - ECONOMIC DEVELOPMENT 93 SERVED THROUGH CHA MEETINGS, CAHE MEETINGS, GATEWAY CC PROGRAMS - SENIOR OUTREACH 186 SERVED THROUGH SENIOR SUPPERS AT NMH AND OTHER TALKS - HEALTH FAIRS 20,701 SERVED THROUGH FAIRS IN NEWTOWN, RIDGEFIELD, (THE DAY-LONG DESTINATION WELLNESS AND FOUNDERS HALL), DANBURY AND NEW MILFORD (TWO-DAY LONG VILLAGE FAIRS DAYS) - LECTURES 300,879 SERVED THROUGH HEALTH TALK (INCLUDING REPEATS), LIBRARY, ROTARY, SENIOR RESIDENCE AND CORPORATE LECTURES HEALTH TALK AIRS ON COMCAST, 51 SHOWS AIRED WITH A VIEWERSHIP OF 5,000 PER SHOW - NUTRITION/WELLNESS 6,367 SERVED THROUGH PLOW TO PLATE PROGRAM, TALKS, HIGH SCHOOL FAIRS, STRONG WOMEN, STRONG BONES PROGRAM, YOGA CLASSES, ETC - SUPPORT GROUPS 68 SERVED THROUGH BARIATRIC AND TBI SUPPORT GROUPS PART V, LINE 7A & 7B THE COMPLETE URLS ARE AS FOLLOWS FOR BOTH DH AND NMH HTTP //WWW DANBURYHOSPITAL ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B ENEFIT HTTP //WWW NEWMILFORDHOSPITAL ORG/ABOUT-US/COMMUNITY-BENEFIT HTTP //WWW CHIME ORG/ADVOCACY/COMMUNITY-HEALTH/ PART V, LINE 10A THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILFORD HOSPITAL, ARE AS FOLLOWS HTTP //WWW DANBURYHOSPITAL ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B ENEFIT HTTP //WWW NEWMILFORDHOSPITAL ORG/ABOUT-US/COMMUNITY-BENEFIT PART V, LINE 11 TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2013 CHIP ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT DANBURY HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSING OR ENVIRONMENTAL HEALTH IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A STEERING COMMITTEE COMPRISED OF HEALTH CARE PROVIDERS, COMMUNITY-BASED PROVIDERS, AND LOCAL GOVERNMENT AGENCIES MEETS NO LESS THAN TWICE A YEAR TO OVERSEE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THAT WAS DEVELOPED UTILIZING DATA FROM A REPORT CARD AND PREVIOUS COMMUNITY CONVERSATIONS PART V, LINES 16A, B, & C THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILDFORD HOSPITAL ARE AS FOLLOWS HTTP //WWW DANBURYHOSPITAL ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/FINANCIAL-ASSISTANCE-POLICY HTTP //WWW NEWMILFORDHOSPITAL ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLIN G

Additional Data

Software ID:
Software Version:
EIN: 06-0646597
Name: Danbury Hospital

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Danbury Hospital 24 Hospital Avenue Danbury, CT 06810 www danburyhospital org LICENSE #0039	X	X		X		X	X			
2	New Milford Hospital Campus 21 Elm Street New Milford, CT 06776 www newmilfordhospital org LICENSE #0039	X	X					X			

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
1	Danbury Hospital Ridgefield Surg Ctr 901 Ethan Allen Highway Ridgefield, CT 06877	Outpatient Surgical Center
1	Breast Imaging Center 20 Germantown Road Danbury, CT 06810	Diagnostic
2	Main Street Rehabilitation Center 235 Main Street Danbury, CT 06810	Rehabilitation
3	Siefert & Ford Community Health Ctr 70 Main Street Danbury, CT 06810	Outpatient-Physician Clinic
4	Danbury Hospital Sleep Lab II 25 Lake Avenue-Extension Danbury, CT 06810	Diagnostic
5	Comm Ctr for Behaviorial Health 152 West Street Danbury, CT 06810	Outpatient-Physician Clinic
6	Southbury Cardiovascular Diagnostics 22 Old Waterbury Road Southbury, CT 06488	Diagnostic
7	Pulmonary Services 33 Germantown Road Danbury, CT 06810	Diagnostic
8	The Anticoagulation Center 41 Germantown Road Danbury, CT 06810	Diagnostic
9	Physical Medicine Center of Southbury 22 Old Waterbury Road Suite 101 Southbury, CT 06488	Outpatient-Physician Clinic
10	New Milford Hospital Behavorial Healt 23 Poplar Street New Milford, CT 06776	Outpatient-Physician Clinic
11	Danbury Hospital Laboratory 79 Sandpit Road Danbury, CT 06810	Diagnostic
12	Center for Child & Adol Treat 152 West Street Danbury, CT 06810	Outpatient-Physician Clinic
13	Danbury Hospital Laboratory Center NM 120 Park Lane Suite A201 New Milford, CT 06776	Diagnostic
14	Danbury Hospital Southbury Laboratory 22 Old Waterbury Road Suite 101 Southbury, CT 06488	Diagnostic

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

_____

	Name and address	Type of Facility (describe)
16	Danbury Hospital Lab Ctr in Brookfield 60 Old New Milford Road Unit 1C Brookfield, CT 06804	Diagnostic
1	Danbury Hospital Diabetes Education Ct 41 Germantown Road Danbury, CT 06810	Education Center
2	Ridgefield Specimen Collection Facili 10 South Street Ridgefield, CT 06877	Diagnostic
3	Bethel Laboratory 68 Stony Hill Road Bethel, CT 06801	Diagnostic
4	Newtown Laboratory 14-18 Church Hill Road Newtown, CT 06470	Diagnostic
5	Kenosia Lab 51-53 Kenosia Avenue Danbury, CT 06810	Diagnostic
6	Danbury Hospital Research Institute 131 West Street Danbury, CT 06813	Diagnostic
7	New Milford Integrated Medicine Prgm 30 Elm Street New Milford, CT 06776	Outpatient-Physician Clinic

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Danbury Hospital

Employer identification number
06-0646597

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			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on 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?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-	BASED COMPENSATION SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS Western Connecticut Health Network (WCHN) established three separate Supplemental Executive Retirement Plans (SERP) These plans provide supplemental retirement benefits to key members of the executive group Under the agreements for SERP Plans #1 and #2, amounts promised to eligible executives are based on targeted retirement benefits and the payment of benefits is subject to vesting The benefits at the vested age are provided in the form of an actuarial equivalent lump sum plus a tax gross-up amount to the participants WCHN has on its books an accrual for the participants of the SERP, which is maintained solely for accounting purposes and is unfunded SERP Plan #1 - During the fiscal year ending September 30, 2016, Dr Matthew Miller, Chief Medical Officer was the only participant No payments were made to him SERP Plan #2 - During the fiscal year ending September 30, 2016, no payments were made to either, Dr John Murphy, President/CEO of WCHN and Steven H Rosenberg, CFO of WCHN, participants of SERP Plan #2 SERP Plan #3 - Earnings and losses on the investments selected by participants of SERP Plan #3 are added to the balance of the account During the fiscal year ending September 30, 2016, no payments were made to either Daniel DeBarba, Jr , Executive VP/President of Danbury Hospital and Michael Daglio, Chief Operating Officer, participants of SERP #3
PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OR RELATED	ORGANIZATION Summary of Executive Incentive Plan The Plan is administered by the Executive Compensation Committee (the Committee) of Western Connecticut Health Network, Inc (WCHN) Eligibility to participate in the Plan is limited to those exempt executives employed by WCHN and its subsidiaries (the Network) during the Plan year who are in positions in which their decisions, actions and counsel significantly affect the operations of the Network The Committee, with input provided by senior management of the Network will determine which eligible executive employees of the Network will participate in the Plan Prior to the beginning of each Plan year, or as soon thereafter as practicable, the Committee will establish target and maximum award opportunity for the participant, in the appropriate tier in the Plan, along with a team scorecard of Plan measures Soon after the close of the Plan Year, actual organization and individual performance and results will be measured and assessed in comparison to published goals and expectations established for such Plan Year Recommendations for individual incentive awards will be prepared and submitted to the Committee for evaluation and approval Notwithstanding any other provision of the Plan, at the discretion of the Committee, awards may not be paid under the Plan for any Plan Year if the level of performance specified in one or more Network level "Circuit Breaker Goals" is not achieved during the Plan Year
PART III - ADDITIONAL INFORMATION	The organization relied on a related organization, Western Connecticut Health Network, Inc which used the following methods described below to establish top management's compensation -Compensation committee -Independent compensation -Written employment contract -Compensation survey or study -Approval by board or compensation committee

Additional Data

Software ID:
Software Version:
EIN: 06-0646597
Name: Danbury Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1John M MurphyMD PRES -WCHN/DH	(I)	962,457	457,000	2,838	13,000	31,157	1,466,452	0
	(II)	0	0	0	0	0	0	0
1Steven H Rosenberg SVP/CFO, WCHN	(I)	567,570	190,000	23,865	13,000	31,044	825,479	0
	(II)	0	0	0	0	0	0	0
2Daniel DeBarba Jr TO 61 Exec VP/Pres-DH	(I)	659,896	775,000	21,102	8,337	32,158	1,496,493	0
	(II)	0	0	0	0	0	0	0
3Donna Kaplanis Ass't Secretary	(I)	201,179	35,000	22,504	25,613	21,888	306,184	0
	(II)	0	0	0	0	0	0	0
4Matthew A Miller MD SVP & Chief Medical Officer	(I)	478,857	175,000	29,400	26,000	20,890	730,147	0
	(II)	0	0	0	0	0	0	0
5Moreen Donahue ENDOW CHAIR OF EDUC /RESEARCH	(I)	334,532	115,000	8,538	20,800	24,057	502,927	0
	(II)	0	0	0	0	0	0	0
6Michael Daglio PRESIDENT OF NORWALK HOSP	(I)	433,029	150,000	2,499	15,600	29,614	630,742	0
	(II)	0	0	0	0	0	0	0
7Morris Gross VP of Facilities/Real Estate	(I)	261,310	90,000	8,321	26,000	21,171	406,802	0
	(II)	0	0	0	0	0	0	0
8Kathleen A Dematteo Chief Infor Officer, WCHN	(I)	355,279	115,000	25,836	23,400	11,972	531,487	0
	(II)	0	0	0	0	0	0	0
9Patrick C Minicus VP of Finance	(I)	386,548	100,000	18,660	3,719	31,429	540,356	0
	(II)	0	0	0	0	0	0	0
10James Varrone to 923 VP Supply Chain	(I)	0	0	0	0	0	0	0
	(II)	162,269	30,000	12,260	12,494	19,854	236,877	0
11L SCHMITTGALL SRVP Strategy-WCHN (FORMER)	(I)	17,149	124,412	597,242	11,086	2,248	752,137	0
	(II)	0	0	0	0	0	0	0
12Debra Carragher VP of Operations	(I)	260,331	75,000	2,447	13,000	2,694	353,472	0
	(II)	0	0	0	0	0	0	0
13Carolyn McKenna Sr VP/Gen'l Coun	(I)	361,384	110,000	2,903	13,000	33,230	520,517	0
	(II)	0	0	0	0	0	0	0
14Ramin Ahmadi MD TO 229 Dir of Educ /Res	(I)	266,145	70,000	991	13,000	30,710	380,846	0
	(II)	0	0	0	0	0	0	0
15Dawn Myles VP OF PERF INNOVA	(I)	265,850	75,000	4,399	18,200	2,184	365,633	0
	(II)	0	0	0	0	0	0	0
16Ruth Gregory FROM 923 VP OF SUPPLY CHAIN	(I)	146,018	14,566	1,331	16,301	10,504	188,720	0
	(II)	0	0	0	0	0	0	0
17Joseph Campbell Chief Audit Compl Officer	(I)	221,510	50,000	20,519	23,400	23,111	338,540	0
	(II)	0	0	0	0	0	0	0
18P ZAPPALA FORMER Sr VP of Human Resource	(I)	552,100	109,500	365,000	23,400	2,248	1,052,248	0
	(II)	0	0	0	0	0	0	0
19ROWENA BERGMANS VP-POPULATION HLTH	(I)	244,207	100,000	0	0	32,940	377,147	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Danbury Hospital

Employer identification number
06-0646597

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA RevBondsSeries H	06-0806186	20774ucl7	03-16-2006	40,924,665	See Part VI for purpose		X		X		X
B	CHEFA (WCHN) Series M	06-0806186	20774U8A6	07-13-2011	45,523,137	See Part VI for purpose		X		X		X
C	CHEFA (WCHN) Series N	06-0806186	20774YEJ2	11-22-2011	40,735,995	See Part VI for purpose		X		X		X
D	CHEFA (WCHN) Series O	06-0806186	000000000	05-08-2015	122,120,000	See Part VI for purpose		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,945,000	0	4,375,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	42,742,900	45,576,281	40,735,995	122,120,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	2,237,472	7,328,241	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	606,787	908,228	749,768	797,294
8	Credit enhancement from proceeds	828,469	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	39,070,172	37,339,812	0	0
11	Other spent proceeds	0	0	39,986,227	121,322,706
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2014	2011	2015

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X				X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 010 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 010 %						
7	Does the bond issue meet the private security or payment test?		X		X				X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X				X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SERIES H BONDS ($41,560,000)	PROCEEDS FROM THE SALES OF SERIES H BONDS WERE USED, TOGETHER WITH OTHER MONIES AVAILABLE TO 1) FINANCE A PORTION OF THE COSTS OF THE SERIES H

Return Reference	Explanation
SERIES M BONDS ($46,030,000)	

Return Reference	Explanation
SERIES N BONDS ($39,880,000)	

Return Reference	Explanation
SERIES O BONDS ($122,120,000)	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Danbury Hospital

Employer identification number
06-0646597

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV, Col (c)	During the year the following transactions are at arm's length, entered into the ordinary course of business and in compliance with the Organization's Conflict of Interest Policy David M Cyganowski, a director at Danbury Hospital is a shareholder of Kaufman Hall & Associates, Inc , which provides financial and forecasting services ANTHONY RIZZO, JR , A DIRECTOR AT DANBURY HOSPITAL OWNS A BUILDING AT 70 MAIN STREET THAT DANBUY RENTS SPACE FROM DANIEL MCCARTHY, A DIRECTOR AT DANBURY HOSPITAL SERVES AS THE PRESIDENT AND CEO OF FRONTIER COMMUNICATIONS, WHICH PROVIDES TELECOMMUNICATION SERVICES

Additional Data

Software ID:
Software Version:
EIN: 06-0646597
Name: Danbury Hospital

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) Kaufman Hall Associates	See Part V	599,800	Consulting Firm		No
(1) MAIN ELMOOD LLC	SEE PART V	637,810	RENTAL OF SPACE		No
(2) FRONTIER COMMUNICATIONS	SEE PART V	1,002,965	TELECOMMUN SERVICES		No

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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	Employer identification number
Danbury Hospital	06-0646597

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII (ADDT'L INFORMATION)	For those officers and top 5 employees, for which only 40 hours is noted to reflect paid hours, actual hours worked exceeded this amount Note All amounts in column F, of Part VII, "Estimated Amount of Other Compensation", represent benefits, and do not reflect any compensation for which the average amount of time worked can be reflected

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, COLUMN D	ALTHOUGH CONTRIBUTIONS ARE REFLECTED ON LINE #1 OF PAGE #1 ON FORM 990, ALL FUNDRAISING EXPENSES WERE INCURRED BY THE WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7A	The sole member shall be responsible for electing, at the annual meeting of the membership, the members of the Board of Directors of the Hospital to serve for three year terms and until their successors are elected and have qualified

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, 12A, 13 and 14	The policies exist at the parent level, w hich are follow ed by each entity and are approved by the parent board, but not each individual board This excludes the record retention po licy, w hich is approved only by the parent audit committee Form 990, Part III - PROGRAM S ERVICE, Line 4A MEDICAL SERVICE LINE Danbury Hospital's Medical Service Line consists of t he follow ing services Inpatient Cases Gastrointestinal 1,833 Infectious Disease 1,079 In ternal Medicine 698 Neurology Medicine 510 Renal/Urology Medicine 840 Pulmonary Medicine 1 ,423 All Other Inpatient 1,826 Outpatient Service Line Cases O/P Medicine 9,465 O/P Medic ine Comm Clinic 21,385 O/P Medical Oncology 10,653 O/P Pulmonary Medicine 5,257 DIGESTIVE DISEASES Our Digestive Disease Center is staffed by renow ned fellow ship-trained gastroen terologists We use advanced diagnostic and treatment technology in a compassionate and su pportive manner The follow ing services are provided Ablation therapy for Barrett's esoph agus, Colon cancer screening, Colonoscopy, Cryotherapy, Endoscopy, Endoscopic ultrasound a nd fine-needle aspiration,, Lactose tolerance testing, LINX Reflux Management System for t reatment of GERD, Wireless capsule endoscopy and Laparoscopic fundoplication for GERD INF ECTIOUS DISEASE Danbury Hospital's infectious disease specialists treat the full range of infectious diseases, including conditions caused by living organisms (bacteria, viruses, fungi and parasites), HIV, and related conditions, Lyme disease, chronic and w ound-related infection, and travel-related infection Our doctors have expertise in the proper use of antibiotics and other anti-infective medicines to treat disease and also collaborate w ith primary care doctors, specialists and surgeons to provide individualized treatment for eac h patient INTERNAL MEDICINE w hatever your medical needs, Danbury Hospital provides exper t care in the w arm, focused and personal manner you deserve Specialists in primary care, our family medicine physicians treat infants, children and adults of all ages Services in clude preventive medicine (including vaccines and immunizations), diagnosis and treatment of chronic and acute illnesses and injuries, and coordination of specialty care Our famil y physicians are trained to provide medical care for patients ranging in age from pediatri cs through adult and geriatrics NEUROLOGY AND STROKE We offer expertise in treatment of neurological disorders, including stroke, epilepsy, headache, Parkinson's disease, Alzheim er's disease and Vertigo One of the nation's first hospitals to earn primary stroke cente r accreditation from the Joint Commission and receive the silver performance aw ard from th e AHA's Stroke Association for the quality of care w e provide We have been regularly reco gnized by the Connecticut Department of Public Health for consistently demonstrating the a bility to rapidly diagnose and treat stroke Committed to remaining on the forefront of ra pid and effective stroke care,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, 12A, 13 and 14	w e continue to incorporate the latest effective treatments UROLOGY Our expert urologist s treat conditions such -Female urologic disorders, including urinary incontinence and voi ding dysfunction -Infertility -Kidney, bladder, prostate and testicular cancer -Kidney sto nes -Male sexual difficulties -Prostate cancer -Urinary tract INFECTIONS -Vasectomy and va sectomy reversal Procedures w e perform include -Extracorporeal shock w ave lithotripsy for kidney stones -Laparoscopic nephrectomy -Minimally invasive photo-vaporization of the pro state -Minimally invasive surgical treatment for female incontinence -Pyeloplasty PULMONOL OGY We offer outstanding diagnosis, treatment and care for patients w ith all types of pul monary conditions We perform specialized services, such as cardiopulmonary exercise testi ng to measure degree of fitness and aid in the assessment of shortness of breath, specific diagnostic asthma testing, and testing to determine the need for supplemental oxygen for everyday living and air travel All programs are administered consistent w ith Danbury Hosp ital's financial assistance policy Form 990, Part III - PROGRAM SERVICE ACCOMPLISHMENTS S URGERY SERVICE LINE INPATIENT CASES MAJOR JOINT REPLACEMENT 900 TRAUMA SURGERY 602 MINOR GI SURGERY 249 GENERAL SURGERY 344 UROLOGY SURGERY 163 COLON/BOWEL SURGERY 240 OBESITY SUR GERY 136 SPINAL SURGERY 389 ALL OTHER INPATIENT SURGERY 624 OUTPATIENT SERVICE LINE CASES ABDOMEN GI SURGERY 1,200 BREAST SURGERY-NON PLASTIC 269 ENDOSCOPY 11,900 MISC GENERAL SU RGERY 3,765 ORAL SURGERY 91 OPTHALMOLOGY 641 UROLOGY 978 PAIN INJECTION PROCEDURES 646 HEA D/NECK SURGERY 1,207 PLASTIC SURGERY 1,012 ALL OTHER OUTPATIENT SURGERY 1,342 GENERAL SURG ERY Danbury Hospital's surgeons are continually recognized for their experience, excellen t outcomes, and expertise in minimally invasive surgical techniques Here are just some of the aw ards w e've been privileged to receive -Intersocietal Accreditation Commission's Ve in Center Accreditation for the Vascular Surgical Service (2015) - Participant, Institute f or Healthcare Improvements International Joint Replacement Learning Community (2014) -Memb er, Institute for Healthcare Improvement's International Joint Replacement Learning Commun ity (2015) Joint Commission Top Performer, America's Improving Quality and Safety (2014/13) -Top 100 Community Value Leadership Aw ard for providing high-quality, high-value service at an appropriate cost, from Cleverly and Associates (2014) -Top 100 Great Community Hosp itals from Becker's Hospital Review (2012) -Recertification, Joint Commission Disease Spec ific Certification in Hip Arthroplasty, Knee Arthroplasty and Spine Surgery (2015) -The Ce nter for Weight Loss Surgery has been named the Comprehensive Center w ith the Metabolic an d Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) (2015 - 2018) -A Bariatric Center for Excellence under The Optum Clinical Science Institute (CSI) (2015) -Recipient of The Aetna Insti

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, 12A, 13 and 14	tute of Quality Bariatric Designation (2015) At Danbury Hospital our expert surgeons excel at using advanced technology to perform minimally invasive procedures, allowing patients to undergo surgery with less pain, shorter hospital stays, and quicker recovery periods Surgeons use very small incisions, meaning less trauma to the body, less blood loss, smaller scars and a lower need for pain medication Our surgeons have been recognized for excellence in laparoscopic techniques performed in many surgical specialties including weight loss, colorectal, and general surgical procedures For robotic surgery, we use the latest, most advanced robotic technology available, the da Vinci surgical system We are committed to staying at the forefront of innovation, equipping our surgeons with sophisticated technology so they can offer innovative surgical procedures here in our community Our da Vinci surgical system gives surgeons better visualization and tools that improve dexterity With more control they can operate with greater precision Our doctors use this advanced technology to perform a wide range of procedures, including single-incision robotic surgery As a Level II Trauma Center, Danbury Hospital's team of board certified surgeons provide immediate, 24/7 care for acute and life-threatening injuries to children and adults ORTHOPEDIC SURGERY Our Center for Advanced Orthopedic and Spine Care has earned the "Center of Excellence" designation from the Joint Commission for providing comprehensive, multidisciplinary care, including hip, knee, shoulder, and ankle replacement Our Danbury Hospital orthopedic surgeons offer a wide array of joint replacement procedures Our continuum of care includes A care coordinator who provides education and guidance every step of the way, pre-op through your rehabilitation Pre-admission testing in our dedicated unit, designed to meet the unique needs of joint replacement patients and families Services include individualized patient education, nursing and anesthesia assessments, and collaboration with you on planning a pain management program for your surgical recovery Dedicated orthopedic operating rooms and clinical support staff A comfortable orthopedic recovery unit with physician assistants, nursing and rehabilitation staff specially trained to care for total joint replacement patients -Advanced, digital diagnostic imaging technology -Acute in-hospital therapy -Outpatient physical and occupational -Access to home care services with Western Connecticut Home Care (formerly DVNA) DIGESTIVE DISEASE Our expert general and digestive disease surgeons specialize in major and minor surgical procedures of the abdomen, digestive tract, endocrine system, breasts, skin and blood vessels UROLOGIC SURGERY Danbury Hospital urologists are known nationally for innovation Procedures performed include Extracorporeal shock wave lithotripsy for kidney stones, Laparoscopic nephrectomy, Minimally invasive photo-vaporization

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF	OFFICERS, DIRECTORS, ETC Richard Jabara and Ervin Shames, both directors of Danbury Hospital have a business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL	DOCUMENTS CHANGES IN GOVERNING DOCUMENTS FORM 990, PART VI, QUESTION 4 THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF DANBURY HOSPITAL FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 SECTION 3 2 THIS SECTION OF THE BYLAWS OUTLINES THE NUMBER AND COMPOSITION OF THE BANBURY HOSPITAL BOARD OF DIRECTORS THIS SECTIONS WAS AMENDED TO REMOVE THE REQUIREMENT THAT DANBURY HOPSITAL'S BOARD OF DIRECTORS MUST, AT ALL TIMES, INCLUDE AT LEAST TWO INDIVIDUALS WHO ALSO SERVES AS DIRECTORS OF THE MEMBER (WESTERN CONNECTICUT HEALTH NETWORK) AND THE NORWALK ASSOCIATION (A RELATED ORGANIZATION) SECTION 5 5 THIS SECTION OF THE BYLAWS OUTLINE THE POWERS AND RESPONSIBILITIES OF THE PRESIDENT THIS SECTION WAS AMENDED TO REMOVE THE REQUIREMENT THAT THE PRESIDENT SHALL BE THE SAME INDIVIDUAL SERVING AS THE PRESIDENT OF THE NORWALK HOSPITAL ASSOCIATION FORM 990, PART VI, LINE 5 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER WESTERN CONNECTICUT HEALTH NETWORK, INC IS THE SOLE MEMBER OF DANBURY HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	BY MEMBERS OR SHAREHOLDERS Certain fundamental decisions to be undertaken by the Hospital require the approval of the Member a) The actions listed below, taken for the Hospital or in its capacity voting as a shareholder or member of a subsidiary ("Danbury Subsidiary") shall not require approval by the Board and are reserved solely to the Member -The amendment of the Hospital's bylaws, -The election or removal of a director, -Approval of investment policies, -Approval of the adoption of or amendment to any qualified or any non-qualified benefit plan, -Approval of the adoption of or any amendment to the policies and procedures governing a) indemnification of directors and officers of the Hospital or any Danbury Subsidiary, b) conflicts or dualities of interest, c) accounting and investment standards and practices and d) such other policies the Member may determine, -Approval of system-wide quality, performance and credentialing standards and procedures to which the Hospital or any Danbury Subsidiary is expected to adhere, and -Approval of regulatory compliance and methodology for physician compensation arrangements The actions listed below, taken for the Hospital or in its capacity voting as a shareholder or member of a Danbury Subsidiary, which require approval of the Board, must also be approved by the Member -The election and removal of a director of a Danbury Subsidiary, -The election of the officers of the Hospital, -Approval of all operating and capital budgets of the Hospital and Danbury Subsidiary, -Approval of any amendment or restatement of the Hospital's certificate of incorporation, bylaws, or operating agreement of any Danbury Subsidiary, -Approval of any sale, lease, exchange, or other disposition of all or substantially all the property or assets of the Hospital or any Danbury Subsidiary, -Approval of the creation of any corporation of which the Hospital or a Danbury Subsidiary is the sole or controlling member or sole or controlling shareholder, THe merger or consolidation of the Hospital or any Danbury Subsidiary with another corporation,and the reorganization, liquidation or dissolution of the Hospital or any Danbury Subsidiary, -Approval of any loans by the Hospital or any Danbury Subsidiary,or the incurring of any indebtedness, secured or unsecured, which exceeds two million dollars ($2 0 million) or which has a term longer than one year, -Approval of unbudgeted expenditures in excess of two million dollars ($2 0 million) or any increase in any approved annual operating or capital budget -Approval of any agreement or transaction of the Hospital or any Danbury Subsidary involving an amount greater than two million dollars ($2 0 million)with another individual or entity, -Approval of the affiliation of the Hospital or any Danbury Subsidiary with any other entity for the purposes of the joint conduct of busin ess, -Creation of any committee which shall have the authority to act on behalf of the Board or on behalf of any Danbury

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	Subsidiary, -Approval of any conveyance of, or the granting of mortgages or trusts on any real property assets of the Hospital or of any Danbury Subsidiary, -Approval of the strat egic plan of the Hospital and of any Danbury Subsidiary, and -Approval of any commencement , cessation, location, relocation or consolidation of significant clinical services provid ed by the Hospital or any Danbury Subsidiary

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	Steven Rosenberg, SVP/CFO of Western Connecticut Health Network, Inc , will review the 990 prior to it being sent to the IRS A preliminary 990, is presented to the Audit Committee in June, who reviews it on behalf of the Board E&Y is on hand to review the 990 with the Audit Committee and answer any questions Prior to the 990 being filed with the IRS, the Board will receive a full and accurate copy on a secured website for their review

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND	ENFORCEMENT OF CONFLICTS The Organization's Process for Monitoring and Enforcing Conflicts of Interest The Western Connecticut Health Network and its affiliates' (The Network) Conflict of Interest Policy provides that annually, its Representatives shall sign a statement affirming that they disclosed all potential conflicts, as documented in the Conflict of Interest Policy In addition, General Counsel is part of the routine contracts review process and watches for potential conflicts with any of The Network's Representatives Who Is Covered By the Policy The Network's Conflict of Interest Policy covers each director, officer and manager of The Network, also referred to as "Representatives" Level At Which Determinations of Whether There Is a Conflict In connection with any actual or possible conflict of interest, an interested person must disclose the facts of the conflict The Compliance Officer and the Audit Committee review and evaluate each disclosure to determine if there is a conflict of interest After presentation of a potential transaction or arrangement is made by an interested person, the remaining disinterested Board or Committee members shall decide if a conflict of interest exist Level That Reviews and Determines What To Do If There Is a Conflict After exercising due diligence the full Board would determine what actions should be taken for all conflicts by Officers and Directors Any conflicts occurring by a manager are reviewed by the Compliance Committee to determine what further action should be taken Restrictions on The Conflicted Person No director having a conflict of interest on any matter shall vote on that matter or be counted in determining the quorum for the meeting at which the vote is taken, even when permitted by law No Representative having a conflict of interest on any matter shall use his or her personal influence on the matter If the Board of Directors, in its sole discretion, determines that any Representative has conflicts of interest sufficient in number and/or importance that the effectiveness of such individual on behalf of The Network may be significantly impaired, the Board may ask the individual to resign

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL	PROCESS - OFFICERS & KEY EMPLOYEES Compensation for Other Officers and Key Employees In order to achieve its mission and its overall performance objectives, Western Connecticut Health Network, Inc employs a performance-based total compensation program for its senior executives that is market competitive, compliant with regulatory guidelines, and representative of best practices Eligible executives are generally direct reports of the CEO along with other executives designated by the CEO To meet Western Connecticut Health Network Inc 's total compensation objectives for executives, the following survey sources are used for comparison purposes -Blend of national Confidential Source, IHS, and Hay Group points, health care data (where data available), plus 15% geographic differential Title match data cuts selected based on revenue size -For Physician executives, surveys covering physician compensation in accredited medical schools (AAMC) are used in combination with proprietary surveys compiled by nationally known consulting firm, Sullivan Cotter and the Medical Group Management Association (MGMA) Western Connecticut Health Network, Inc targets cash compensation at market competitive levels Base salary plus short-term (annual) incentive awards (total cash) approximates a range between the 50th and 75th percentiles for total cash competition Executive performance is expected to meet or exceed predetermined operational and financial metrics Other factors, such as competitive market forces, job performance, unique qualifications, and/or individual job responsibilities are also considered in Western Connecticut Health Network, Inc's executive compensation decisions Roles of the Compensation Committee and Key Executives in the Executive Compensation Process - The Compensation Committee in consultation with the CEO and the SVP Human Resources (HR) selects the outside compensation consultants The current consultant is the Korn Ferry Hay Group, whose purpose is to provide a valid independent assessment of the relevant market rates and pay practices for health care executives, physician executives and for physicians in general - The compensation consulting firm compiles appropriate market data, job evaluation and ranking information for all executives and physicians of the organization, excluding the CEO, and will supply this material to the CEO and SVP HR for review and agreement Once the report is final, it will be supplied to the Compensation Committee for their consideration and acceptance -The Compensation Committee determines the CEO's salary based on overall performance and market data supplied by the outside compensation consultant The last executive compensation evaluation by an outside consultant was done in December, 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS	PUBLICLY AVAILABLE THE governing documents, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII - COMPENSATION EXPLANATION	DANIEL DEBARBA, JR (TO 6/1) EFFECTIVE JUNE 1, 2016, DANIEL DEBARBA RESIGNED AS PRESIDENT OF DANBURY HOSPITAL JOHN MURPHY, IN ADDITIONA TO BEING THE PRESIDENT AND CEO OF WESTERN CONNECTICUT HEALTH NETWORK, INC , ALSO BECAME PRESIDENT OF DANBURY HOSPITAL ANTHEA DISNEY (FROM 1/1) ANTHEA DISNEY BECAME CHAIRMAN OF THE BOARD ON JANUARY 1, 2016, REPLACING JAMES KENNEDY SPENCER HOULDIN (FROM 1/1) SPENCER HOULDIN BECAME SECRETARY OF THE BOARD ON JANUARY 1, 2016, REPLACING JOSEPH D SKRYZYPCZAK BRIAN C WHITE (FROM 1/1) BRIAN C WHITE BECAME VICE CHAIRMAN OF THE BOARD ON JANUARY 1, 2016 JAMES VARRONE (TO 9/23) JAMES VARRONE, VICE PRESIDENT OF THE SUPPLY CHAIN WAS TERMINATED ON 9/23/2016 RUTH GREGORY IS FILLING THIS POSITION IN THE INTERIM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances CAPTIVE UBI $ -518,460 CHANGE IN EQUITY INTEREST OF WCHNIC 9,585,505 CHANGE IN INVESTMENT OF DH & NMH FOUNDATION -4,523,594 EQUITY TRANSFER TO BSI-W/O OF INTERCOMPANY -5,422 EQUITY TRANSFER TO WCHN-W/O OF INTERCOMPANY -30,613,147 EQUITY TRANSFER TO WCMG-W/O OF INTERCOMPANY -9,466,198 EQUITY TRF FOR PROJECT CREDIT 423,080 _____ Total $-35,118,336 Total $-35,118,336

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION HEALTHCARE PROFESSIONALS TOTAL FEES 83995782

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 25377090

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226012857

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Danbury Hospital

Employer identification number
06-0646597

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

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

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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) New Milford MRI 21 Elm Street New Milford, CT 06776 27-1877801	INACTIVE	CT	NMH	N/A	0	0		No			No	
(2) Norwalk Surgery 40 Cross Street Norwalk, CT 06851 27-2394942	SURGERY CENTE	CT	NH	RELATED	0	0		No	0		No	
(3) WCHN INVESTMENTS LLC 24 HOSPITAL AVE DANBURY, CT 06810 47-5523212	INESTMENTS	CT	WCHN	RELATED	7,381,884	121,804,228		No	0		No	27 860 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
West CT Health Network **(1)**Insur 23 Lime Tree Bay PO Box 105 Grand Cayman CJ 98-0438151	MALPRCTICE	CJ	DH	C CORP	13,057,444	141,439,635	100 000 %	Yes	
(2) Medical Services of Danbury 24 Hospital Avenue Danbury, CT 06811 06-1635945	INACTIVE	CT	WCMG	C CORP	0	0		Yes	
(3)SWC Corporation 24 Stevens Street Norwalk, CT 06850 22-2577718	PHARMACY	CT	WCHN	C CORP	0	0		Yes	

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 orgranization 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	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0646597
Name: Danbury Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	**No**
West CT Health Network Affiliates 95 Locust Avenue Danbury, CT 06810 22-2594968	OP HLTHCR SVC	CT	501(C)(3)	9	WCHN	Yes	
Western CT Health Network Inc 24 Hospital Avenue danbury, CT 06810 22-2594977	PROGRAM DEVLP	CT	501(C)(3)	11, TYPE 2	NA		No
DANBURY HOSP & NEW MILFORD HOSP FOUND 24 Hospital Avenue Danbury, CT 06810 23-7425557	ADMIN CONTRIB	CT	501(C)(3)	7	WCHN	Yes	
Western CT Home Care Inc 4 Liberty Street Danbury, CT 06810 06-0655138	HOME HLTHCARE	CT	501(C)(3)	9	WCHN	Yes	
Western CT Medical Group Inc 14 Research Drive Suite 201A Bethel, CT 06801 06-1137531	PHYSICIAN SVC	CT	501(C)(3)	9	WCHN	Yes	
Eastern NY Medical Services PC 14 Research Drive Suite 201A Bethel, CT 06801 45-5431389	PHYSICIAN SVC	NY	501(C)(3)	9	WCHN	Yes	
The Norwalk Hospital Association 24 Stevens Street Norwalk, CT 06850 06-6068853	HEALTH SVCS	CT	501 (C) (3)	3	WCHN	Yes	
Norwalk Hospital Foundation 34 Maple Street Norwalk, CT 06850 22-2577708	ADMIN CONTRIB	CT	501 (C) (3)	7	NHH	Yes	
Advanced Ctr for Rehab Medicine 24 Stevens Street Norwalk, CT 06850 06-1304799	INACTIVE	CT	501 (C) (3)	11, TYPE 2	WCHN	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	West CT Health Network Affiliates	j	177,949	COST
(1)	West CT Health Network Affiliates	l	226,090	COST
(2)	West CT Health Network Affiliates	m	483,742	COST
(3)	West CT Health Network Affiliates	o	236,730	COST
(4)	West CT Health Network Affiliates	q	5,713,421	COST
(5)	West CT Health Network Affiliates	s	5,926,073	COST
(6)	DANBURY HOSP & NEW MILFORD HOSP FOUNDATION	c	8,067,000	cost
(7)	DANBURY HOSP & NEW MILFORD HOSP FOUNDATION	j	89,593	cost
(8)	DANBURY HOSP & NEW MILFORD HOSP FOUNDATION	k	56,258	cost
(9)	DANBURY HOSP & NEW MILFORD HOSP FOUNDATION	o	2,740,493	cost
(10)	DANBURY HOSP & NEW MILFORD HOSP FOUNDATION	q	1,331,391	cost
(11)	DANBURY HOSP & NEW MILFORD HOSP FOUNDATION	s	9,398,906	cost
(12)	Western CT Home Care Inc	l	81,308	cost
(13)	Western CT Home Care Inc	o	63,950	cost
(14)	Western CT Home Care Inc	q	1,152,397	cost
(15)	Western CT Home Care Inc	s	1,300,488	cost
(16)	Western CT Medical Group Inc	b	9,466,198	cost
(17)	Western CT Medical Group Inc	j	2,402,496	cost
(18)	Western CT Medical Group Inc	l	4,117,147	cost
(19)	Western CT Medical Group Inc	m	75,379,563	cost
(20)	Western CT Medical Group Inc	o	898,030	cost
(21)	Western CT Medical Group Inc	q	77,505,739	cost
(22)	Western CT Medical Group Inc	s	77,651	cost
(23)	Eastern NY Medical Services PC	q	153,877	cost
(24)	The Norwalk Hospital Association	l	763,789	cost

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	The Norwalk Hospital Association	j	301,000	cost
(1)	The Norwalk Hospital Association	l	15,854,127	cost
(2)	The Norwalk Hospital Association	o	13,528,574	cost
(3)	The Norwalk Hospital Association	q	18,581,095	cost
(4)	The Norwalk Hospital Association	s	46,010,857	cost
(5)	Norwalk Hospital Foundation	q	137,942	cost
(6)	Norwalk Hospital Foundation	s	75,217	cost
(7)	West CT Health Network Insur Co LTD	q	7,268,429	cost
(8)	West CT Health Network Insur Co LTD	r	9,628,895	cost
(9)	West CT Health Network Insur Co LTD	s	7,261,131	cost
(10)	SWC Corporation	q	56,320	cost
(11)	SWC Corporation	r	80,000	cost
(12)	WCHN INVESTMENTS LLC	R	141,919,131	COST
(13)	WCHN INVESTMENTS LLC	S	27,500,000	COST