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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Danbury Hospital

% KAREN DARCY

Doing business as

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

24 Hospital Avenue

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

Danbury, CT 068106099

F Name and address of principal officer

SHARON ADAMS

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

BECOME THE PARTNER-IN-HEALTH FOR THE PEOPLE THROUGHOUT THE CORE REGIONS OF WESTERN CONNECTICUT AND THE HUDSON VALLEY OF NEW YORK SEE SCH O FOR MORE DETAIL

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)

13

4 Number of independent voting members of the governing body (Part VI, line 1b)

8

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

3,263

6 Total number of volunteers (estimate if necessary)

395

7a Total unrelated business revenue from Part VIII, column (C), line 12

8,386,378

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

8,555,257

9 Program service revenue (Part VIII, line 2g)

684,865,168

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

9,053,084

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

4,534,750

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

707,008,259

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

282,879,488

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

416,482,849

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

699,362,337

19 Revenue less expenses Subtract line 18 from line 12

7,645,922

Expenses

20 Total assets (Part X, line 16)

771,984,782

21 Total liabilities (Part X, line 26)

401,836,442

22 Net assets or fund balances Subtract line 21 from line 20

370,148,340

Net Assets or Fund Balances

Beginning of Current Year

End of Year

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

2020-08-12

Date

STEVEN H ROSENBERG CFO & TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-10

Check ☐ if self-employed

PTIN P01595811

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 200 CLARENDON STREET

Phone no (617) 266-2000

BOSTON, MA 021165072

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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:

BECOME THE PARTNER-IN-HEALTH FOR THE PEOPLE THROUGHOUT THE CORE REGIONS OF WESTERN CONNECTICUT AND THE HUDSON VALLEY OF NEW YORK THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 222,644,626 including grants of \$) (Revenue \$ 207,730,441)
See Additional Data

4b (Code) (Expenses \$ 150,991,538 including grants of \$) (Revenue \$ 165,246,784)
See Additional Data

4c (Code) (Expenses \$ 78,156,294 including grants of \$) (Revenue \$ 82,718,239)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 184,301,170 including grants of \$) (Revenue \$ 267,737,887)

4e Total program service expenses ▶ 636,093,628

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	No
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	No
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	
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

Part IV Checklist of Required Schedules (continued)

	Yes	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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 513	
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	3,263			
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		No
b If "Yes," enter the name of the foreign country ▶ _____ 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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
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	8	
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		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.		No
b	Other officers or key employees of the organization.	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?	Yes	
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?		No

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ 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:
 KAREN DARCY 14 RESEARCH DRIVE SUITE 201A BETHEL, CT 06801 (203) 739-4593

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 ☒

☒

● 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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,601,627	11,612,324	4,557,768

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 ▶ 515

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
DELOITTE CONSULTING LLP, PO BOX 7247-6447 PHILADELPHIA, PA 19170	CONSULTANTS	12,079,328
BERKLEY RESEARCH GROUP, 2200 POWELL STREET SUITE 1200 EMERVILLE, CA 94608	CONSULTANTS	4,198,442
MEDPARTNERS HIM LLC, PO BOX 740490 ATLANTA, CT 303740490	TEMP AGENCY	2,114,219
E4 SERVICES LLC, 411 GREEN VALLEY RD SINKING SPRING, PA 19608	TEMP AGENCY	1,766,887
ERNST YOUNG, PO BOX 640382 PITTSBURGH, PA 152640382	AUDITORS	1,381,076

<p>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 ▶ 55</p>	
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Part VIII		Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>									
			(A)	(B)	(C)	(D)			
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d	8,052,307					
	e	Government grants (contributions)	1e	3,042,271					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0					
	g	Noncash contributions included in lines 1a - 1f \$							
	h	Total. Add lines 1a-1f	11,094,578						
Program Service Revenue			Business Code						
	2a	NET PATIENT SERVICE REV	621990	704,570,373	704,570,373				
	b	LAB SERVICES REVENUE	621500	6,034,251		6,034,251			
	c	RENTAL INC -AFFIL EXEMPT	532000	7,657,010	7,657,010				
	d	EDUCATION	900099	3,072,757	3,072,757				
	e	CLINICAL TRIAL INCOME	900099	600,072	600,072				
	f	All other program service revenue		1,042,768	1,042,768				
	g	Total. Add lines 2a-2f	722,977,231						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	3,566,515		1,226,402	2,340,113		
	4		Income from investment of tax-exempt bond proceeds	475,663			475,663		
	5		Royalties	0					
	6a	(i) Real		(ii) Personal					
		Gross rents							
		Less rental expenses							
		Rental income or (loss)							
	d		Net rental income or (loss)		1,055,825	456,120	599,705		
	7a	(i) Securities		(ii) Other					
		Gross amount from sales of assets other than inventory							
		Less cost or other basis and sales expenses							
		Gain or (loss)							
	d		Net gain or (loss)		45,324			45,324	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0				
		Less direct expenses		b	0				
		c		Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19		a	0				
		Less direct expenses		b	0				
		c		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		a	394,068				
Less cost of goods sold		b	329,007						
c		Net income or (loss) from sales of inventory		65,061					
Miscellaneous Revenue		Business Code							
11a	ADMINISTRATIVE SERVICES		561000	1,806,829			1,806,829		
	b O/S BILLING/COLL REVENUE		561000	526,020		526,020			
	c NUTRITION AND DIETARY		561000	261,004			261,004		
	d All other revenue								
	e Total. Add lines 11a-11d		2,593,853						
12		Total revenue. See Instructions		741,874,050	717,399,100	8,386,378	4,993,994		

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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	3,950,170	3,350,534	599,636	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.	221,607,205	187,967,231	33,639,974	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,226,832	5,281,599	945,233	
9 Other employee benefits.	30,752,184	26,084,002	4,668,182	
10 Payroll taxes.	14,535,797	12,329,263	2,206,534	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	274,687		274,687	
c Accounting.	1,106,072		1,106,072	
d Lobbying.	203,856	172,911	30,945	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	65,562		65,562	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	141,543,266	120,056,998	21,486,268	
12 Advertising and promotion.	1,509,859	1,280,662	229,197	
13 Office expenses.	7,604,583	6,450,207	1,154,376	
14 Information technology.	10,262,904	8,704,995	1,557,909	
15 Royalties.	0			
16 Occupancy.	15,065,111	12,778,227	2,286,884	
17 Travel.	748,471	634,853	113,618	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	121,794	103,306	18,488	
20 Interest.	8,793,335	8,793,335		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	50,270,370	42,639,328	7,631,042	
23 Insurance.	5,044,161	4,453,619	590,542	
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	115,078,256	115,078,256		
b STATE OF CT HOSPITAL TAX	58,234,772	58,234,772		
c EQUIPMENT RENT AND MAINT	13,004,520	11,030,434	1,974,086	
d LOSS ON EXTINGUISH OF LT DEBT	8,807,200	8,807,200		
e All other expenses	2,195,114	1,861,896	333,218	
25 Total functional expenses. Add lines 1 through 24e.	717,006,081	636,093,628	80,912,453	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	41,783,385	1	46,282,372
	2	Savings and temporary cash investments	15,862,876	2	68,410
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	83,829,093	4	78,208,369
	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	15,649,522	8	14,359,787
	9	Prepaid expenses and deferred charges	3,826,568	9	7,666,915
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	983,722,285		
	b	Less: accumulated depreciation	578,147,314		
			414,810,437	10c	405,574,971
	11	Investments—publicly traded securities	15,190,089	11	15,326,013
	12	Investments—other securities. See Part IV, line 11	39,591,892	12	59,544,477
	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	141,440,920	15	217,532,831	
16	Total assets. Add lines 1 through 15 (must equal line 34)	771,984,782	16	844,564,145	
Liabilities	17	Accounts payable and accrued expenses	89,582,692	17	68,281,804
	18	Grants payable	0	18	0
	19	Deferred revenue	40,380,922	19	35,101,419
	20	Tax-exempt bond liabilities	240,695,000	20	0
	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	31,177,828	25	350,578,838
	26	Total liabilities. Add lines 17 through 25	401,836,442	26	453,962,061
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	293,935,850	27	308,066,174
	28	Temporarily restricted net assets	34,516,984	28	39,682,147
	29	Permanently restricted net assets	41,695,506	29	42,853,763
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	370,148,340	33	390,602,084	
34	Total liabilities and net assets/fund balances	771,984,782	34	844,564,145	

Part XI Reconciliation of Net AssetsCheck 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	741,874,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	717,006,081
3	Revenue less expenses Subtract line 2 from line 1	3	24,867,969
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	370,148,340
5	Net unrealized gains (losses) on investments	5	1,051,559
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	-5,465,784
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	390,602,084

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646597

Name: Danbury Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: <u>SEE SCHEDULE O</u>
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Form 990, Part III, Line 4c: <u>SEE SCHEDULE O</u>
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M MURPHY MD EX-OFFICIO	22 0 27 0	X		X				0	1,939,062	3,868,616
JAMES BRUNOMD TO 1001 DIRECTOR	1 0 0 0	X						0	0	0
CARRIE L AMOS DIRECTOR	1 0 0 0	X						0	0	0
MARY ALICE DONIUS SECRETARY	3 0 0 0	X		X				0	0	0
CORNELLIUS FERREIRA MD DIRECTOR	1 0 0 0	X						0	450,543	44,683
PHIL FIORE JR TO 1231 DIRECTOR	1 0 0 0	X						0	0	0
BRUCE D HAIMS VICE CHAIRMAN	3 0 0 0	X		X				0	0	0
DOMINICK COLABELLA FROM 101 DIRECTOR	1 0 2 0	X						0	0	0
GREG ONEGLIA DIRECTOR	1 0 0 0	X						0	0	0
MARY GARRETT FROM 0101 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			
EMMANUEL PALMARES TO 1231 DIRECTOR	1 0 0 0	X						0	0	0
JAMES MOSCOWITZ FROM 0101 DIRECTOR	1 0 0 0	X						0	0	0
ANTHONY M RIZZOJR TO 1231 DIRECTOR	1 0 0 0	X						0	0	0
ANTHEA DISNEY DIRECTOR	1 0 2 0	X						0	0	0
SPENCER HOULDIN CHAIRMAN	3 0 2 0	X		X				0	0	0
ANNE ROBY DIRECTOR	1 0 2 0	X						0	0	0
DAHLIA PLUMMER MD FROM 101 DIRECTOR	1 0 50 0	X						0	519,331	34,711
STEVEN H ROSENBERG TREASURER	22 0 34 0			X				0	3,382,107	51,496
SHARON ADAMS PRESIDENT	40 0 8 0			X				0	655,717	20,159
CAROLYN MCKENNA SVP & GEN COUNSEL	16 0 19 0				X			0	542,384	21,259

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			
CATHERINE FRIERSON	20 0				X			0	480,203	18,937
CHIEF HUMAN RESOURCE OFFICER	13 0				X			0		
THOMAS KOOBATIAN MD	50 0				X			0	452,519	50,065
EXEC DIR/CHIEF OF STAFF	4 0				X			0		
GRACE LINHARD	3 0				X			0	412,619	19,545
CHIEF DEVELOPMENT OFFICER	44 0				X			0		
WAYNE MCNULTY	11 0				X			0	275,433	2,222
CHIEF COMPLIANCE OFFICER	14 0				X			0		
RICHARD FREEMAN MD	40 0				X			0	717,766	34,612
CHIEF CLINICAL OFF	3 0					X		299,173	0	33,279
MAJID SADIGH	40 0					X		294,265	0	14,922
DIR GLOBAL HEALTH	0 0					X		286,464	0	24,472
MAUREEN J BURNETT	40 0					X		274,513	0	34,577
DIR WCHN NURSING	0 0					X		269,502	0	58,248
WILLIAM P MALDARELLI	40 0					X				
PERFUSION DIRECTOR	0 0					X				
WILLIAM DELANEY MD	40 0					X				
CHC EXEC MED DIR	0 0					X				

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			
DONNA KAPLANIS ASST SECRETARY (FORMER)	40 0 10 0						X	0	334,925	29,865
KATHLEEN DEMATTEO CHIEF INFOR OFF (FORMER)	40 0 0 0						X	0	204,628	24,746
DEBRA CARRAGHER VP OF OPERATIONS (FORMER)	40 0 0 0						X	0	195,815	16,393
ROWENA B BERGMANS VP STRATEGIC CONTRACTING	40 0 0 0						X	0	322,745	33,441
MICHAEL DAGLIO PRESIDENT NHA (FORMER)	3 0 43 0						X	0	465,760	45,032
RUTH GREGORY DIRECTOR OF MATERIALS MGMT	40 0 0 0						X	177,710	0	28,274
MORRIS GROSS VP-FACILITIES (FORMER)	40 0 4 0						X	0	260,767	48,214

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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

Additional Data

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

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Danbury Hospital	Employer identification number 06-0646597
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

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

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	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		11
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		103,660
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		98,928
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,257
j	Total. Add lines 1c through 1i			203,856
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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 \$620,864 OF WHICH 13.68% OF THIS AMOUNT OR \$84,935 WERE EXPENDED ON LOBBYING. AHA DUES OF \$82,381 HAD 22.73% OR \$18,725 EXPENDED ON LOBBYING ACTIVITIES. BOTH AMOUNTS ARE REFLECTED ON 1F. FEDERAL, STATE AND LOCAL OFFICIALS WERE LOBBIED DURING 2019 AS PART OF THIS MISCELLANEOUS OFFICE EXPENSE SUCH AS PHONE, COMPUTER SUPPLIES, FREIGHT, REFRESHMENT, ETC. WERE INCURRED AND WERE REFLECTED ON LINE 1I. ACCORDINGLY, FISCAL YEAR 2019 REMAINED A CHALLENGING YEAR AT THE CONNECTICUT CAPITOL WITH TREMENDOUS SHORTFALLS AND BUDGET CUTS FOR PHYSICIAN REIMBURSEMENT, MENTAL HEALTH AND COMMUNITY BASED SERVICES AND THE ONGOING THREAT OF A DEVASTATING HOSPITAL TAX. AS A RESULT, FEDERAL, STATE AND LOCAL ELECTED OFFICIALS WERE LOBBIED TO FIND CREATIVE SOLUTIONS AND WAYS TO DEFLECT DRASTIC CUTS AND ULTIMATELY MAINTAIN THE CURRENT LEVEL OF ACCESS FOR NEEDED SERVICES. FUNDING FOR MENTAL HEALTH AND SUBSTANCE USE PROGRAMMING WAS OF PARTICULAR IMPORTANCE AS PART OF THIS EFFORT. STAFF AND OFFICE EXPENSES WERE HIGHER THAN IN PAST YEARS BUT ESSENTIAL TO MAINTAIN ACCESS TO NEEDED SERVICES. THE AMOUNTS SPENT ON LOBBYING WERE NOT A SIGNIFICANT PORTION OF THE HOSPITAL'S REVENUES AND MOSTLY RELATED TO THE HOSPITAL'S EXEMPT PURPOSE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,216,458		5,216,458
b Buildings		568,605,507	316,479,326	252,126,181
c Leasehold improvements		10,638,429	6,240,357	4,398,072
d Equipment		391,644,094	255,427,631	136,216,463
e Other		7,617,797	0	7,617,797
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				405,574,971

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	59,544,477	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	59,544,477	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	217,532,831

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
457B LIABILITY	282,756
ASSET RETIREMENT OBLIGATION	184,674
DUE TO 3RD PARTIES	20,451,052
ESTIMATED INS CLAIMS LIABILITES	43,167,000
INTERCO WITH NUVANCE-BONDS	275,725,223
MALPRACTICE TRUST FUND RESERVE	10,752,573
SECURITY DEPOSITS	15,560
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	350,578,838

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		2e		
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		4c		
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				
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		2e		
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 :		4c		
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				
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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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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	282,756
(1) BOND ESCROW FUND	14
(2) BOND ISSUANCE COST	909,392
(3) BULK ACCOUNTS NET OF RESERVE	232,128
(4) CSV ON OFFICER'S LIFE POLICY	1,520,509
(5) DANBURY SURGICAL CENTER	1,862,602
(6) DUE FROM RELATED PARTIES	4,670,812
(7) INTEREST IN DH/NMH FOUNDATION	115,298,136
(8) INVESTMENT IN SONIC LAB	3,684,047
(9) MALPRACTICE RECEIVABLE	1,345,000
(10) MORRISON DEPOSIT	96,418
(11) OTHER RECEIVABLES	6,956,059
(12) CONSTRUCTION FUND	27,418,497
(13) E I CLAIMS RECOVERY RECEIVABLE	43,167,000
(14) UNDEWRITERS DICOUNTS	997,542
(15) W CT ORTH SURG CENTER	9,091,919

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Danbury Hospital

Employer identification number

06-0646597

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

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 300 %

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 %

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

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

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

Yes

6a

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

6b

If "Yes," did the organization make it available to the public?

6b

Yes

7

7

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)			28,236,109	12,307,318	15,928,791	2 220 %
b Medicaid (from Worksheet 3, column a)			124,680,068	78,157,764	46,522,304	6 490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	0		152,916,177	90,465,082	62,451,095	8 710 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	367,011	108,427	18,434	89,993	0 010 %
f Health professions education (from Worksheet 5)	2	54	20,662,556	7,708,933	12,953,623	1 810 %
g Subsidized health services (from Worksheet 6)	2	547	8,341,907	5,674,180	2,667,727	0 370 %
h Research (from Worksheet 7)	2	144	4,722,763	82,059	4,640,704	0 650 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	16	367,756	33,835,653	13,483,606	20,352,047	2 840 %
k Total. Add lines 7d and 7j	16	367,756	186,751,830	103,948,688	82,803,142	11 550 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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	55	1,824	100	1,724	
3 Community support	1	275	1,057		1,057	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	715	69,471		69,471	0.010 %
7 Community health improvement advocacy	1	6	58,317		58,317	0.010 %
8 Workforce development						
9 Other						
10 Total	4	1,051	130,669	100	130,569	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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	11,357,543	
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	670,095	
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	252,440,560
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	302,923,185
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-50,482,625
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	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)

A

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

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART VI FOR URL</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART VI FOR URL</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART VI FOR URL</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
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)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 400 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> 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? 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)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART VI FOR URL		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART VI FOR URL		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART VI FOR URL		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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? 25

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

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Form and Line Reference	Explanation
PART I, LINE 3C - CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED)	ASSETS ARE FACTORED IN FOR PATIENTS WHOSE INCOME IS ABOVE 400% OF THE FEDERAL POVERTY GUIDELINES WHEN FACED WITH MEDICAL HARDSHIPS MEDICAL HARDSHIP COMBINES AVAILABLE INCOME WITH COUNTABLE ASSETS AND IS GRANTED WHEN THE UNPAID MEDICAL BILLS EXCEED THIS FIGURE 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 ORGANIZATIONS COMMUNITY BENEFIT PROGRAMS AND SERVICES DESCRIPTIONS AND FINANCIAL DATA THE FORM IS MADE AVAILABLE TO THE PUBLIC ON THE OFFICE OF HEALTHCARE ACCESS WEBSITE HTTP //WWW CT GOV/DPH/CWP/VIEW ASP?A=3902&Q=585448 PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY 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 PART I, LINE 7G - COSTS ASSOCIATED WITH PHYSICIANS CLINICS THERE ARE NO PHYSICIAN CLINICS INCLUDED IN THIS AMOUNT 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 INCOME STATEMENT

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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 NOT GRANTED MEDICAID WOULD BECOME CHARITY CARE OR A COMMUNITY BENEFIT

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Form and Line Reference	Explanation
PART III, LINE 4 - BAD DEBT EXPENSE	<p>THE NETWORKS INITIAL ESTIMATE OF THE TRANSACTION PRICE FOR SERVICES PROVIDED TO PATIENTS SUBJECT TO REVENUE RECOGNITION IS DETERMINED BY REDUCING THE TOTAL STANDARD CHARGES RELATED TO THE PATIENT SERVICES PROVIDED BY VARIOUS ELEMENTS OF VARIABLE CONSIDERATION, INCLUDING CONTRACTUAL ADJUSTMENTS, DISCOUNTS, IMPLICIT PRICE CONCESSIONS, AND OTHER REDUCTIONS TO THE NETWORKS STANDARD CHARGES. THE NETWORK DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYER COVERAGE ON THE BASIS OF CONTRACTUAL OR FORMULA-DRIVEN RATES FOR THE SERVICES RENDERED (SEE DESCRIPTION OF THIRD-PARTY PAYOR PAYMENT PROGRAMS BELOW). THE ESTIMATES FOR CONTRACTUAL ALLOWANCES AND DISCOUNTS ARE BASED ON CONTRACTUAL AGREEMENTS, THE NETWORKS DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. FOR UNINSURED AND UNDER-INSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE NETWORK DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES ON THE BASIS OF CHARGES REDUCED BY IMPLICIT PRICE CONCESSIONS. IMPLICIT PRICE CONCESSIONS INCLUDED IN THE ESTIMATE OF THE TRANSACTION PRICE ARE BASED ON THE NETWORKS HISTORICAL COLLECTION EXPERIENCE FOR APPLICABLE PATIENT PORTFOLIOS. UNDER THE NETWORKS CHARITY CARE POLICY, A PATIENT WHO IS FOUND ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE BILLED THE LESSER OF CHARGES OR PER THE FINANCIAL ASSISTANCE DISCOUNT DISCLOSED IN THE POLICY. IN NO EVENT WILL A PATIENT WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE NETWORKS CHARITY CARE POLICY, BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) FOR ANY EMERGENT OR MEDICALLY NECESSARY CARE IN ACCORDANCE WITH SECTION 501(R)(5). PATIENTS WHO MEET THE NETWORKS CRITERIA FOR FREE CARE ARE PROVIDED CARE WITHOUT CHARGE, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE.</p>

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Form and Line Reference	Explanation
PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT	<p>DANBURY HOSPITAL'S MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT AS THE ORGANIZATION STRIVES TO PROVIDE 24/7 COVERAGE, IMPROVED PATIENT ACCESS, HIGHEST CLINICAL QUALITY AS WELL AS ADDRESSING THE NEEDS OF THE COMMUNITY BY OFFERING CRITICAL SERVICES TO OUR GEOGRAPHIC AREA AS A RESULT, THE ORGANIZATION MUST BALANCE THE COST OF THESE PROGRAMS AGAINST THE CONTINUED DECREASING GOVERNMENT REIMBURSEMENT LEVELS, UNINSURED POPULATION AND COMMUNITY NEEDS A COST ACCOUNTING SYSTEM IS USED TO CALCULATE THE SHORTFALL, WHICH IS MEDICARE NET PATIENT REVENUE LESS APPLICABLE COSTS PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS 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 PART VI, LINE 2 NEEDS ASSESSMENT THROUGH WESTERN CT HEALTH NETWORKS ANNUAL PLANNING PROCESS, AN ENVIRONMENTAL ASSESSMENT IS CONDUCTED TO IDENTIFY HEALTHCARE GAPS AND NEEDS OF THE SERVICE AREA COMMUNITY BROUGHT ABOUT BY LOCAL AND NATIONAL TRENDS IN ECONOMIC, LEGISLATIVE, DEMOGRAPHIC, HEALTHCARE INDUSTRY AND OTHER ENVIRONMENTAL FACTORS THESE FORCES ARE CONSIDERED AND INCORPORATED IN MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY BY HELPING TO FRAME THE PRIORITIES, GOALS AND INITIATIVES OF WESTERN CT HEALTH NETWORKS LONG RANGE AND ANNUAL STRATEGIC PLANS</p>

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Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>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 MAILES 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 ONLINE, AS WELL AS UPON REQUEST AT THE HOSPITAL PART VI, LINE 4 - COMMUNITY INFORMATION DANBURY HOSPITAL AND NEW MILFORD HOSPITAL CAMPUSES SERVE AN AREA WITH A POPULATION OF ABOUT 270,000 PEOPLE THE SERVICE AREA INCLUDES BETHEL, BRIDGEWATER, BROOKFIELD, DANBURY, EASTON, KENT, NEW FAIRFIELD, NEW MILFORD, NEWTOWN, REDDING RIDGEFIELD, ROXBURY, SHERMAN, SOUTHBURY AND WASHINGTON (CT) 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 IN 2019, DANBURY HAS A MEDIAN HOUSEHOLD INCOME OF \$68,064 AND A POVERTY RATE OF 11.6%, AND IS LISTED AS A MEDICALLY UNDERSERVED AREA NEW MILFORD HAS A HOUSEHOLD INCOME OF \$83,676 AND A POVERTY RATE OF 5.3% THE OVERALL POVERTY RATE FOR THE STATE IS ESTIMATED TO BE 10.1% THE POPULATION OF THE SERVICE AREAS IS EXPECTED TO EXPERIENCE <1% GROWTH FROM 2020 TO 2025, THE COHORT AGED 65 AND OVER IS PROJECTED TO INCREASE BY 3%</p>

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY BUILDING ACTIVITIES	<p>Schedule H, PART II COMMUNITY BUILDING ACTIVITIES RELATES TO LINE #3, COMMUNITY SUPPORT AND LINE #6, COALITION BUILDING, TOTALING \$70,528 IN CONDUCTING THE CURRENT CHNA, DANBURY HOSPITAL COLLABORATED WITH VARIOUS COMMUNITY ORGANIZATIONS TO DEVELOP, IMPLEMENT, AND MONITOR STRATEGIES TO ADDRESS IDENTIFIED PRIORITIES IN THE CHIP WORK GROUPS WERE CREATED FOR CHRONIC DISEASE, MENTAL HEALTH/SUBSTANCE ABUSE, ACCESS, AND HEALTHY AGING HEALTHY EATING, PHYSICAL ACTIVITY AND WEIGHT ARE KEY DRIVERS OF HEALTH STATUS AND REMAIN AREAS OF SIGNIFICANT CONCERN KEY INFORMANT SURVEYS INDICATE DIFFICULTY, PARTICULARLY FOR THE LOWER INCOME GROUPS, ACCESSING HEALTHY FOOD THIS WAS ATTRIBUTED TO LACK OF TIME DUE TO JOB AND EXTRA CURRICULAR ACTIVITIES AND DIFFICULTY FINDING RELIABLE TRANSPORTATION CHRONIC DISEASES IMPACT LIFE SATISFACTION AND CAUSE SIGNIFICANT ECONOMIC BURDEN IN THE FORM OF OPPORTUNITY COST AND HEALTHCARE EXPENDITURE PROGRESS FROM THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN INCLUDES CHRONIC DISEASE AND OBESITY PREVENTION THE CHRONIC DISEASE SUBCOMMITTEE (CDS) CONSISTING OF REPRESENTATIVES FROM THE REGIONAL YMCA OF WESTERN CONNECTICUT, DANBURY HOSPITAL, VISITING NURSES ASSOCIATION OF BETHEL AND THE HEALTH DISTRICTS OF BETHEL, BROOKFIELD, DANBURY, NEW FAIRFIELD, NEW MILFORD, NEWTOWN AND SOUTHBURY, HAS BEEN MEETING SINCE 2012 PROMINENT AMONG THE INITIATIVES HAVE BEEN PROGRAMS FOR CHILDREN AND YOUTH THE GO! 5,2,1,0 PROGRAM HAS DEMONSTRATED SUCCESS IN INCREASING ACTIVITY AND HAS BEEN ADOPTED BY LOCAL PEDIATRICIANS, AND NINE PUBLIC SCHOOLS AND 43 SECTOR SITES PARENTS SURVEYED REPORT MAINTAINING HEALTHY BEHAVIORS AT HOME WITH REDUCTION IN SUGARY BEVERAGES, DECREASED SCREEN TIME AND INCREASE IN CONSUMPTION OF HEALTHY FOOD THE CDS HAS ACTIVELY SUPPORTED COMMUNITY GARDENING PROGRAMS FOR CHILDREN OF LOW INCOME FAMILIES THE CDS HAS SUPPORTED THE EXPANSION OF THE CONNECTICUT MULTI-USE TRAIL SYSTEM INCLUDING THE STILL RIVER GREENWAY, THE SECOND MOST USED TRAIL IN THE STATE A SURVEY OF OVER ONE THOUSAND USERS SHOWS 63% USE THE TRAILS FOR RECREATION, 49% FOR EXERCISE/WEIGHT MANAGEMENT, 45% FOR RELAXATION AND 40% FOR EXERCISE/PREVENTION MENTAL HEALTH AND SUBSTANCE ABUSE THE MENTAL HEALTH AND SUBSTANCE ABUSE SUBCOMMITTEE (MHSA) IS LED BY THE WESTERN CONNECTICUT COALITION REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATION REGION 5 REGION 5 CONDUCTED AN ASSESSMENT OF THE BEHAVIORAL HEALTH NEEDS IN 2019 RESULTS OF THE DATA COLLECTION AND FOCUS GROUP, REPORTED IN THE REGIONAL PRIORITY REPORT SHOWS WIDESPREAD CONCERN ABOUT THE PREVALENCE OF MENTAL HEALTH ISSUES THESE CONCERNS INCLUDE RATES OF ANXIETY AND DEPRESSION IN YOUNG PEOPLE, LACK OF APPROPRIATE SERVICES FOR NONACUTE MENTAL HEALTH AND SUBSTANCE USE DISORDERS AND TREATMENT PROVIDERS REACHING FOR MEDICATIONS BEFORE CONSIDERING ALTERNATIVE THERAPIES THERE WERE DISCUSSIONS ABOUT THE RISKS OF ADDICTION COMPOUNDING BEHAVIORAL HEALTH PROBLEMS PRESCRIPTION DRUG MISUSE IS SEEN AS AN ONGOING CHALLENGE IN REGION 5, RECENT TREATMENT DATA SUPPORTED KEY INFORMANT ASSERTIONS THAT BENZODIAZEPINES AND AMPHETAMINES ARE ACCESSIBLE AND MISUSED BY YOUTH AND ADULTS ALIKE DURING 2018, 33% OF ALL WESTERN CONNECTICUT OVERDOSE FATALITIES WERE RELATED TO ONE FORM OR ANOTHER OF THESE PRESCRIPTION MEDICATIONS THE CONSEQUENCES OF ALCOHOL, AND UNDERAGE DRINKING, WERE ALSO RANKED IN THE TOP THREE THIS IS LIKELY BECAUSE IT REMAINS THE MOST WIDELY USED OF ALL SUBSTANCES THE MENTAL HEALTH AND SUBSTANCE ABUSE SUBCOMMITTEE OF THE COMMUNITY HEALTH COMMITTEE HAS GUIDED THE DEVELOPMENT OF SEVERAL COMMUNITY HEALTH PROGRAMS THESE HAVE BEEN EXPANDED AND SCALED SINCE 2016 WITH THE GOALS OF IMPROVING ACCESS TO APPROPRIATE CARE FOR CHILDREN AND ADULTS AND PROVIDING EDUCATION TO INCREASE AWARENESS AND PROMOTE PREVENTION THE BEHAVIORAL HEALTH INTEGRATION PROGRAM WAS IMPLEMENTED IN 2015 TO IMPROVE ACCESS FOR PATIENTS WITH BEHAVIORAL HEALTH ISSUES THESE ISSUES MAY RANGE FROM DEPRESSION AND ANXIETY TO SLEEP DISTURBANCE AND GRIEF REACTIONS TO SUBSTANCE MISUSE THERE IS ALSO THE OPPORTUNITY TO ADDRESS HEALTH BEHAVIORS, SUCH AS SMOKING, LACK OF EXERCISE, OBESITY AND SUBSTANCE USE, WHICH ARE THE MAIN CAUSES OF POOR HEALTH OUTCOMES IN OUR COUNTRY THIS BEHAVIORAL HEALTH INTEGRATION MODEL INCORPORATES BEHAVIORAL HEALTH CONSULTANTS (BHCS) TO OUR PRIMARY CARE TEAMS BHCS ARE EXPERIENCED BEHAVIORAL HEALTH SOCIAL WORKERS WHO SERVE AS MEMBERS OF THE CARE TEAM THAT INCLUDES THE PHYSICIAN, NURSE, MEDICAL ASSISTANT, CARE MANAGER AND OFFICE STAFF USING THIS MODEL, THE PRIMARY CARE TEAM IS BETTER ABLE TO MEET THE MEDICAL AND EMOTIONAL HEALTH NEEDS OF THEIR PATIENTS IN A COORDINATED, PATIENT CENTERED AND CONVENIENT MANNER FOR THE MORE VULNERABLE RESIDENTS IN OUR COMMUNITY, THE GREATER DANBURY COMMUNITY CARE TEAM (DCCT) WAS STARTED IN 2014 SINCE THEN IT HAS EXPANDED TO INCLUDE MORE THAN 30 ORGANIZATIONS THAT MEET WEEKLY TO ORGANIZE PATIENT-CENTERED OUTREACH AND NAVIGATION FOR VULNERABLE AND HIGH-NEED RESIDENTS OF GREATER DA</p>

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY BUILDING ACTIVITIES	<p>NBURY THE DCCT HAS SERVED MORE THAN 200 PEOPLE PROVIDING CONNECTION TO NEEDED PRIMARY CARE, MENTAL HEALTH, ADDICTION AND SOCIAL SERVICES. EFFORTS OF THE DCCT HAVE RESULTED IN DECREASED EMERGENCY DEPARTMENT UTILIZATION, INDICATING AN INCREASE IN MEDICAL AND SOCIAL STABILITY FOR THE RESIDENTS SERVED. RECOGNIZING THE UNIQUE NEEDS OF PATIENTS WITH SUBSTANCE USE DISORDERS, DANBURY HOSPITAL ADDED A PEER RECOVERY SPECIALIST TO THE GREATER DANBURY CCT. PEER RECOVERY SPECIALISTS ARE MOTIVATED, ENERGETIC INDIVIDUALS WITH LIVED EXPERIENCE AND SPECIALIZED TRAINING TO BETTER ENGAGE PATIENTS WHO HAVE SUBSTANCE USE DISORDERS. THE PEERS PROVIDE DIRECT OUTREACH AND ASSISTANCE IN CONNECTING PATIENTS TO APPROPRIATE CARE. THE INTERPROFESSIONAL COMMUNITY ACADEMIC NAVIGATION (ICAN) PROGRAM WAS STARTED IN 2016 AS A COLLABORATIVE EFFORT BETWEEN WESTERN CONNECTICUT HEALTH NETWORK AND SACRED HEART UNIVERSITY. THIS PROGRAM EXPANDS THE REACH OF THE CCT WHILE OFFERING AN INNOVATIVE TEACHING OPPORTUNITY FOR UNDERGRADUATE SOCIAL WORK AND GRADUATE LEVEL NURSING STUDENTS. UNDER THE GUIDANCE OF A FACULTY CLINICAL ADVISOR, THE ICAN TEAM PROVIDES DIRECT IN-PERSON AND TELEPHONE OUTREACH SERVICES TO PATIENTS WHO NEED CONNECTION TO MEDICAL, MENTAL HEALTH, SOCIAL OR SUBSTANCE SERVICES. THIS PROGRAM NOT ONLY HAS IMMEDIATE IMPACT ON THE PATIENTS WE SERVE, IT ALSO PROVIDES IMPACTFUL TRAINING FOR FUTURE CAREGIVERS WORKING WITH OUR MOST VULNERABLE COMMUNITY MEMBERS.</p> <p>HEALTHY AGING THE HEALTHY AGING SUBCOMMITTEE WAS CONVENED IN 2016 FOLLOWING THE COMMUNITY HEALTH NEEDS ASSESSMENT OF THAT YEAR. AMONG OTHER PROGRAMS, HEALTHY AGING HAS FOCUSED ON FALL PREVENTION. DANBURY HOSPITAL AND WCHN HAVE EFFECTIVELY ENHANCED COMMUNITY PARTNERSHIPS AND WORKED TO DEVELOP THE INFRASTRUCTURE NEEDED TO IMPROVE COMMUNITY WELLNESS. WHILE SOME INDICATORS HAVE IMPROVED, SUCH AS EMERGENCY DEPARTMENT UTILIZATION, ACCESS TO INTEGRATED CARE, ASTHMA RATES IN ALL COMMUNITIES AND THE RATE OF DIABETES IN DANBURY, MANY MEASURES HAVE CONTINUED TO WORSEN. OBESITY AND HYPERTENSION CONTINUE TO INCREASE AT AN ALARMING RATE AND THE NUMBER OF RESIDENTS WITHOUT A MEDICAL HOME HAS INCREASED. OPIOID OVERDOSE RATES CONTINUE TO CLIMB AND ACCESS TO ADDICTION TREATMENT REMAINS CHALLENGING. MORE ARE STRUGGLING FINANCIALLY AND INCREASED NUMBERS ARE POSTPONING HEALTHCARE DUE TO COST.</p> <p>RELATED TO LINE #2, ECONOMIC DEVELOPMENT, AND LINE #7, COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOTALING \$60,041. VARIOUS WCHN OFFICIALS PARTICIPATED IN CHAMBER OF COMMERCE MEETINGS AND EVENTS, WORKING TO PROMOTE ECONOMIC DEVELOPMENT IN THE DANBURY HOSPITAL AREA. STATE AND LOCAL Elected OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDER INSURED. THE TOTAL ADVOCACY INVESTMENT FOR FY2019 IS \$58,317, WHICH INCLUDES INDIRECT AND DIRECT STAFFING EXPENSES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	<p>PART VI EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE DANBURY HOSPITAL AND NEW MILFORD HOSPITAL SERVED 378,807 PERSONS THROUGH OVER 420 COMMUNITY HEALTH OCCURRENCES IN FY19 ONE OF THE HIGHEST IMPACT OUTREACH ACTIVITIES INCLUDED 345,701 INDIVIDUALS SERVED THROUGH HEALTH TALK WITH AN ESTIMATED VIEWERSHIP OF 5,000 PER SHOW HEALTH TALK AIRS ON COMCAST, CHANNEL 23 AT 7 30 PM THURSDAYS AND 11 30 AM FRIDAYS IT IS ALSO AVAILABLE ON WCHN'S WEBSITES, SOCIAL MEDIA AND THROUGH LINKS IN VITAL SIGNS IT IS A PUBLIC SERVICE TELEVISION PROGRAM PRODUCED BY THE COMMUNITY RELATIONS DEPARTMENT TO PROMOTE HEALTH AWARENESS AND EDUCATION TOPICS INCLUDED COPING WITH ANXIETY, SURGERY IN THE ELDERLY POPULATION, CAUSES & PREVENTION OF HEPATITIS C AND COLORECTAL CANCER GUIDELINES, TO NAME SOME 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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	<p>WESTERN CONNECTICUT HEALTH NETWORK (WCHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF THREE COMMUNITY HOSPITALS AND THEIR AFFILIATED ENTITIES IN ADDITION TO DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, AND NORWALK HOSPITAL THE CONTINUUM OF CARE INCLUDES A LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED BIOMEDICAL RESEARCH INSTITUTE, THE DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC NORWALK HOSPITAL FOUNDATION, AND OTHER RELATED AFFILIATES THE WCHN'S MISSION IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE FOR FY2019, THE NETWORK PROVIDED APPROXIMATELY \$27,810,000 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 2019, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS NORWALK HOSPITAL, \$9,613,000, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, \$15,928,000 ALL HOSPITALS NOTED ABOVE HAVE OPEN MEDICAL STAFFS IF AN INDIVIDUAL MEETS THE EDUCATIONAL, EXPERIENTIAL AND LICENSOR REQUIREMENTS THEY CAN JOIN THE MEDICAL STAFF WESTERN CONNECTICUT MEDICAL GROUP, INC (WCMG) THE MISSION OF WCMG 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 2019, WCMG PROVIDED APPROXIMATELY \$2,164,000 IN CHARITY CARE DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION INC (DH/NMHF) DH/NMHF'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 (NHF) NHF'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, INC (WCHNA) WCHNA'S 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 FOR 2019, WCHNA PROVIDED APPROXIMATELY \$57,000 IN CHARITY CARE WESTERN CONNECTICUT HOME CARE, INC (WCHC) 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 2019, WCHC PROVIDED APPROXIMATELY \$48,000 IN CHARITY CARE EASTERN NEW YORK MEDICAL SERVICES, P C (ENYMS) THE MISSION AT ENYMS IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND GASTROENTEROLOGY HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS NEEDS PART VI, LINE 7 - STATES FILING COMMUNITY BENEFIT REPORT CT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART V - EXPLANATION OF NUMBER OF FACILITY TYPE	13 DIAGNOSTIC CENTERS 11 OUTPATIENT PHYSICIAN CLINICS 1 REHABILITATION CENTER 1 EDUCATION CENTER ADDITIONAL INFORMATION PART I, LINE 3B THE FAP INDICATES A 75% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 301% AND 350% OF THE FPG AND A 58 72% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 351% AND 400% OF THE FPG 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 6,650 SERVED THROUGH FREE WIG DISTRIBUTION, LOOK GOOD, FEEL BETTER PROGRAM, TALKS, AND FOOD FOR LIFE COOKING & NUTRITION CLASSES, - SENIOR OUTREACH 316 SERVED THROUGH SENIOR SUPPERS AT NMH, AGING MASTERY PROGRAM, AND OTHER TALKS - HEALTH FAIRS 20,192 SERVED THROUGH FAIRS IN NEWTOWN, RIDGEFIELD (THE DAY-LONG DESTINATION WELLNESS AND FOUNDERS HALL), DANBURY AND NEW MILFORD (TWO-DAY LONG VILLAGE FAIRS DAYS), AND CORPORATE HEALTH FAIRS - DIABETES EDUCATION 97 SERVED THROUGH TALKS AND FAIRS - HEART DISEASE 209 SERVED THROUGH EDUCATION - LECTURES 346,534 SERVED THROUGH HEALTH TALK (INCLUDING REPEATS AND SOCIAL MEDIA REACH), LIBRARY, ROTARY, SENIOR RESIDENCE AND CORPORATE LECTURES HEALTH TALK AIRS ON COMCAST, 50 SHOWS AIRED WITH A VIEWERSHIP OF 5,000 PER SHOW - NUTRITION/WEELLNESS 1,124 SERVED THROUGH PLOW TO PLATE PROGRAM, TALKS, HIGH SCHOOL FAIRS, LETS GET COOKING, AND THE WALKING PROJECT CLASSES - SKIN CANCER SCREENINGS 214 SERVED AT NEW MILFORD HOSPITAL - BEHAVIORAL HEALTH 1,131 SERVED THROUGH MEETINGS, LECTURES AND WORK GROUPS - BLOOD DRIVES 544 SERVED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART V, LINE 7A AND 7B	<p>THE COMPLETE URLS ARE AS FOLLOWS FOR BOTH DH AND NMH THE MOST RECENTLY COMPLETED CHNA, BESIDES BEING AVAILABLE UPON REQUEST, WAS MADE AVAILABLE ON</p> <p>HTTPS //WWW DANBURYHOSPITAL ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL</p> <p>HTTPS //WWW NEWMILFORDHOSPITAL ORG/ABOUT-US/ABOUT-US</p> <p>HTTPS //WWW WESTERNCONNECTICUTHEALTHNETWORK ORG/ABOUT-US/ABOUT-US</p> <p>HTTP //WWW CHIME ORG/ADVOCACY/COMMUNITY-HEALTH/ PART V, LINE 10A THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILFORD HOSPITAL, ARE AS FOLLOWS</p> <p>HTTPS //WWW DANBURYHOSPITAL ORG/ABOUT-US/ABOUT-US PART V, LINE 10B ALTHOUGH LINE 10B SHOULD BE BLANK, DUE TO SOFTWARE LIMITATIONS, IT IS CURRENTLY CHECKED AS "NO" PART V, LINES #16A, B, AND C THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILFORD HOSPITAL, ARE AS FOLLOWS</p> <p>HTTPS //WWW DANBURYHOSPITAL ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/FINANCIAL-ASSISTANCE-POLICY PART V, SECTION B, LINE 13 THE FAP INDICATES A 75% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 301% AND 350% OF THE FPG AND A 58 66% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 351% AND 400% OF THE FPG</p>

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		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	X	X		X		X	X			A
2	NEW MILFORD HOSPITAL CAMPUS 21 ELM STREET NEW MILFORD, CT 06776 www.newmilfordhospital.org	X	X					X			A

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 5 - Account input from person who represent the community	<p>FACILITY A THE CHNA, INCLUDING PRIORITY AREAS TO INFORM THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) WAS DEVELOPED THROUGHOUT FYE2019, THROUGH VARIOUS STEERING COMMITTEES AND WAS APPROVED BY THE DANBURY HOSPITAL BOARD OF TRUSTEES ON NOVEMBER 14, 2019 THE CHIP WAS SUBS EQUENTLY APPROVED ON MARCH 3, 2020 (BI-MONTHLY BOARD MEETING CALENDAR) DELAYS IN BOARD AP PROVAL WAS THE RESULT OF NEW BOARD STRUCTURES AND CHANGED MEETING DATES DUE TO OUR AFFILIA TION WITH HEALTH QUEST SYSTEMS THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROVIDES LOCA L LEVEL HEALTH RELATED DATA ABOUT DANBURY AND NEW MILFORD, AND THE SURROUNDING TOWNS OF BE THEL, BRIDGEWATER, BROOKFIELD, NEW FAIRFIELD, NEWTOWN, REDDING, RIDGEFIELD, ROXBURY, SHERM AN, SOUTHBURY, WASHINGTON AND WOODBURY IT COMPLEMENTS THE 2019 FAIRFIELD COUNTY COMMUNITY WELLBEING INDEX, A COMPREHENSIVE REPORT ABOUT FAIRFIELD COUNTY AND THE TOWNS WITHIN IT T HE COMMUNITY WELLBEING INDEX WAS PRODUCED BY DATAHAVEN IN PARTNERSHIP WITH FAIRFIELD COUNT YS COMMUNITY FOUNDATION AND MANY OTHER REGIONAL PARTNERS, INCLUDING DANBURY HOSPITAL, NOW PART OF NUVANCE HEALTH, AND LOCAL PARTNERS SERVING THE GREATER DANBURY REGION TOPICS COVE RED IN THE INDEX INCLUDE OVERALL COMMUNITY WELL-BEING, DEMOGRAPHIC CHANGES, HOUSING, TRAN SPORTATION, EARLY CHILDHOOD EDUCATION, K-12 EDUCATION, ECONOMIC OPPORTUNITY, LEADING PUBLI C HEALTH INDICATORS (SUCH AS PREMATURE MORTALITY, CHRONIC DISEASE PREVALENCE, HEALTH BEHAV IORS, HEALTH CARE ACCESS, AND THE SOCIAL DETERMINANTS OF HEALTH) AND CIVIC LIFE DANBURY H OSPITAL, AND ITS COMMUNITY HEALTH COMMITTEE, AND GREATER DANBURY COMMUNITY PARTNERS PARTIC IPATED IN THIS EFFORT TO ASSESS THE HEALTH AND SOCIAL NEEDS OF THE GREATER DANBURY COMMUNI TY COMMUNITY PARTNERS INCLUDE - COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT - CONNECT ICUT COUNSELING CENTERS - CONNECTICUT COMMUNITY CARE - CONNECTICUT INSTITUTE FOR COMMUNITI ES - DANBURY YOUTH SERVICES - JERICO PARTNERS - REACH, NEWTOWN - REGIONAL YMCA OF WESTERN CONNECTICUT - UNITED WAY OF WESTERN CONNECTICUT - WESTERN CONNECTICUT COALITION FOR MENTA L HEALTH AND SUBSTANCE ABUSE - IN ADDITION TO THE DANBURY AND NEW MILFORD HEALTH DEPARTMEN TS, THE POMPERAUG HEALTH DISTRICT AND THE HEALTH DEPARTMENTS OF BETHEL, BROOKFIELD, NEW FA IRFELD, NEWTOWN AND RIDGEFIELD WERE ACTIVE PARTICIPANTS IN THIS ASSESSMENT THE REPORT PRO VIDES ADDITIONAL LOCAL DETAIL OF RELEVANCE TO THE REGION, INCLUDING QUANTITATIVE AND QUALI TATIVE DATA SPECIFIC TO THE INDIVIDUAL TOWNS WITHIN THE GREATER DANBURY REGION IT ALSO DO CUMENTS THE PROCESS THAT DANBURY HOSPITAL AND PARTNERS USED TO CONDUCT THE REGIONAL HEALTH ASSESSMENT AND HEALTH IMPROVEMENT ACTIVITIES THE ASSESSMENT WAS CONDUCTED UNDER THE GUID ANCE OF THE DANBURY HOSPITAL CHC THE CHC PROVIDED OVERSIGHT OF THE 2019 CHNA IN ALIGNMENT WITH THE GOALS OF COMMUNITY PARTNERSHIP AND ADVANCEMENT OF POPULATION HEALTH THE REPORT CONTAINS BOTH QUANTITATIVE AND QUALITATIVE DATA QUANTITATIVE DATA WAS COLLECTED, ANALYZED AND REPORTED BY DATAHAVEN IN</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 5 - Account input from person who represent the community	THE FAIRFIELD COUNTY COMMUNITY WELLBEING SURVEY (CWS) THE QUALITATIVE DATA COLLECTION WAS CONDUCTED BY THE STRATEGY GROUP LLC AND CONSISTED OF KEY INFORMANT SURVEYS (KIS) INCLUDIN G FOCUS GROUPS, INDIVIDUAL INTERVIEWS AND AN ONLINE SURVEY SECONDARY DATA SOURCES INCLUDE D, BUT WERE NOT LIMITED TO, THE U S CENSUS, U S BUREAU OF LABOR STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTI CUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), COUNTY HEALTH RANKINGS AS WELL AS LOCA L ORGANIZATIONS AND AGENCIES TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND D EATH RECORDS IN 2016 THE KEY FINDINGS AND HEALTH PRIORITIES IDENTIFIED IN THE GREATER DAN BURY AREA CHNA WERE CHRONIC DISEASE/OBESITY, MENTAL HEALTH/SUBSTANCE ABUSE, ACCESS TO HEAL TH CARE AND HEALTHY AGING THREE YEARS LATER, WHILE THERE HAVE BEEN IMPROVEMENTS IN COMMUN ITY PARTNERSHIPS, ATTENTION TO MENTAL HEALTH AND SCREENING FOR SOCIAL DETERMINANTS DATA SU GGESTS THAT THE 2016 INDICATORS REMAIN PRIORITY CONCERNS THE CHNA, INCLUDING PRIORITY ARE AS TO INFORM THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), WAS APPROVED BY THE DANBURY HOS PITAL BOARD OF TRUSTEES ON NOVEMBER 14, 2019 THE CHIP WAS SUBSEQUENTLY APPROVED ON MARCH 3, 2020 (BI-MONTHLY BOARD MEETING CALENDAR) PART V, LINE 6A - LIST OTHER HOSPITAL FACILIT IES THAT JOINTLY CONDUCTED NEEDS ASSESSMENT FACILITY A THE CHNA WAS CONDUCTED WITH ITS NE W MILFORD HOSPITAL CAMPUS PART V, LINE 6B - CHNA CONDUCTED BY ORGNIZATIONS OTHER THAN HOS PITAL FACILITY A AS NOTED IN PART VI, LINE #2, NEEDS ASSESSMENT NARRATIVE, THE CHNA WAS C ONDUCTED WITH VARIOUS COMMUNITY ORGANIZATIONS PARTICIPATING IN THE COMMUNITY FORUM AT DANB URY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 11 - EXPLANATION OF NEEDS NOT ADDRESSED AND REASONS WHY	FACILITY A TO THE BEST OF THE HOSPITAL'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2019 CHIP ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT THE 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 WAS FORMED THEY IDENTIFIED MENTAL HEALTH, OBESITY AND SUBSTANCE ABUSE, ACCESS, AND HEALTHY AGING AS THE MAIN PRIORITIES TO ADDRESS THEY CREATED THE 2019 CHIP WHICH DETAILS SPECIFIC GOALS AND METRICS FOR EACH IDENTIFIED NEED, AND COMMUNITY BENEFIT PROGRAMS THAT WOULD HELP ACHIEVE THESE GOALS THE NARRATIVES FOR PART II COMMUNITY BUILDING ACTIVITIES DESCRIBE ACTIONS TAKEN TO ADDRESS THE NEEDS IDENTIFIED IN THE 2019 CHNA PART V, LINE 13H - OTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED PATIENTS Facility A PART V, SECTION B, LINE 13 THE FAP INDICATES A 75% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 301% AND 350% OF THE FPG AND A 58 09% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 351% AND 400% OF THE FPG PART V, LINE 16J - OTHER MEANS HOSPITAL FACILITY PUBLICIZED THE POLICY FACILITY A DANBURY HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL COUNSELORS ARE ALSO AVAILABLE TO PROVIDE FURTHER ASSISTANCE

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 MAIN STREET REHABILITATION CENTER 235 MAIN STREET DANBURY, CT 06810	REHABILITATION
1 BREAST IMAGING CENTER 20 GERMANTOWN ROAD DANBURY, CT 06810	DIAGNOSTIC
2 DANBURY HOSPITAL SLEEP LAB II 25 LAKE AVENUE-EXTENSION Danbury, CT 06810	DIAGNOSTIC
3 PULMONARY SERVICES 33 GERMANTOWN ROAD DANBURY, CT 06810	DIAGNOSTIC
4 THE ANTICOAGULATION CENTER 41 GERMANTOWN ROAD SOUTHBURY, CT 06810	DIAGNOSTIC
5 PHYSICAL MEDICINE CENTER OF SOUTHBURY 22 OLD WATERBURY ROAD SUITE 101 SOUTHBURY, CT 06488	OUTPATIENT-PHYSICIAN CLINIC
6 COMM CTR FOR BEHAVIORIAL HEALTH 152 WEST STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
7 CENTER FOR CHILD & ADOL TREAT 152 WEST STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
8 DANBURY HOSPITAL LABORATORY 79 SANDPIT ROAD DANBURY, CT 06810	DIAGNOSTIC
9 DANBURY HOSPITAL LAB CTR OF NEW MILFORD 120 PARK LANE SUITE A201 NEW MILFORD, CT 06776	DIAGNOSTIC
10 DANBURY HOSPITAL DIABETES EDUCATION CTR 41 GERMANTOWN ROAD DANBURY, CT 06810	EDUCATION CENTER
11 DANBURY HOSPITAL SOUTHBURY LABORATORY 22 OLD WATERBURY ROAD SUITE 101 SOUTHBURY, CT 06488	DIAGNOSTIC
12 DANBURY HOSPITAL LAB CTR IN BROOKFIELD 60 OLD NEW MILFORD ROAD UNIT 1C BROOKFIELD, CT 06804	DIAGNOSTIC
13 RIDGEFIELD SPECIMEN COLLECTION FACILITY 10 SOUTH STREET RIDGEFIELD, CT 06877	DIAGNOSTIC
14 KENOSIA LABORATORY 51-53 KENOSIA AVENUE DANBURY, CT 06810	DIAGNOSTIC

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 RESEARCH INSTITUTE 131 WEST STREET DANBURY, CT 06813	DIAGNOSTIC
1 SOUTHBURY PRIMARY CARE 22 OLD WATERBURY ROAD SOUTHBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
2 ADULT HEALTH CENTER 77 MAIN STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
3 CHILDREN'S HEALTH AND WELLNESS 79 SANDPIT ROAD SUITE 201 DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
4 WOMEN'S HEALTH CENTER 70 MAIN STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
5 CARDIOVASCULAR DIAGNOSTICS OF DANBURY 41 GERMANTOWN ROAD DANBURY, CT 06810	DIAGNOSTIC
6 DANBURY HOSPITAL DENTAL SERVICES 70 MAIN STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
7 DANBURY HOSPITAL SPECIALTY CLINIC 70 MAIN STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
8 DANBURY HOSPITAL COMMUNITY MEDICINE 70 MAIN STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC
9 DANBURY HOSPITAL PSYCHIATRY 152 WEST STREET DANBURY, CT 06810	OUTPATIENT-PHYSICIAN CLINIC

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Danbury Hospital	Employer identification number 06-0646597
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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	Yes	
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	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a	Yes	
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 nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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		

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.

See Additional Data Table

Schedule J (Form 990) 2018

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 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS	FOR THE FOLLOWING INDIVIDUALS, BENEFITS REPORTED IN PART VII INCLUDE GROSS-UP PAYMENTS FOR A TAXABLE TRAVEL STIPEND SHARON ADAMS ROWENA B BERGMANS DEBRA CARRAGHER MICHAEL DAGLIO KATHLEEN DEMATTEO RICHARD FREEMAN, MD CATHY FRIERSON MORRIS GROSS THOMAS KOOBATIAN, MD GRACE LINHARD CAROLYN MCKENNA WAYNE MCNULTY STEVEN H ROSENBERG PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION PART I, LINE 4A-RECEIVED SEVERANCE DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2018, DONNA KAPLANIS RECEIVED \$232,000 IN A LUMP SUM SEVERANCE PAYMENT WITHIN 60 DAYS OF THE TERMINATION DATE OF MARCH 30, 2018 PART VII OF THE CURRENT YEAR'S TAX RETURN REFLECTS THIS PAYMENT

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>WESTERN CONNECTICUT HEALTH NETWORK (WCHN), A RELATED ORGANIZATION, PREVIOUSLY ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO KEY MEMBERS OF THE EXECUTIVE GROUP UNDER THE AGREEMENTS FOR THE SERP, 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 MAINTAINS AN ACCRUAL ON ITS BOOKS FOR THE PARTICIPANTS OF THE SERP THE ACCRUALS ARE MAINTAINED SOLELY FOR ACCOUNTING PURPOSES AND ARE UNFUNDED IN PRIOR YEARS, NEITHER THE ACCRUAL NOR THE CHANGE IN ACTUARIAL VALUE WERE REPORTED ON SCHEDULE J, PART II AS REQUIRED HOWEVER, THE ACCRUAL WAS REPORTED BOTH ON WCHNS FORM 990, PART X AND SCHEDULE D, PART X OF THE INDIVIDUALS REPORTED ON SCHEDULE J, PART II, ONLY JOHN M MURPHY, MD, STEVEN H ROSENBERG AND MICHAEL DAGLIO PARTICIPATED IN THE SERP AND ACCRUED ANY BENEFITS AS OF SEPTEMBER 30, 2018, THE AGGREGATE ACCRUAL NOT PREVIOUSLY REPORTED ON SCHEDULE J, PART II FOR DR MURPHY WAS \$14,191,218 AS OF SEPTEMBER 30, 2018, THERE WAS NO AGGREGATE ACCRUAL FOR MR ROSENBERG AS HIS BENEFIT WAS CASHED OUT DURING CALENDAR YEAR 2018, HE RECEIVED A PAYMENT IN THE AMOUNT OF \$2,619,020, THE FULL AMOUNT OF HIS ACCRUED BENEFIT, WHICH IS CURRENTLY REPORTED ON SCHEDULE J, PART II ADDITIONALLY, THERE WAS NO ACCRUED BENEFIT FOR MR DAGLIO AS OF SEPTEMBER 30, 2018 AT THE TIME OF HIS DEPARTURE FROM THE ORGANIZATION, MR DAGLIOS ACCRUED BENEFIT OF \$425,709 WAS EXTINGUISHED, WITH NO PAYMENTS BEING MADE TO MR DAGLIO FOR CALENDAR YEAR 2018, DR MURPHY ACCRUED A BENEFIT OF \$3,817,627 FROM THE SERP, WHICH IS REPORTED ON SCHEDULE J, PART II AS OF SEPTEMBER 30, 2019, THE AGGREGATE ACCRUED BENEFIT FOR MR MURPHY WAS \$18,673,242, WHICH INCLUDES \$4,482,024 THAT WAS ACCRUED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 THIS IS REPORTED ON FORM 990, PART X AND SCHEDULE D, PART X NO OTHER INDIVIDUALS REPORTED ON SCHEDULE J, PART II ACCRUED OR RECEIVED A BENEFIT DURING CALENDAR YEAR 2018 ALTHOUGH MR ROSENBERG CASHED OUT ALL OF HIS BENEFIT THAT HAD ACCRUED THROUGH 2018, HE WILL CONTINUE TO BE A PARTICIPANT IN AND ACCRUE BENEFITS IN THE SERP MR ROSENBERG ACCRUED A BENEFIT OF \$370,000 UNDER THE WCHN SERP THIS BENEFIT WAS CASHED OUT DURING CALENDAR YEAR 2019, WITH MR ROSENBERG RECEIVING A PAYMENT IN THE AMOUNT OF \$311,957 THIS PAYMENT WILL BE REPORTED AS COMPENSATION ON SCHEDULE J, PART II ON THE FORM 990 TO BE FILED FOR THE YEAR ENDED SEPTEMBER 30, 2020 PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OR RELATED ORGANIZATION NUVANCE HEALTH ANNUAL LEADERSHIP INCENTIVE PLAN (EXCERPTS FROM) THE PURPOSE OF THE NUVANCE HEALTH ANNUAL LEADERSHIP INCENTIVE PLAN ("PLAN") IS TO ENGAGE AND MOTIVATE THE ORGANIZATIONS LEADERS TO FURTHER THE CHARITABLE MISSION OF NUVANCE HEALTH AND ITS AFFILIATES AND SUBSIDIARIES, BY PROMOTING EFFECTIVE MANAGEMENT OF OPERATIONS, DELIVERY OF HIGH QUALITY CARE AND SERVICE, AND RESPONSIBLE USE OF RESOURCES TO MEET COMMUNITY NEEDS THIS PLAN IS INTENDED TO ASSIST NUVANCE HEALTH, AND ITS AFFILIATES AND SUBSIDIARIES TO ATTRACT AND RETAIN LEADERSHIP WITH THE TALENT AND EXPERIENCE NEEDED TO BE SUCCESSFUL BY PROVIDING MEANINGFUL INCENTIVES AND REWARDS FOR OUTSTANDING PERFORMANCE INDIVIDUALS MUST BE AN ELIGIBLE EMPLOYEE TO BE CONSIDERED AS A PARTICIPANT IN THIS PLAN AN ELIGIBLE EMPLOYEE IS AN INDIVIDUAL EMPLOYED BY NUVANCE HEALTH AND HOLDS A POSITION ASSIGNED TO ONE OF THE FOLLOWING TIERS, AS OF APRIL 30TH OF THE PLAN YEAR -TIER I, CEO, SENIOR EXECUTIVE -TIER II, EXECUTIVE -TIER III, SENIOR LEADER (A) -TIER III, SENIOR LEADER (B) -TIER IV, LEADER EACH PLAN YEAR, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ("THE COMMITTEE"), IN ITS SOLE DISCRETION AND UNLESS OTHERWISE APPROPRIATELY DELEGATED, SELECTS PARTICIPANTS FROM A LIST OF ELIGIBLE EMPLOYEES NOMINATED BY THE CEO THE CEO, EX OFFICIO, IS AN ELIGIBLE EMPLOYEE FOR PURPOSES OF SELECTION TO PARTICIPATE IN THE PLAN EACH PLAN YEAR, THE COMMITTEE, BASED ON INPUT FROM THE CEO, MAY ESTABLISH A THRESHOLD AWARD, A TARGET AWARD AND/OR A MAXIMUM AWARD FOR EACH PARTICIPANT AWARD OPPORTUNITIES ARE ESTABLISHED BASED ON COMPETITIVE MARKET PRACTICES AND ON NUVANCE HEALTHS COMPENSATION PHILOSOPHY AWARD OPPORTUNITIES MAY BE BASED ON ADDITIONAL FACTORS, INCLUDING NUVANCE HEALTHS FINANCIAL AND OPERATIONAL PERFORMANCE, REFLECTING MARKET PAY PRACTICES AND BENCHMARKING FOR COMPARABLE POSITIONS, AND ANY OTHER FACTORS DEEMED RELEVANT BY THE COMMITTEE EACH PLAN YEAR, THE COMMITTEE, AND UNLESS OTHERWISE APPROPRIATELY DELEGATED FOR ANY PLAN YEAR, SHALL ESTABLISH PERFORMANCE GOALS TO EVALUATE THE PERFORMANCE OF EACH PARTICIPANT AFTER COMPLETION OF EACH PLAN YEAR, THE COMMITTEE MAY EVALUATE WHETHER THE PERFORMANCE OF NUVANCE HEALTH AND PARTICIPANT MEETS OR EXCEEDS THE PERFORMANCE GOALS ESTABLISHED FOR THE PLAN YEAR IF PERFORMANCE WARRANTS, THE COMMITTEE MAY APPROVE A FINAL AWARD AMOUNT FOR EACH PARTICIPANT AND APPROVE ANY ADDITIONAL CONDITION ON PAYMENT OF THE AWARD 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 CONSULTANT -WRITTEN EMPLOYMENT CONTRACT FOR PHYSICIAN EXECUTIVES -COMPENSATION SURVEY OR STUDY -APPROVAL BY BOARD COMPENSATION COMMITTEE</p>



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				
JOHN M MURPHY MD EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,259,730	675,000	4,332	3,831,127	37,489	5,807,678	0
CORNELLIUS FERREIRA MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	445,168	4,770	605	13,500	31,183	495,226	0
DAHLIA PLUMMER MD FROM 101 DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	457,435	59,078	2,818	13,500	21,211	554,042	0
STEVEN H ROSENBERG TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	587,926	165,000	2,629,181	13,500	37,996	3,433,603	0
SHARON ADAMS PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	514,644	135,000	6,073	13,500	6,659	675,876	0
CAROLYN MCKENNA SVP & GEN COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	412,743	125,000	4,641	13,500	7,759	563,643	0
CATHERINE FRIERSON CHIEF HUMAN RESOURCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	365,753	110,000	4,450	13,500	5,437	499,140	0
THOMAS KOOBATIAN MD EXEC DIR/CHIEF OF STAFF	(i)	0	0	0	0	0	0	0
	(ii)	374,225	75,000	3,294	16,200	33,865	502,584	0
GRACE LINHARD CHIEF DEVELOPMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	327,281	80,000	5,338	16,200	3,345	432,164	0
WAYNE MCNULTY CHIEF COMPLIANCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	226,794	45,000	3,639	0	2,222	277,655	0
RICHARD FREEMAN MD CHIEF CLINICAL OFF	(i)	0	0	0	0	0	0	0
	(ii)	570,594	130,000	17,172	13,036	21,576	752,378	0
MAJID SADIGH DIR GLOBAL HEALTH	(i)	293,050	0	6,123	13,500	19,779	332,452	0
	(ii)	0	0	0	0	0	0	0
ZACHARY M BARBOUR ICU NURSE	(i)	280,426	13,788	51	5,012	9,910	309,187	0
	(ii)	0	0	0	0	0	0	0
MAUREEN J BURNETT DIR WCHN NURSING	(i)	272,729	12,500	1,235	18,114	6,358	310,936	0
	(ii)	0	0	0	0	0	0	0
WILLIAM P MALDARELLI PERFUSION DIRECTOR	(i)	238,037	34,000	2,476	23,094	11,483	309,090	0
	(ii)	0	0	0	0	0	0	0
WILLIAM DELANEY MD CHC EXEC MED DIR	(i)	266,730	0	2,772	27,000	31,248	327,750	0
	(ii)	0	0	0	0	0	0	0
DONNA KAPLANIS ASST SECRETARY (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	87,882	14,500	232,543	26,625	3,240	364,790	0
KATHLEEN DEMATTEO CHIEF INFOR OFF (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	96,821	105,000	2,807	21,600	3,146	229,374	0
DEBRA CARRAGHER VP OF OPERATIONS (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	193,896	0	1,919	13,500	2,893	212,208	0
ROWENA B BERGMANS VP STRATEGIC CONTRACTING	(i)	0	0	0	0	0	0	0
	(ii)	258,920	62,000	1,825	13,500	19,941	356,186	0

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				
MICHAEL DAGLIO PRESIDENT NHA (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	463,565	0	2,195	16,200	28,832	510,792	0
RUTH GREGORY DIRECTOR OF MATERIALS MGMT	(i)	154,894	20,200	2,616	17,980	10,294	205,984	0
	(ii)	0	0	0	0	0	0	0
MORRIS GROSS VP-FACILITIES (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	219,850	33,000	7,917	27,000	21,214	308,981	0

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

OMB No 1545-0047

2018

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
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
(1) MAIN ELMOOD LLC	SEE PART V	814,115	RENTAL OF SPACE		No
(2) O G INDUSTRIES	SEE PART V	399,276	CONSTRUCTION WORK		No

Part V Supplemental Information

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

Return Reference	Explanation
Supplemental Information	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 ANTHONY RIZZO, JR , A DIRECTOR AT DANBURY HOSPITAL OWNS A BUILDING AT 70 MAIN STREET THAT DANBURY HOSPITAL RENTS SPACE FROM GREG ONEGLIA A DIRECTOR AT DANBURY HOSPITAL OWNS O & G INDUSTRIES A CONSTRUCTION COMPANY THAT DID WORK FOR DANBURY HOSPITAL

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Danbury Hospital**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

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 DANBURY HOSPITAL & NEW MILFORD HOSPITAL 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, WHICH ARE FOLLOWED BY EACH ENTITY AND ARE APPROVED BY THE PARENT BOARD, BUT NOT EACH INDIVIDUAL BOARD THIS EXCLUDES THE RECORD RETENTION POLICY, WHICH IS APPROVED ONLY BY THE PARENT AUDIT COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	WHILE A WRITTEN POLICY HAS NOT BEEN ADOPTED REGARDING THE EVALUATION OF PARTICIPATION IN JOINT VENTURES, MANAGEMENT FOLLOWS A PROCEDURE IN WHICH ALL POSSIBLE JOINT VENTURE ARRANGEMENTS ARE EVALUATED UNDER APPLICABLE FEDERAL TAX LAWS MANAGEMENT UTILIZED THE SERVICES OF APPROPRIATE CONSULTANTS AND LEGAL COUNSEL TO EVALUATE EACH JOINT VENTURE OPPORTUNITY THIS EVALUATION ALSO INCLUDES AN ANALYSIS OF HOW THE JOINT VENTURE WILL FURTHER THE HOSPITAL'S MISSION THE HOSPITAL HAS TAKEN ALL APPROPRIATE STEPS TO SAFEGUARD ITS TAX EXEMPT STATUS WITH RESPECTS TO ALL JOINT VENTURE ARRANGEMENTS JOINT VENTURE ARRANGEMENTS ARE APPROVED BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 - CONTINUED	<p>THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS MEDICAL SERVICE LINE DANBURY HOSPITAL'S MEDICAL SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES INPATIENT CASES GASTROINTESTINAL 1,936 INFECTIOUS DISEASE 1,590 INTERNAL MEDICINE 811 NEUROLOGY MEDICINE 540 RENAL/UROLOGY MEDICINE 1,028 PULMONARY MEDICINE 1,487 ALL OTHER INPATIENT 2,532 OUTPATIENT SERVICE LINE CASES O/P MEDICINE 11,068 O/P MEDICINE COMM CLINIC 5,723 O/P MEDICAL ONCOLOGY 16,369 O/P PULMONARY MEDICINE 4,977 DIGESTIVE DISEASES OUR DIGESTIVE DISEASE CENTER IS STAFFED BY RENOWNED FELLOWSHIP-TRAINED GASTROENTEROLOGISTS WE OFFER LEADING DIAGNOSIS AND TREATMENT OF A WIDE RANGE OF DIGESTIVE DISEASES AND CONDITIONS, WHILE PROVIDING INDIVIDUALIZED TREATMENT FOR EVERY PATIENT OUR SERVICES INCLUDE ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, COLON CANCER SCREENING, COLONOSCOPY, CRYOTHERAPY, ENDOSCOPY, ENDOSCOPIC ULTRASOUND AND FINE-NEEDLE ASPIRATION, LACTOSE TOLERANCE TESTING, AND WIRELESS CAPSULE ENDOSCOPY INFECTIOUS DISEASE DANBURY HOSPITAL'S INFECTIOUS DISEASE SPECIALISTS TREAT THE FULL RANGE OF INFECTIOUS DISEASES, INCLUDING CONDITIONS CAUSED BY LIVING ORGANISMS (BACTERIA, VIRUSES, FUNGI AND PARASITES), HIV, AND RELATED CONDITIONS, LYME DISEASE, CHRONIC AND WOUND-RELATED INFECTION, AND TRAVEL-RELATED INFECTION OUR DOCTORS HAVE EXPERTISE IN THE PROPER USE OF ANTIBIOTICS AND OTHER ANTI-INFECTIVE MEDICINES TO TREAT DISEASE AND ALSO COLLABORATE WITH PRIMARY CARE DOCTORS, SPECIALISTS AND SURGEONS TO ENSURE A COMPREHENSIVE, PERSONALIZED TREATMENT PLAN FOR EACH PATIENT INTERNAL MEDICINE HAVING A PRIMARY CARE PROVIDER (PCP) IS ONE OF THE MOST IMPORTANT STEPS YOU CAN TAKE WHEN IT COMES TO YOUR HEALTH WITH A PCP, YOU HAVE A PROVIDER WHO TAKES THE TIME TO GET TO KNOW EVERY ASPECT OF YOUR HEALTHCARE NEEDS AND BUILD A TRUSTING RELATIONSHIP WITH YOU- AND IS FOCUSED ON YOUR OVERALL HEALTH AND WELLNESS OUR PCPS ARE COMMITTED TO UNDERSTAND ALL YOUR NEEDS WHETHER CLINICAL OR PERSONAL, AND DEVELOP A PERSONALIZED PLAN JUST FOR YOU THEY ARE COMMITTED TO TREATING YOU LIKE A PERSON, NOT A NUMBER ON A CHART WHATEVER YOUR MEDICAL NEEDS, DANBURY HOSPITAL PROVIDES EXPERT CARE IN THE WARM, FOCUSED AND PERSONAL MANNER YOU DESERVE SPECIALISTS IN PRIMARY CARE, OUR FAMILY MEDICINE PHYSICIANS TREAT INFANTS, CHILDREN AND ADULTS OF ALL AGES SERVICES INCLUDE PREVENTIVE MEDICINE (INCLUDING VACCINES AND IMMUNIZATIONS), DIAGNOSIS AND TREATMENT OF CHRONIC AND ACUTE ILLNESSES AND INJURIES, AND COORDINATION OF SPECIALTY CARE OUR FAMILY PHYSICIANS ARE TRAINED TO PROVIDE MEDICAL CARE FOR PATIENTS RANGING IN AGE FROM PEDIATRICS THROUGH ADULT AND GERIATRICS NEUROLOGY AND STROKE WE OFFER EXPERTISE IN TREATMENT OF NEUROLOGICAL DISORDERS, INCLUDING STROKE, EPILEPSY, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE AND VERTIGO ONE OF THE NATION'S FIRST HOSPITALS TO EARN PRIMARY STROKE CENTER ACCREDITATION FROM THE JOINT COMMISSION AND RECEI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 - CONTINUED	<p>WE HAVE THE SILVER PERFORMANCE AWARD FROM THE AHA'S STROKE ASSOCIATION FOR THE QUALITY OF CARE WE PROVIDE. WE HAVE BEEN REGULARLY RECOGNIZED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR CONSISTENTLY DEMONSTRATING THE ABILITY TO RAPIDLY DIAGNOSE AND TREAT STROKE. COMMITTED TO REMAINING ON THE FOREFRONT OF RAPID AND EFFECTIVE STROKE CARE, WE CONTINUE TO INCORPORATE THE LATEST EFFECTIVE TREATMENTS.</p> <p>UROLOGY OUR EXPERT UROLOGISTS TREAT CONDITIONS SUCH AS -FEMALE UROLOGIC DISORDERS, INCLUDING URINARY INCONTINENCE AND VOIDING DYSFUNCTION -INFERTILITY -KIDNEY, BLADDER, PROSTATE AND TESTICULAR CANCER -KIDNEY STONES -MALE SEXUAL DIFFICULTIES -PROSTATE CANCER -URINARY TRACT INFECTIONS -VASECTOMY AND VASECTOMY REVERSAL PROCEDURES. WE PERFORM INCLUDE -EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES -LAPAROSCOPIC NEPHRECTOMY -MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE -MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE -PYELOPLASTY.</p> <p>PULMONOLOGY WE OFFER OUTSTANDING DIAGNOSIS, TREATMENT AND CARE FOR PATIENTS WITH ALL TYPES OF PULMONARY CONDITIONS. WE PERFORM SPECIALIZED SERVICES, SUCH AS CARDIOPULMONARY EXERCISE TESTING TO MEASURE DEGREE OF FITNESS AND AID IN THE ASSESSMENT OF SHORTNESS OF BREATH, SPECIFIC DIAGNOSTIC ASTHMA TESTING, AND TESTING TO DETERMINE THE NEED FOR SUPPLEMENTAL OXYGEN FOR EVERYDAY LIVING AND AIR TRAVEL. ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S FINANCIAL ASSISTANCE POLICY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	<p>SURGERY SERVICE LINE INPATIENT CASES MAJOR JOINT REPLACEMENT 1,086 TRAUMA SURGERY 659 MIN OR GI SURGERY 231 GENERAL SURGERY 375 UROLOGY SURGERY 160 COLON/BOWEL SURGERY 255 OBESITY SURGERY 127 SPINAL SURGERY 437 ALL OTHER INPATIENT SURGERY 590 OUTPATIENT SERVICE LINE CAS ES ABDOMEN GI SURGERY 1,364 BREAST SURGERY-NON PLASTIC 348 ENDOSCOPY 13,670 MISC GENERAL SURGERY 481 ORAL SURGERY 89 OPHTHALMOLOGY 655 UROLOGY 987 PAIN INJECTION PROCEDURES 318 HE AD/NECK SURGERY 459 PLASTIC SURGERY 439 ALL OTHER OUTPATIENT SURGERY 1,931 GENERAL SURGERY DANBURY HOSPITAL TAKES PRIDE IN A SURGICAL SERVICES DEPARTMENT THAT OFFERS EVERY ADVANTAGE HIGHLY TRAINED SURGEONS WHO ARE ATTENTIVE TO PATIENT NEEDS AND EXPERIENCED WITH THE LATEST TECHNOLOGY, INCLUDING MINIMALLY INVASIVE APPROACHES MANY OF OUR SURGEONS HAVE ADVANCED FELLOWSHIP TRAINING IN SPECIALTIES SUCH AS ONCOLOGY, COLORECTAL AND BARIATRIC SURGERY DANBURY HOSPITAL'S SURGEONS ARE CONTINUALLY RECOGNIZED FOR THEIR EXPERIENCE, EXCELLENT OUTCOMES, AND EXPERTISE IN MINIMALLY INVASIVE SURGICAL TECHNIQUES HERE ARE JUST SOME OF THE AWARDS WE'VE BEEN PRIVILEGED TO RECEIVE - INTERSOCIETAL ACCREDITATION COMMISSION'S VEIN CENTER ACCREDITATION FOR THE VASCULAR SURGICAL SERVICE (2015) - JOINT COMMISSION TOP PERFORMER, AMERICA'S IMPROVING QUALITY AND SAFETY (2014/13) - RECERTIFICATION, JOINT COMMISSION DISEASE SPECIFIC CERTIFICATION IN HIP ARTHROPLASTY, KNEE ARTHROPLASTY AND SPINE SURGERY (2015) - THE CENTER FOR WEIGHT LOSS SURGERY HAS BEEN NAMED A COMPREHENSIVE CENTER WITH THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) (2015 - 2018) - A BARIATRIC CENTER FOR EXCELLENCE UNDER THE CLINICAL SCIENCE INSTITUTE (CSI) OF OPTUM (2015) -MBSAQIP ACCREDITED BARIATRIC CENTER, 2006 - PRESENT -AMERICAN COLLEGE OF SURGEONS & AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY - RECIPIENT OF THE AETNA INSTITUTE OF QUALITY BARIATRIC DESIGNATION - RECIPIENT OF THE HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD - NATIONAL ACCREDITATION PROGRAM FOR BREAST ENTERS - COMMITTED TO PROVIDE THE HIGHEST LEVEL OF QUALITY BREAST CARE 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</p>

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 SERVICES -OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY -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 OF THE PROSTATE, MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE AND PYELOPLASTY. DANBURY HOSPITAL'S COLON AND RECTAL SURGEONS TREAT A VARIETY OF ANORECTAL CONDITIONS USING SURGICAL INTERVENTION. BARIATRIC/WEIGHT LOSS SURGERY: 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. NEUROSURGERY: BOARD-CERTIFIED NEUROSURGEONS DIAGNOSE AND TREAT DISORDERS THAT AFFECT ANY PORTION OF THE NERVOUS SYSTEM, INCLUDING</p>

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	THE BRAIN, SPINAL CORD AND ITS SURROUNDING STRUCTURES AND THE PERIPHERAL NERVES CONDITIONS INCLUDE BRAIN ANEURYSMS, CEREBRAL ANEURYSMS, CHRONIC SUBDURAL HEMATOMA, COMA, CONCUSSIONS, DEGENERATIVE DISC DISEASE, DISC HERNIATION, EPILEPSY, HEAD TRAUMA, SEIZURES, SPINAL COMPRESSION FRACTURES, SPINAL CORD INJURY, SPINAL CORD TUMORS, STENOSIS, STROKE, AND TORTICOLLIS ACCREDITATION TO THE PRAXAIR CANCER CENTER, AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER, 2015 ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S FINANCIAL ASSISTANCE POLICY

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARDIOVASCULAR SERVICES DANBURY HOSPITALS CARDIOVASCULAR SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES INPATIENT CASES CARDIAC MEDICINE 1,440 CARDIAC SURGERY 266 CARDIAC PCI MEDICINE 301 CARDIAC VASCULAR SURGERY 280 ALL OTHER INPATIENT CARDIOVASCULAR SERVICES 430 OUTPATIENT SERVICE LINE CASES ANTICOAGULATION CLINIC 5,544 CARDIAC DIAGNOSTIC CLINIC 9,934 NON INVASIVE VASCULAR LAB 6,077 CARDIAC REHABILITATION 3,700 ALL OTHER OUTPATIENT CARDIOVASCULAR SERVICES 10,361 DANBURY HOSPITAL OFFERS A PREMIER CARDIOVASCULAR PROGRAM TO MEET THE NEEDS OF PATIENTS WITH CARDIAC AND VASCULAR PROBLEMS LED BY A SPECIALIST TEAM OF CARDIOLOGISTS, INTERVENTIONAL CARDIOLOGISTS AND VASCULAR SURGEONS, THIS PROGRAM HAS ACHIEVED WIDE ACCLAIM FOR PROVIDING LEADING-EDGE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF CARDIOVASCULAR DISEASE AT DANBURY HOSPITALS PRAXAIR CENTER, WE PROVIDE EXPERT, COLLABORATIVE, MULTIDISCIPLINARY CARE, INPATIENT AND OUTPATIENT, FOR THE FULL RANGE OF CARDIOVASCULAR CONDITIONS, INCLUDING THOSE THAT AFFECT THE HEART, HEART VALVES AND THE VASCULAR SYSTEM WE OFFER THE FULL SPECTRUM OF ADVANCED TREATMENTS AND PROCEDURES FOR CARDIOVASCULAR DISEASE IN THE AREAS OF -GENERAL CARDIOLOGY -CARDIAC SURGERY -VASCULAR SURGERY -INTERVENTIONAL CARDIOLOGY -ELECTROPHYSIOLOGY -STRUCTURAL HEART COMMON HEART & VASCULAR CONDITIONS WE TREAT -ATRIAL FIBRILLATION (IRREGULAR HEARTBEAT) -CONGESTIVE HEART FAILURE -HEART ATTACK -CHEST PAIN -CORONARY ARTERY DISEASE -PERIPHERAL ARTERY DISEASE OUR EXPERT PHYSICIANS, ADVANCED PRACTICE PROVIDERS, NURSES AND SUPPORT STAFF ARE SERIOUS ABOUT THEIR ROLE IN SUPPORTING THE HEART HEALTH OF EVERYONE IN OUR COMMUNITY WHETHER FOR SCREENING, DIAGNOSTIC TESTS OR TREATMENT FOR A HEART OR VALVE CONDITION, WE PROVIDE COMPASSIONATE CARE THAT IS PERSONALIZED TO YOUR NEEDS DIAGNOSTICS AND TESTS WE OFFER INCLUDE -ANGIOGRAM -CORONARY ANGIOGRAPHY -DIAGNOSTIC ELECTROPHYSIOLOGY STUDIES (EPS) -ECHOCARDIOGRAM -HOLTER MONITOR -STRESS TESTS -HEART AND VASCULAR TREATMENTS AND PROCEDURES AMONG THE ADVANCED TREATMENTS AND PROCEDURES WE PROVIDE ARE -ABDOMINAL AORTIC ANEURYSM (AAA) SURGERY -ANGIOPLASTY -AORTIC VALVE REPLACEMENT -CARDIOVERSION -CATHETER ABLATION -DEEP VEIN THROMBOSIS (DVT) THERAPY -HEART BYPASS SURGERY -HYBRID CONVERGENT PROCEDURE FOR ATRIAL FIBRILLATION (AFIB) -MITRAL VALVE REPAIR/ REPLACEMENT -OPEN HEART SURGERY -PACEMAKER AND ICD PLACEMENT -STENT PLACEMENT -TAVR -THORACIC AORTIC ANEURYSM SURGERY, OPEN AWARDS & ACCREDITATIONS AT DANBURY HOSPITAL, OUR CARDIOVASCULAR PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION STAFF AND PROGRAMS ARE HONORED TO HAVE EARNED THE FOLLOWING NATIONAL RECOGNITIONS AND AWARDS CHEST PAIN CENTER ACCREDITATION* FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE MISSION LIFELINE EMS AWARD, AMERICAN HEART ASSOCIATION (2014) RE-ACCREDITATION ECHOCARDIOGRAPHY, INTERSOCIETAL ACCREDITATIONS COMMISSION (IAC) (2014 2020) RE-ACCREDITATION NUCLEAR MEDICINE, AMERICAN COLLEGE OF RADIOLOGY (2015 2021) ACCREDITATION</p>

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	FROM THE VASCULAR SURGERY VEIN CENTER, INTERSOCIETAL ACCREDITATION COMMISSION RECERTIFICATION PRIMARY STROKE CENTER BY JOINT COMMISSION GET WITH THE GUIDELINES - HEART FAILURE SILVER PLUS AWARD, 2018 AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S FINANCIAL ASSISTANCE POLICY

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	<p>OTHER PROGRAM SERVICES AT DANBURY HOSPITAL DURING FYE2018, APPROXIMATELY 21,000 DISCHARGES AND 72,000 EMERGENCY ROOM VISITS OCCURRED. EMERGENCY SERVICES: EMERGENCY SERVICES - DANBURY HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF HIGH-QUALITY EMERGENCY MEDICAL SERVICES, FOR THE MOST CRITICALLY ILL AND INJURED PATIENTS, FROM PRE-HOSPITAL EMS/PARAMEDIC SERVICES TO AN EMERGENCY DEPARTMENT FEATURING A LEVEL II TRAUMA CENTER TO A NATIONALLY RECOGNIZED CRITICAL CARE UNIT. OUR EMERGENCY DEPARTMENT FEATURES MODERN LIFESAVING TECHNOLOGY AND IS STAFFED BY BOARD-CERTIFIED PHYSICIANS AND EXPERIENCED NURSES WITH ADVANCED SKILLS. FOR PATIENTS EXPERIENCING A STROKE, DANBURY HOSPITAL IS CERTIFIED AS A STROKE CENTER BY THE JOINT COMMISSION FOR PATIENTS EXPERIENCING AN ACUTE HEART ATTACK, DANBURY HOSPITAL IS CERTIFIED AS A PRIMARY ANGIOPLASTY CENTER. ONCE IDENTIFIED AS A CANDIDATE BY EMS OR BY THE EMERGENCY PHYSICIAN, A CRITICAL PATHWAY ENSURES THE RAPID EVALUATION OF THE PATIENT AND MOVEMENT TO THE CARDIAC CATH LAB FOR DEFINITIVE CARE TO MINIMIZE LONG-TERM CONSEQUENCES. IF NEEDED, IT'S COMFORTING TO KNOW THAT DANBURY HOSPITALS MARY ELLEN AND SAMUEL KLEIN, MD CRITICAL CARE UNIT HAS BEEN NATIONALLY RECOGNIZED FOR PROVIDING AN EXEMPLARY LEVEL OF CARE. WE ARE LEAP FROG COMPLIANT, AN ELITE RANKING ACHIEVED BY APPROXIMATELY 15% OF THE NATIONS HOSPITALS. IN RECENT YEARS, WE'VE ALSO EARNED THE BEACON AWARD FOR CRITICAL CARE EXCELLENCE BY THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES THREE TIMES. AS A LEVEL II TRAUMA CENTER ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS, DANBURY HOSPITAL OFFERS EXPERT 24/7 CARE BY TRAUMA SPECIALISTS, INCLUDING TRAUMA SURGEONS AND EMERGENCY PHYSICIANS. WOMEN AND CHILDRENS SERVICE: OUR WOMENS AND CHILDRENS SERVICES FEATURES A TOP NOTCH TEAM OF OBSTETRICIANS, GYNECOLOGIST, PEDIATRICIANS, CERTIFIED MIDWIVES, PEDIATRIC HOSPITALISTS, NEONATOLOGISTS, PEDIATRIC SPECIALISTS, PHYSICIAN ASSISTANTS AND NURSES. OUR OBSTETRICIANS AND CERTIFIED NURSE MIDWIVES DELIVER BABIES IN THE HOSPITAL'S MODERN, HOME-LIKE CHILD BIRTH CENTER. THE CENTER FEATURES IN-SUITE AMENITIES, INCLUDING PRIVATE ROOMS, MASSAGE THERAPY FOR INFANTS AND MOTHERS AND WIRELESS INTERNET ACCESS. IN ADDITION ADVANCES, MINIMALLY INVASIVE ROBOTIC SURGERY FOR SEVERAL GYNECOLOGIC PROCEDURES, INCLUDING HYSTERECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE CANCERS, ARE AVAILABLE AT THE HOSPITAL. AT DANBURY HOSPITAL, WE UNDERSTAND THAT A CHILD IS LIFE'S MOST PRECIOUS GIFT. NO PARENT SHOULD FEEL THE NEED TO CHOOSE BETWEEN EXPERT MEDICAL CARE AND A WARM, SUPPORTIVE, COMMUNITY ENVIRONMENT. WE ARE COMMITTED TO PROVIDING EXCEPTIONAL CARE IN A TENDER, LOVING MANNER TO THE CHILDREN OF OUR COMMUNITY. FOR CHILDREN WHO NEED HOSPITAL CARE, OUR CHILD-FRIENDLY PEDIATRIC UNIT OFFERS A VARIETY OF SUPPORTS TO MAKE YOUR CHILD'S STAY AS COMFORTABLE AS POSSIBLE FOR BOTH OF YOU. AND MANY CHILDREN REQUIRE THE CARE OF A SPECIALIST AT ONE POINT.</p>

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	<p>NT OR ANOTHER, WE MAKE IT EASIER BY BRINGING EXCELLENT PEDIATRIC SPECIALTY SERVICES INTO ONE CONVENIENT LOCATION AT OUR CHILDRENS HEALTH AND WELLNESS CENTER THE CHILDREN'S HEALTH AND WELLNESS CENTER IS A CHILD-FRIENDLY, INTERACTIVE ENVIRONMENT FOR WELLNESS AND HEALING WITH YOUR CONVENIENCE IN MIND, WE OFFER A VARIETY OF PEDIATRIC SPECIALTY SERVICES IN ONE LOCATION AT DANBURY HOSPITAL WE ARE PROUD TO PROVIDE ADVANCED SUPPORT IN OUR LEVEL IIIB S PRATT FAMILY NEONATAL INTENSIVE CARE UNIT (NICU), STAFFED 24/7 BY EXPERIENCED NEONATOLOGISTS AND NICU NURSES WITH ADVANCED DIAGNOSTIC IMAGING AND A FULL STAFF OF PEDIATRIC SPECIALISTS, WERE PREPARED TO EXPECT THE UNEXPECTED BEHAVIORAL AND MENTAL HEALTH DANBURY HOSPITAL PROVIDES EXPERT, SUPPORTIVE INPATIENT PSYCHIATRIC SERVICES FOR ADULTS AND GERIATRIC PATIENTS WITH ACUTE PSYCHIATRIC ILLNESS OR CO-OCCURRING SUBSTANCE USE THE UNIT OFFERS A VARIETY OF SERVICES AIMED TO STABILIZE ACUTE PSYCHIATRIC SYMPTOMS OUR PSYCHIATRIC MULTIDISCIPLINARY TEAM INCLUDES PHYSICIAN-PSYCHIATRISTS, ADVANCED PRACTICE PSYCHIATRIC NURSES, SOCIAL WORKERS, ACTIVITY THERAPISTS, EXPERIENCED PSYCHIATRIC RNs AND SUPPORT STAFF OUR CRISIS INTERVENTION TEAM LOCATED IN THE ED PROVIDES COMPREHENSIVE PSYCHIATRIC AND SAFETY ASSESSMENTS LICENSED CLINICIANS IDENTIFY PATIENTS WHO MAY REQUIRE A BEHAVIORAL HEALTH ASSESSMENT AND PROVIDE REFERRALS TO THE APPROPRIATE LEVEL OF CARE WE TREAT ADULTS WITH THE FOLLOWING CONDITIONS -BIPOLAR DISORDER -DEPRESSION -ANXIETY -PSYCHOTIC DISORDERS -DUAL DIAGNOSES (MENTAL ILLNESS AND ADDICTION) RADIOLOGY/IMAGING DANBURY HOSPITAL IS KNOWN FOR EXCELLENCE IN IMAGING SERVICES WE ARE PROUD OF OUR BOARD-CERTIFIED RADIOLOGISTS, ADVANCED TECHNOLOGY, AND MULTIPLE CONVENIENT LOCATIONS OUR SERVICES INCLUDE MRI, SCANS, MAMMOGRAMS, X-RAYS, AND SPECIALIZED TECHNOLOGY FOR CARDIOVASCULAR AND CANCER DIAGNOSIS AND TREATMENT DANBURY HOSPITAL OFFERS A VARIETY OF RADIOLOGY SERVICES INCLUDING, CT, PET/CT, CT LUNG SCREENING, VIRTUAL COLONOSCOPY, MRI AND OPEN MRI, ULTRASOUND, BONE DENSITY MEASUREMENT, OSTEOPOROSIS SCREENING, GENERAL XRAY, DIGITAL MAMMOGRAPHY, DIGITAL BREAST, BREAST MRI AND ULTRASOUND, STEREOTACTIC, MRI-GUIDED AND ULTRASOUND GUIDED BREAST BIOPSY, NUCLEAR MEDICINE, INTERVENTIONAL RADIOLOGY, CRYOABLATION, IMAGE-GUIDED BIOPSY, AND INTERVENTIONAL RADIOLOGY QUALIFICATIONS AND ACCREDITATIONS - AMERICAN COLLEGE OF RADIOLOGY ACCREDITED IN PEDIATRIC CT IMAGING - AMERICAN COLLEGE OF RADIOLOGY BREAST IMAGING CENTER OF EXCELLENCE 2015-2021 PATHOLOGY AND LABORATORY SERVICES DANBURY HOSPITALS DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE IS FOCUSED ON OPERATIONAL PROFICIENCY TO ASSURE THE ACCURACY AND QUALITY OF EVERY TEST DIRECTED BY FOUR BOARD-CERTIFIED PATHOLOGISTS WHO ARE ASSISTED BY MORE THAN A DOZEN CERTIFIED MEDICAL LABORATORY SCIENTISTS AND SUPPORTED BY A LARGE TEAM OF LABORATORY PROFESSIONALS, OUR LAB IS CLIA CERTIFIED (CLINICAL LABORATORY IMPROVEMENT AMENDMENTS) THE STATE OF CONNECTICUT HAS LICENSED US AS</p>

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	HIGH COMPLEXITY, MEANING WE ARE QUALIFIED TO PERFORM NON-AUTOMATED TESTS THAT REQUIRE MULTIPLE STEPS AND A HIGH-LEVEL OF TRAINING AND CARE. WE ARE PROUD OF OUR CERTIFICATIONS AND ACCREDITATIONS AND WILLINGLY PARTICIPATE IN UNANNOUNCED INSPECTIONS, ROUTINELY RECEIVING THE HIGHEST RATINGS. IN FACT, AS PART OF OUR QUALITY ASSURANCE PROCESS, WE PARTICIPATE IN RANDOM PROFICIENCY TEST SURVEYS FROM VARIOUS OUTSIDE AGENCIES TO CONSISTENTLY MEASURE AND EVALUATE THE PERFORMANCE OF OUR TESTING STAFF. QUALIFICATIONS AND ACCREDITATIONS: OUR LABORATORY IS ACCREDITED BY CLIA (LICENSE #07D0101031), CAP (LICENSE #11931-01), CT STATE (LICENSE #HP0206), AABB AND NEW YORK STATE (LICENSE #3327 80700470). DANBURY HOSPITAL PARTICIPATES IN RANDOM UNANNOUNCED INSPECTIONS BY THESE AGENCIES AND ALWAYS RECEIVES THE HIGHEST SCORES. THE LABORATORY ALSO PARTICIPATES IN PROFICIENCY SURVEYS, WHICH ENSURE QUALITY RESULTS ARE ACHIEVED BY ALL TECHNOLOGISTS.

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TEACHING	<p>DANBURY HOSPITAL IS PART OF A PREMIER PATIENT-CENTERED SYSTEM OF CARE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR PATIENTS AND THE SURROUNDING COMMUNITIES OF WESTERN CONNECTICUT AND NEARBY NEW YORK STATE. AS A REGIONAL MEDICAL CENTER AND UNIVERSITY TEACHING HOSPITAL AFFILIATED WITH THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE AND YALE UNIVERSITY SCHOOL OF MEDICINE, DANBURY HOSPITAL PROVIDES A DYNAMIC ENVIRONMENT FOR TEACHING AND RESEARCH FOR OUR GRADUATE MEDICAL EDUCATION TRAINING PROGRAMS. THE HOSPITAL RECEIVED ACCREDITATION WITH COMMENDATION FROM THE JOINT COMMISSION, AND IS APPROVED TO SPONSOR RESIDENCY/FELLOWSHIP PROGRAMS BY THE ACCREDITATION COUNCIL OF GRADUATE MEDICAL EDUCATION. DANBURY HOSPITAL SPONSORS RESIDENCY TRAINING IN INTERNAL MEDICINE, PRIMARY CARE, OBSTETRICS AND GYNECOLOGY, SURGERY, PATHOLOGY, DENTISTRY, AND A FELLOWSHIP IN CARDIOVASCULAR DISEASE. RESIDENTS AND FELLOWS ARE EXPOSED TO A BROAD RANGE OF CLINICAL AND DIDACTIC EXPERIENCES THROUGHOUT THEIR TRAINING, AND HAVE MANY OPPORTUNITIES TO PRESENT AT LOCAL AND NATIONAL MEETINGS AS WELL AS PUBLISH ORIGINAL RESEARCH. A DISTINCTIVE COMPONENT OF OUR GRADUATE MEDICAL EDUCATION TRAINING PROGRAM IS OUR GLOBAL HEALTH TRACK. GLOBAL HEALTH OFFERS THE OPPORTUNITY FOR RESIDENTS TO PERFORM ROTATIONS IN THE DOMINICAN REPUBLIC, RUSSIA, UGANDA, VIETNAM AND ZIMBABWE. RESEARCH STATE-OF-THE-ART COLLABORATIVE PRECISION MEDICINE PROGRAM IS TO BE INITIATED AT WCHN. THE PROGRAM WOULD LINK GYNECOLOGIC/ONCOLOGY PATIENT CLINICAL CARE AND GENOMIC INFORMATION TO IMPROVED TREATMENT AND SURVEILLANCE. THIS IS THE FUTURE OF HEALTH CARE WHERE PATIENT CARE WOULD EVOLVE FROM A ONE-SIZE-FITS-ALL TO A MORE PERSONALIZED APPROACH TOWARDS DISEASE DIAGNOSIS AND TREATMENT. WE HOPE TO EXPAND THIS APPROACH TO THE DIAGNOSIS AND TREATMENT OF DISEASE IN OTHER THERAPEUTIC AREAS SUCH AS DIABETES AND CARDIOVASCULAR DISEASE. THE WCHN BIOMEDICAL RESEARCH INSTITUTE HAD ADDED A NEW RESEARCH GROUP, LABORATORY FOR TRANSLATIONAL RESEARCH, TO ITS CURRENT DEPARTMENTS. THIS RESEARCH GROUP IS BEING DIRECTED BY DR. JOHN MARTIGNETTI, MD, PHD, ASSOCIATE PROFESSOR AT THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI. DR. MARTIGNETTI HAS ESTABLISHED A BENCH TO BEDSIDE APPROACH TO A PERSONALIZED MEDICINE PROGRAM FOR OVARIAN CANCER AT MOUNT SINAI. THE PERSONALIZED APPROACH TO OVARIAN CANCER PATIENT CARE WOULD IMPROVE OUTCOMES AS IT WOULD LINK PATIENT CLINICAL CARE AND GENOMIC INFORMATION TO IMPROVE DETECTION, SURVEILLANCE, PROGNOSIS AND TREATMENT. WE HAVE PUT TOGETHER ALL THE NECESSARY COMPONENTS OF A BIOREPOSITORY THAT WILL BE PART OF A CORE PROGRAM TO SUPPORT RESEARCH PROGRAMS AIMED AT BIOMARKER DISCOVERY, VALIDATION AND DEVELOPMENT OF NOVEL THERAPEUTICS. THE BIOREPOSITORY WILL HOUSE FROZEN PATIENTS' TISSUE, PATIENT DERIVED CELL LINES AND BLOOD/PLASMA FOR RESEARCH PURPOSES. ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH DANBURY HOSPITAL'S FINANCIAL ASSISTANCE POLICY. FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS</p>

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TEACHING	<p>ENTS - JOINED A NEW HEALTH SYSTEM (NUVANCE HEALTH) SERVING NEW YORK AND CONNECTICUT THAT I S OVERSEEN BY HQ-WCHN HEALTH SYSTEM, INC - ANY ACTION UNDER APPLICABLE LAW, THE CERTIFICA TE OF INCORPORATION OR THESE BYLAWS MAY BE TAKEN WITHOUT A MEETING, WITHOUT PRIOR NOTICE A ND WITHOUT A VOTE, IF THE MEMBER GIVES ITS WRITTEN CONSENT TO SUCH ACTION IN A MANNER CONS ISTENT WITH LAW AND THE MEMBER'S CORPORATE GOVERNANCE DOCUMENTS - EXCEPT AS APPROVED BY T HE MEMBER, AND TO THE EXTENT PERMITTED BY THE ACT, ALL COMMITTEES SHALL BE ADVISORY IN NAT URE AND SHALL NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD OR THE CORPORATION NON-BOA RD MEMBERS MAY BE APPOINTED TO ANY COMMITTEE - ALL DIRECTORS SHALL BE AT LEAST EIGHTEEN Y EARS OF AGE, SHALL COMPLY WITH ALL POLICIES GOVERNING MEMBERS OF THE BOARD, AND SHALL MEET ALL QUALIFICATION CRITERIA ESTABLISHED BY THE BOARD DIRECTORS NEED NOT BE RESIDENTS OF T HE STATE OF CONNECTICUT THE MINIMUM NUMBER OF VOTING MEMBERS OF THE BOARD HAS DECREASED THE CORPORATION SHALL HAVE NOT LESS THAN SIX (WAS 12) AND NOT MORE THAN 18 (WAS 25) THE C EO POSITION HAS BEEN REMOVED</p>

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FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS	OR SHAREHOLDER WESTERN CONNECTICUT HEALTH NETWORK, INC IS THE SOLE MEMBER OF DANBURY HOSPITAL ON APRIL 3, 2019, WESTERN CONNECTICUT HEALTH SYSTEM MERGED WITH HEALTH QUEST SYSTEMS TO FORM NUVANCE HEALTH SYSTEM IN CONNECTION WITH THE MERGER, A NEW ENTITY, NUVANCE HEALTH, WAS CREATED NUVANCE HEALTH IS THE SOLE MEMBER OF BOTH WESTERN CONNECTICUT HEALTH NETWORK, INC AND HEALTH QUEST SYSTEMS, INC

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FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY	<p>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 SUBSIDIARY INVOLVING AN AMOUNT GREATER THAN TWO MILLION DOLLARS (\$2 0 MILLION) WITH ANOTHER INDIVIDUAL OR ENTITY, -APPROVAL OF THE AFFILIATION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY WITH ANY OTHER ENTITY FOR THE PURPOSES OF THE JOINT CONDUCT OF BUSINESS, -CREATION OF ANY COMMITTEE WHICH SHALL HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OR ON BEHALF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY	OF ANY DANBURY SUBSIDIARY, -APPROVAL OF ANY CONVEYANCE OF, OR THE GRANTING OF MORTGAGES OR TRUSTS ON ANY REAL PROPERTY ASSETS OF THE HOSPITAL OR OF ANY DANBURY SUBSIDIARY, -APPROVAL OF THE STRATEGIC PLAN OF THE HOSPITAL AND OF ANY DANBURY SUBSIDIARY, AND -APPROVAL OF ANY COMMENCEMENT, CESSATION, LOCATION, RELOCATION OR CONSOLIDATION OF SIGNIFICANT CLINICAL SERVICES PROVIDED BY THE HOSPITAL OR ANY DANBURY SUBSIDIARY

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 FORM 990 PRIOR TO IT BEING SENT TO THE IRS A PRELIMINARY FORM 990, IS PRESENTED TO THE AUDIT COMMITTEE IN JULY, WHO REVIEWS IT ON BEHALF OF THE BOARD E&Y IS ON HAND TO REVIEW THE FORM 990 WITH THE AUDIT COMMITTEE AND ANSWER ANY QUESTIONS PRIOR TO THE FORM 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	<p>AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION'S PROCESS FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST PURPOSE AND SCOPE INDIVIDUAL MEMBERS OF THE BOARD OF DIRECTORS (BOARD) OF NUVANCE HEALTH (NUVANCE HEALTH) AND ITS DULY AUTHORIZED COMMITTEES (COMMITTEES) MUST PERFORM THEIR RESPONSIBILITIES CONSISTENT WITH FIDUCIARY OBLIGATIONS TO NUVANCE HEALTH AND IN A MANNER THAT SUPPORTS THE CHARITABLE PURPOSES OF NUVANCE HEALTH THIS CONFLICT OF INTEREST POLICY (THE POLICY) ESTABLISHES BOARD STANDARDS OF CONDUCT THAT REFLECT AND SUPPLEMENT THE STANDARDS ESTABLISHED BY FEDERAL OR STATE LAW OR OTHER POLICIES OF THE BOARD THIS POLICY COVERS EACH MEMBER OF THE NUVANCE HEALTH BOARD OF DIRECTORS, NON-EMPLOYED NUVANCE HEALTH OFFICERS (IF ANY), AND NON-EMPLOYED COMMITTEE MEMBERS (FOR CONVENIENCE, ALL REFERRED TO HEREIN AS DIRECTORS) THIS POLICY ALSO COVERS ANY CANDIDATE FOR A DIRECTOR POSITION GENERAL STATEMENTS REGARDING DIRECTOR CONDUCT AND CONFLICT OF INTEREST EACH DIRECTOR MUST ACT WITH HONESTY, FAIRNESS AND INTEGRITY IN ALL ASPECTS OF HIS OR HER CONDUCT AS A MEMBER OF THE BOARD OR ITS COMMITTEES THIS REQUIRES, IN PART, THAT THE DIRECTOR ALWAYS EXERCISE HIS OR HER IMPARTIAL, INDEPENDENT JUDGMENT ON BEHALF OF NUVANCE HEALTH IN A MANNER THE DIRECTOR REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF NUVANCE HEALTH EACH DIRECTOR ALSO HAS AN OBLIGATION TO ASSIST NUVANCE HEALTH TO OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES IN RECOGNITION OF ITS NON-PROFIT AND TAX-EXEMPT STATUS IF A DIRECTOR ACTS IN PURSUIT OF A SELF-INTEREST, OR FOR BENEFIT OF ANY PARTY OTHER THAN NUVANCE HEALTH, OR OTHERWISE INTENTIONALLY ALLOWS THE ASSETS OF NUVANCE HEALTH TO BE USED FOR PRIVATE RATHER THAN PUBLIC INTEREST, THE DIRECTOR ACTS INCONSISTENT WITH HIS OR HER FIDUCIARY OBLIGATION TO NUVANCE HEALTH AND ITS OBLIGATION TO OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES THIS POLICY ASSISTS NUVANCE HEALTH AND ITS DIRECTORS TO COMPLY WITH ACCEPTABLE STANDARDS OF CONDUCT THE POLICY DESCRIBES POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST, PROVIDES OPPORTUNITIES FOR DIRECTORS TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST, AND ESTABLISHES A FRAMEWORK FOR EVALUATING AND MANAGING POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST THAT MAY, UNDER CERTAIN CIRCUMSTANCES, BE ACTUAL CONFLICTS OF INTEREST NUVANCE HEALTH EMBRACES THE VIEW THAT IT MAY BE ADVERSE TO ITS INTERESTS TO REQUIRE THAT ALL DIRECTORS BE FREE FROM ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST OR DUALITIES OF INTEREST TO SERVE NUVANCE HEALTH NUVANCE HEALTH IS BEST GOVERNED BY CIVIC AND BUSINESS LEADERS WHO, BY VIRTUE OF THEIR BREADTH OF RESPONSIBILITIES AND RELATIONSHIPS OUTSIDE OF NUVANCE HEALTH, MAY FROM TIME TO TIME IDENTIFY MATTERS TO BE DISCLOSED AND EVALUATED UNDER THIS POLICY SIMILARLY, NUVANCE HEALTH INTENDS TO INCLUDE ON THE BOARD MEMBERS OF MANAGEMENT AS WELL AS MEMBERS OF THE AFFILIATED MEDICAL STAFFS TO OBTAIN CRITICALLY VALUABLE VIEWPOINTS ON THE OPERATIONS, QUAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING</p>	<p>ITY AND SAFETY OF THE HOSPITALS AND OTHER HEALTHCARE FACILITIES OPERATED BY NUVANCE HEALTH IF A BOARD MEMBERS POTENTIAL OR ACTUAL CONFLICT OF INTEREST OR DUALITY OF INTEREST MAY BE SUCCESSFULLY NAVIGATED THROUGH DISCLOSURE, EVALUATION, AND MANAGEMENT UNDER THIS POLICY, NUVANCE HEALTH DESIRES AND INVITES THE CONTINUED PARTICIPATION OF SUCH MEMBERS ON ITS BOARD DUTY TO DISCLOSE DIRECTORS HAVE AN ONGOING AND CONTINUAL OBLIGATION TO DISCLOSE PROMPTLY TO NUVANCE HEALTH POTENTIAL CONFLICTS OF INTEREST THIS DISCLOSURE MAY BE ACCOMPLISHED THROUGH ONE OR MORE OF THE FOLLOWING - MEETING DISCLOSURE PRIOR TO THE START OF ANY BOARD OR COMMITTEE MEETING, EACH DIRECTOR MUST DISCLOSE TO THE BOARD OR COMMITTEE THE EXISTENCE OF ANY POTENTIAL CONFLICT OF INTEREST RELATING TO ANY IMPENDING ACTION BEFORE THE BOARD OR COMMITTEE AND ALL RELEVANT AND RELATED MATERIAL FACTS - AD HOC DISCLOSURE IF A DIRECTOR BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST BETWEEN MEETINGS OF THE BOARD OR COMMITTEE, THE DIRECTOR MUST DISCLOSE SUCH INFORMATION TO THE CHAIRPERSON OF THE BOARD, NUVANCE HEALTH GENERAL COUNSEL, OR THE NUVANCE HEALTH CHIEF EXECUTIVE OFFICER (CEO) GENERAL COUNSEL OR THE CEO WILL, IN TURN, NOTIFY APPROPRIATE BOARD OR COMMITTEE MEMBERS - REQUIRED PERIODIC DISCLOSURES EACH DIRECTOR MUST EVALUATE HIS OR HER INTERESTS ON AT LEAST AN ANNUAL BASIS AND COMPLETE, TO THE BEST OF HIS OR HER ABILITY, AN ANNUAL POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM IN ADDITION, EACH CANDIDATE FOR A DIRECTOR POSITION MUST COMPLETE THE ANNUAL POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM AS PART OF THE DIRECTOR QUALIFICATION ASSESSMENT THE FACT THAT A DIRECTOR MADE A DISCLOSURE UNDER ONE OF THE METHODS DESCRIBED ABOVE MAY NOT BE SUFFICIENT TO SATISFY A DIRECTORS DISCLOSURE OBLIGATION IF, AT THE TIME OF SPECIFIC BOARD ACTION, IT IS CLEAR TO THE DIRECTOR THAT THE BOARD IS EITHER UNAWARE OF THE DISCLOSURE OR HAS NOT COMPLETED A REVIEW OF THE DISCLOSURE IN SUCH CASES, THE DIRECTOR MUST MAKE AN ADDITIONAL DISCLOSURE PRIOR TO ANY RELATED BOARD ACTION AT THE MEETING BOARD AND COMMITTEE EVALUATION OF DISCLOSED POTENTIAL CONFLICTS OF INTEREST AFTER A DIRECTOR DISCLOSES TO THE BOARD OR COMMITTEE A POTENTIAL CONFLICT OF INTEREST AND ALL RELATED MATERIALS FACTS, THE BOARD OR COMMITTEE MUST PROCEED TO DISCUSS AND DETERMINE THROUGH A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS IF THE INTERESTED DIRECTOR IS PRESENT AT THE START OF THE DISCUSSION, HE OR SHE MAY ANSWER QUESTIONS RELATED TO THE MATTER AND PROVIDE ADDITIONAL RELEVANT FACTS BUT SHALL LEAVE THE BOARD OR COMMITTEE MEETING DURING THE DELIBERATIONS REGARDING WHETHER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS IN DETERMINING WHETHER AN ACTUAL CONFLICT OR A DUALITY OF INTEREST EXISTS, THE BOARD MUST REVIEW APPLICABLE STANDARDS, INCLUDING WHETHER A REASONABLE PERSON MAY CONCLUDE FROM THE DISCLOSED INFORMATION THAT THE DIRECTORS ACTIONS ON BEHALF OF NUVANCE HEALTH A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	<p>RE NOT IMPARTIAL AND INDEPENDENT, AND/OR THAT A REASONABLE PERSON MAY CONCLUDE THAT THE DIRECTOR MAY BE ACTING IN HIS OR HER SELF INTEREST AND/OR IN THE INTEREST OF A PARTY (INCLUDING ANOTHER DIRECTOR) OTHER THAN NUVANCE HEALTH THIS ANALYSIS MAY BE PERFORMED WITH RESPECT TO A CURRENT PROPOSED ACTION BEFORE THE BOARD OR ACTIONS THE BOARD MAY CONSIDER AT FUTURE MEETINGS - NO ACTUAL CONFLICT IF THE BOARD OR COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST DOES NOT EXIST, THE BOARD OR COMMITTEE (INCLUDING THE DISCLOSING DIRECTOR) MUST PROCEED TO CONSIDER WHETHER ANY RELEVANT ACTION BEFORE THE BOARD IS IN THE BEST INTEREST OF NUVANCE HEALTH - DUALITY OF INTEREST IF THE BOARD OR COMMITTEE DETERMINES THAT A DUALITY OF INTEREST EXISTS, THE BOARD OR COMMITTEE (INCLUDING THE DISCLOSING DIRECTOR) MUST PROCEED TO CONSIDER WHETHER ANY RELEVANT ACTION BEFORE THE BOARD IS IN THE BEST INTEREST OF NUVANCE HEALTH THE BOARD OR COMMITTEE MAY ALSO DEFINE PARAMETERS FOR MANAGING THE DUALITY OF INTEREST SO AS NOT TO BECOME, OR BE PERCEIVED AS, AN ACTUAL CONFLICT - ACTUAL CONFLICT IF THE BOARD DETERMINES THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE FOLLOWING PROCEDURE APPLIES FOR ANY MATTERS BEFORE THE BOARD REQUIRING ACTION THAT RELATE TO THE CONFLICT - THE INTERESTED DIRECTOR MUST NOT BE PRESENT DURING THE PORTION OF ANY BOARD OR COMMITTEE MEETING DURING DISCUSSION OF THE APPLICABLE TRANSACTION OR ARRANGEMENT GIVING RISE TO THE CONFLICT IS DISCUSSED OR VOTED ON, UNLESS THE BOARD OR COMMITTEE INVITES THE DIRECTOR TO PROVIDE INFORMATION RELATING TO THE PROPOSED ARRANGEMENT OR TRANSACTION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	<p>AND ENFORCEMENT OF CONFLICTS - CONTINUED - THE CHAIR OF THE BOARD OR COMMITTEE MAY, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALL ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT - AFTER EXERCISING APPROPRIATE DILIGENCE (INCLUDING EVALUATING THE ALTERNATIVES RAISED BY THE DISINTERESTED PERSON OR COMMITTEE DESCRIBED ABOVE), THE BOARD OR COMMITTEE (EXCLUDING THE DIRECTOR WITH THE CONFLICT OF INTEREST) MUST DETERMINE THE PROBABILITY AND ADVANTAGE OF A TRANSACTION OR ARRANGEMENT WITHOUT A CONFLICT OF INTEREST - IF AN ALTERNATIVE TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE, THE BOARD OR COMMITTEE MUST DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF NUVANCE HEALTH AND FOR ITS OWN BENEFIT - EXCEPT AS OTHERWISE PROVIDED, THE DIRECTOR WITH THE CONFLICT OF INTEREST SHALL BE PRECLUDED FROM PARTICIPATING IN ANY ISSUE PRESENTED TO THE BOARD OR COMMITTEE INVOLVING THE TRANSACTION OR ARRANGEMENT - IN CIRCUMSTANCES WHERE A DIRECTOR HAS A SIGNIFICANT, ONGOING AND IRRECONCILABLE CONFLICT OF INTEREST AND WHERE SUCH PERSONAL OR OUTSIDE INTEREST, RELATIONSHIP OR RESPONSIBILITY SIGNIFICANTLY IMPEDES THE DIRECTORS ABILITY TO CARRY OUT HIS/HER FIDUCIARY RESPONSIBILITY TO NUVANCE HEALTH, RESIGNATION FROM THE BOARD OR THE CONFLICTING INTEREST MAY BE APPROPRIATE OR REQUIRED</p> <p>RECORD OF PROCEEDINGS THE MINUTES OF THE BOARD AND COMMITTEES THAT CONSIDER ANY CONFLICT OF INTEREST MATTER RAISED BY OR REGARDING ANY DIRECTOR SHALL INCLUDE - THE NAMES OF THE DIRECTOR(S) ASSOCIATED WITH POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE POTENTIAL CONFLICT OF INTEREST, WHETHER THE BOARD DETERMINED THAT THERE WAS AN ACTUAL CONFLICT OF INTEREST, THE CONSIDERATIONS UPON WHICH THE BOARD BASED ITS DECISION, AND HOW EACH DIRECTOR VOTED ON THE MATTER, AND - THE NAMES OF ALL PERSONS PRESENT FOR DISCUSSION OR VOTES RELATING TO THE UNDERLYING PROPOSED ACTION AND THE GENERAL CONTENT OF THE DISCUSSIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B - COMPENSATION	<p>REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES NUVANCE HEALTHS EXECUTIVE TOTAL REWARDS PHILOSOPHY IS DESIGNED TO ALIGN WITH THE COMPANYS STRATEGIC DIRECTION, AND TO REINFORCE ITS CORE MISSION, VISION AND VALUES IN ORDER TO ACHIEVE ITS OVERALL PERFORMANCE OBJECTIVES, NUVANCE HEALTH PROVIDES TOTAL REWARDS PROGRAMS THAT RECOGNIZE EXECUTIVES FOR PERFORMING WORK WELL TO ENSURE THE ACHIEVEMENT OF COMPANY GOALS THESE PROGRAMS SERVE TO PROMOTE THE ATTRACTION, ENGAGEMENT, AND RETENTION OF TALENTED EXECUTIVES THROUGHOUT THEIR CAREERS WITH NUVANCE HEALTH THE TOTAL REWARDS PROGRAMS ARE DESIGNED TO BE MARKET COMPETITIVE, COMPLIANT WITH REGULATORY GUIDELINES REFLECTIVE OF BEST PRACTICES, AND DIFFERENTIATED TO CREATE STRONG COMPETITIVE ADVANTAGE TOTAL REWARDS PROGRAMS ARE REVIEWED ON AN ONGOING BASIS TO ENSURE CONTINUED MARKET COMPETITIVENESS, RELEVANT VALUE TO EXECUTIVES, AND FISCAL RESPONSIBILITY TOTAL REWARDS FOR NUVANCE HEALTH EXECUTIVES CONSISTS OF KEY COMPONENTS OF COMPENSATION AND BENEFITS OVERALL EXECUTIVE REWARDS PROGRAM WILL EMPHASIZE PERFORMANCE-BASED ELEMENTS, WHEREBY TARGETED LEVELS OF COMPENSATION WILL ONLY BE ACHIEVED IF THE ORGANIZATION AND INDIVIDUAL ACHIEVE STRETCH GOALS AND OBJECTIVES BASED ON THE LABOR MARKETS FOR TALENT FOR EXECUTIVE ROLES, NUVANCE HEALTH WILL UTILIZE A WEIGHTED BLEND OF BOTH NATIONAL COMPARABLY-SIZED HEALTH CARE PROVIDER MARKET DATA WITH A +30% GEOGRAPHIC DIFFERENTIAL APPLIED (DIFFERENTIAL TO BE VALIDATED ON A PERIODIC BASIS) AT TWO-THIRDS WEIGHT AND NATIONAL COMPARABLY-SIZED GENERAL INDUSTRY DATA, FOR IDENTIFIED ROLES WHERE SKILL SETS OVERLAP AT ONE-THIRD WEIGHT GEOGRAPHIC DIFFERENTIAL REFLECTS THE OBSERVED AND REPORTED COMPENSATION DIFFERENTIAL BETWEEN NUVANCE HEALTHS OPERATING REGION AND THE BROADER NATIONAL HEALTH CARE PROVIDER MARKET NUVANCE HEALTHS TOTAL REWARDS PHILOSOPHY AND PRACTICES ARE TARGETED AT THE 50TH PERCENTILE OF THE RELEVANT MARKET FOR BASE SALARY, AND 75TH PERCENTILE FOR TOTAL CASH AND TOTAL DIRECT (WHERE AVAILABLE) COMPENSATION ELEMENTS IF TARGET PERFORMANCE IS ACHIEVED UNDER VARIABLE COMPENSATION PROGRAMS NUVANCE HEALTHS COMMITTEE HAS DISCRETION TO POSITION INDIVIDUAL LEVELS ABOVE OR BELOW THIS TARGETED COMPETITIVE POSITIONING, BASED ON SUCH FACTORS AS POSITIONING TO MARKET, HIGH DEMANDS KILLSSETS AND DIFFICULT TO FILL OR CRITICAL TO THE ORGANIZATIONS STRATEGY AND SUCCESS OUR GOVERNANCE PROMOTES CONSISTENCY AND EQUITY, PROVIDES CLARITY AND GUIDANCE TO DECISION-MAKERS, ENSURES STANDARD PROCESSES AND PROCEDURES FOR ASSESSING, CALIBRATING, ADMINISTERING, AND DELIVERING EFFECTIVE TOTAL REWARDS THROUGHOUT THE NUVANCE HEALTH SYSTEM OVERSIGHT AND GOVERNANCE OF THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS FOR ELIGIBLE EXECUTIVES/DISQUALIFIED INDIVIDUALS (CURRENTLY CEO, PRESIDENT AND TIERS 1 AND 2) WILL BE AT THE COMPENSATION COMMITTEE OF THE BOARD LEVEL, AND WILL FOLLOW A STRUCTURED AND RIGOROUS PROCESS TO ENSURE COMPLIANCE WITH INTERME</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B - COMPENSATION	DIATE SANCTIONS UNDER IRS GUIDELINES

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	JAMES BRUNO, MD (TO 10/01) JAMES BRUNO, MD WAS A DIRECTOR UNTIL OCTOBER 1, 2018 PHIL FIORE, JR (TO 12/31) PHIL FIORE, JR WAS A DIRECTOR UNTIL DECEMBER 31, 2018 DOMINICK COLABELLA (FROM 1/01) DOMINICK COLABELLA BECAME A DIRECTOR ON JANUARY 1, 2019 MARY GARRETT (FROM 01/01) MARY GARRETT BECAME A DIRECTOR ON JANUARY 1, 2019 EMMANUEL PALMARES (TO 12/31) EMMANUEL PALMARES WAS DIRECTOR UNTIL DECEMBER 31, 2018 JAMES MOSCOWITZ (FROM 01/01) JAMES MOSCOWITZ BECAME A DIRECTOR ON JANUARY 1, 2019 ANTHONY M RIZZO, JR (TO 12/31) ANTHONY M RIZZO, JR WAS A DIRECTOR UNTIL DECEMBER 31, 2018 DAHLIA PLUMMER, MD (FROM 1/01) DAHLIA PLUMMER, MD BECAME A DIRECTOR ON JANUARY 1, 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN DH AND NMH FOUND \$ 4,333,999 CT LABORATORY PARTNERSHIP BILLING AND REVENUE INCOME -526,020 EQUITY TRANSFER FROM WCHNIC 21,000,000 EQUITY TRANSFER TO WCHN-W/O OF INTERCOMPANY -33,371,000 TRANSFER FROM DH AND NMH FOUNDATION 3,097,237 TOTAL \$ -5,465,784

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION HEALTHCARE PROFESSIONALS TOTAL FEES 98239638

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASE SERVICES TOTAL FEES 43303628

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Danbury Hospital

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

OMB No 1545-0047

2018

Open to Public Inspection

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) New Milford MRI 21 Elm Street New Milford, CT 06776 27-1877801	INACTIVE	CT	DH	RELATED	0	0		No	0		No	100 000 %
(2) Norwalk Surgery 40 Cross Street Norwalk, CT 06851 27-2394942	SURGERY CENTER	CT	NA	N/A	0	0		No	0		No	
(3) WCHN INVESTMENTS 24 HOSPITAL AVE DANBURY, CT 06810 47-5523212	INVESTMNTS	CT	WCHN	EXCLUDED	3,097,584	59,544,473		No	-4,943		No	14 680 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) NUVANCE HEALTH INSURANCE CO 23 LIME TREE BAY PO BOX 105 GRAND CAYMAN CJ 98-0438151	MALPRCTICE	CJ	NA	C CORP	0	0		Yes	
(2) SWC Corporation 24 Stevens Street Norwalk, CT 06850 22-2577718	PHARMACY	CT	NA	C CORP	0	0		Yes	
(3) ADVANCED CTR FOR REHAB MED 24 STEVENS STREET NORWALK, CT 06850 06-1304799	INACTIVE	CT	NA	C CORP	0	0		Yes	
(4) VBH INSURANCE CO LTD 62 FORUM LANE 3RD FLOOR GRAND CAYMAN CJ 98-1083868	MALPRACTICE	CJ	NA	C CORP	0	0	100 000 %	Yes	
(5) TACONIC IPA INC 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 22-3007320	MEDICAL CARE	NY	NA	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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

No

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

No

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

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

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

Yes

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

See Additional Data Table

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Part III - Partnership Full Name, Address, FEIN	New Milford MRI JV, LLC 27-1877801 21 Elm Street New Milford, CT 06776 Norwalk Surgery Center, LLC 27-2394942 40 Cross Street #120 Norwalk, CT 06851 WCHN Investments, LLC 47-5523212 24 Hospital Ave Danbury, CT 06810

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
95 Locust Avenue Danbury, CT 06810 22-2594968	OP HLTHCR SVC	CT	501(C)(3)	10	WCHN	Yes	
24 Hospital Avenue danbury, CT 06810 22-2594977	PROGRAM DEVL	CT	501(C)(3)	12 TYPE II	NUVANCE	Yes	
24 Hospital Avenue Danbury, CT 06810 23-7425557	ADMIN CONTRIB	CT	501(C)(3)	7	WCHN	Yes	
4 Liberty Street Danbury, CT 06810 06-0655138	HOME HLTHCARE	CT	501(C)(3)	10	WCHN	Yes	
14 Research Drive Suite 201A Bethel, CT 06801 06-1137531	PHYSICIAN SVC	CT	501(C)(3)	10	WCHN	Yes	
14 Research Drive Suite 201A Bethel, CT 06801 45-5431389	PHYSICIAN SVC	NY	501(C)(3)	10	WCHN	Yes	
24 Stevens Street Norwalk, CT 06850 06-6068853	HEALTH SVCS	CT	501(C)(3)	3	WCHN	Yes	
24 Stevens Street Norwalk, CT 06850 22-2577707	FUNDRAISING	CT	501(C)(3)	7	WCHN	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1745417	TRANSPORT	NY	501(C)(3)	10	HQ	Yes	
45 READE PLACE POUGHKEEPSIE, NY 12601 14-1736429	FUNDRAISING	NY	501(C)(3)	7	HQ	Yes	
2649 SOUTH ROAD POUGHKEEPSIE, NY 12601 14-1788412	HOME HEALTH	NY	501(C)(3)	10	HQ	Yes	
2649 SOUTH ROAD POUGHKEEPSIE, NY 12601 14-1788410	HOME HEALTH	NY	501(C)(3)	10	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1678068	MANAGEMENT	NY	501(C)(3)	10	NUVANCE	Yes	
PO BOX 5002 RHINEBECK, NY 12572 14-1776208	FUNDRAISING	NY	501(C)(3)	7	HQ	Yes	
6511 SPRINGBROOK AVENUE RHINEBECK, NY 12572 14-1338467	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
6525 SPRINGBROOK AVENUE RHINEBECK, NY 12572 22-3129608	NURSING HOME	NY	501(C)(3)	10	HQ	Yes	
670 STONELEIGH AVENUE CARMEL, NY 10512 14-6019179	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 56-2669185	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 80-0152047	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 46-3756713	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	

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
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1675545	EDUCATION	NY	501(C)(3)	10	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 83-4214573	SUPPORT	NY	501(C)(3)	12 TYPE III	NA		No
670 STONELEIGH AVENUE CARMEL, NY 10512 06-1399319	FUNDRAISING	NY	501(C)(3)	12 TYPE I	HQ	Yes	
45 READE PLACE POUGHKEEPSIE, NY 12601 14-1338586	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
50 HOSPITAL HILL ROAD SHARON, CT 06069 81-5056290	HOSPITAL	CT	501(C)(3)	3	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 82-1466583	MEDICAL CARE	CT	APPLY 501C3	12 TYPE I	HQ	Yes	
6 WELLS MANOR LANE SUITE 76 RHINEBECK, NY 12572 11-2611902	LOW INCOME	NY	501(C)(3)	N/A	HQ	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)	WESTERN CT HEALTH NETWORK AFFILIATES	J	147,563	COST
(1)	WESTERN CT HEALTH NETWORK AFFILIATES	Q	1,710,402	COST
(2)	WESTERN CT HEALTH NETWORK AFFILIATES	S	1,858,101	COST
(3)	DANBURY & NEW MILFORD HOSP FOUND	C	5,543,638	COST
(4)	DANBURY & NEW MILFORD HOSP FOUND	Q	454,346	COST
(5)	DANBURY & NEW MILFORD HOSP FOUND	S	4,412,465	COST
(6)	WESTERN CT HOME CARE INC	Q	1,359,857	COST
(7)	WESTERN CT HOME CARE INC	R	123,162	COST
(8)	WESTERN CT MEDICAL GROUP INC	J	2,868,319	COST
(9)	WESTERN CT MEDICAL GROUP INC	M	89,833,153	COST
(10)	WESTERN CT MEDICAL GROUP INC	O	97,601	COST
(11)	WESTERN CT MEDICAL GROUP INC	P	150,914	COST
(12)	WESTERN CT MEDICAL GROUP INC	Q	30,242,312	COST
(13)	Western CT Medical Group Inc	S	56,773,061	COST
(14)	EASTERN NY MEDICAL SERVICES PC	P	301,780	COST
(15)	EASTERN NY MEDICAL SERVICES PC	Q	243,668	COST
(16)	EASTERN NY MEDICAL SERVICES PC	S	212,458	COST
(17)	THE NORWALK HOSPITAL ASSOCIATION	O	355,773	COST
(18)	THE NORWALK HOSPITAL ASSOCIATION	P	1,664,110	COST
(19)	THE NORWALK HOSPITAL ASSOCIATION	Q	26,792,850	COST
(20)	THE NORWALK HOSPITAL ASSOCIATION	R	10,541,831	COST
(21)	THE NORWALK HOSPITAL ASSOCIATION	S	35,881,236	COST
(22)	SWC CORPORATION	O	117,825	COST
(23)	SWC CORPORATION	Q	422,967	COST
(24)	SWC CORPORATION	S	301,997	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) WESTERN CT HOME CARE INC	S	1,649,601	COST