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Form 990

OMB No 1545-0047

2018

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 10/01, 2018, and ending 9/30, 2019

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

Danbury Hospital & New Milford Hospital
Foundation, Inc.
24 Hospital Avenue
Danbury, CT 06810

D Employer identification number

23-7425557

E Telephone number

203-739-7227

G Gross receipts \$ 23,755,885.

F Name and address of principal officer
Steven Rosenberg
Same As C Above

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 ☐ 527J Website: www.danburyhospital.orgK Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1975

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities To raise funds, reinvest and administer these funds and make distributions to Danbury and New Milford Hospitals and other not-for-profit health care affiliates.

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 12

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

4 12

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

5 23

6 Total number of volunteers (estimate if necessary)

6 31

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

7a -5,184.

b Net unrelated business taxable income from Form 990-T, line 38

7b -5,198.

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

Prior Year Current Year

10,008,749. 15,262,806.

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

2,594,241. 3,018,665.

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

13,186,061. 4,022,987.

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

96,691. 38,642.

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

25,885,742. 22,343,100.

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

5,998,555. 8,209,627.

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

3,303,829. 3,474,474.

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

3,303,829. 3,474,474.

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

3,303,829. 3,474,474.

b Total fundraising expenses (Part IX, column (D), line 25) 3,702,495.

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

1,531,293. 2,124,588.

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

10,833,677. 13,808,689.

19 Revenue less expenses. Subtract line 18 from line 12

15,052,065. 8,534,411.

20 Total assets (Part X, line 16)

Beginning of Current Year End of Year

134,876,023. 145,233,025.

21 Total liabilities (Part X, line 26)

2,596,489. 4,678,798.

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

132,279,534. 140,554,227.

Part II Signature Block

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

Sign Here

Signature of officer

Date

8/12/2020

Steven Rosenberg

CFO and Treasurer

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self employed

PTIN

Mike A. Cincotta

Mike Cincotta

08/10/2020

self employed

P01595811

Firm's name

ERNST & YOUNG US LLP

Firm's address

200 Clarendon St.
Boston, MA 02116

Firm's EIN 34-6565596 Bos-

Phone 617-266-2000

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

Yes ☒ No ☐

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

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Form 990 (2018)

SCANNED DEC 09 2021

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

To raise funds, reinvest and administer these funds and make distributions to Danbury
and New Milford Hospitals and other not-for-profit health care affiliates.

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 \$ 8,209,627. including grants of \$ 8,209,627.) (Revenue \$ 3,018,665.)

Danbury Hospital and New Milford Hospital Foundation, Inc. is a not-for-profit
corporation located in Danbury, Connecticut. It was organized as a non-stock
corporation under the laws of Connecticut for the purpose of soliciting, receiving,
holding, investing and administering contributions on behalf of the Danbury Hospital,
New Milford Hospital and other not-for-profit healthcare affiliates.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 8,209,627.

ABDGI
JMR

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
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	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	X	
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
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		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	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	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2 a 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	23	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
4 a 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)?		X
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)		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a 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?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
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?	13 a	
Note. See the instructions for additional information the organization must report on Schedule O		
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	13 b	
c Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	
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?	15	X
If 'Yes,' see instructions and file Form 4720, Schedule N		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If 'Yes,' complete Form 4720, Schedule O		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	12	
1 b Enter the number of voting members included in line 1a, above, who are independent.	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders? See Schedule O	X	
7 a 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? See Schedule O	X	
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? See Sch O	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CT NY FL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

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

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dominick Colabella Director	1 2	X						0.	0.	0.
(2) Lisa A. Esneault Vice Chairman	3 3	X		X				0.	0.	0.
(3) Robert Cioffi Director	1 2	X						0.	0.	0.
(4) Jeet S. Sandhu, MD Director	1 1	X						0.	0.	0.
(5) Leonard DiNardo Secretary	3 3	X		X				0.	0.	0.
(6) Mary Grace Gudis Director	1 1	X						0.	0.	0.
(7) Caroline Kellen Director	1 1	X						0.	0.	0.
(8) Michael Lublinsky Director	1 1	X						0.	0.	0.
(9) James Naughton Director	1 1	X						0.	0.	0.
(10) Christian J Trefz Director	1 1	X						0.	0.	0.
(11) Pradip Pathare, MD Director	1 1	X						0.	0.	0.
(12) Deborah L. Seidel Chairman	3 3	X		X				0.	0.	0.
(13) Grace Linhard Chief Devel Off	20 27			X				0.	412,619.	19,545.
(14) Steven H. Rosenberg Treasurer	3 53			X				0.	3,382,107.	51,496.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Susan Kania Sr. Dir. of Events	40 0					X		158,341.	0.	22,713.
(16) Thomas Gray Dir Princ. Gifts	40 0					X		156,349.	0.	8,839.
(17) Seamus Collins Development VP	40 0					X		270,988.	0.	51,454.
(18) Adele L. Conner Sr. Dir. of Gifts	40 0					X		173,463.	0.	18,186.
(19) Brian Porter Dir. Corp. Giving	40 0					X		152,432.	0.	18,850.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								158,341.	3,794,726.	93,754.
c Total from continuation sheets to Part VII, Section A								753,232.	0.	97,329.
d Total (add lines 1b and 1c)								911,573.	3,794,726.	191,083.

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 **9**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 19,080.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 15,243,726.				
	g Noncash contributions included in lines 1a-1f	\$ 1,414,084.				
	h Total. Add lines 1a-1f		15,262,806.			
Program Service Revenue	Business Code					
	2 a Management services	541610	2,914,864.	2,914,864.		
	b Rental income from DH	531120	103,801.	103,801.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,018,665.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		4,014,188.		-5,184.	4,019,372.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		22,142.			22,142.
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,414,084.			
		(ii) Other				
		b Less cost or other basis and sales expenses	1,405,285.			
		c Gain or (loss)	8,799.			
	d Net gain or (loss)		8,799.			8,799.
	8 a Gross income from fundraising events (not including \$ 19,080. of contributions reported on line 1c) See Part IV, line 18	a	24,000.			
		b Less direct expenses	7,500.			
		c Net income or (loss) from fundraising events		16,500.		
		9 a Gross income from gaming activities See Part IV, line 19	a			
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			22,343,100.	3,018,665.	-5,184.	4,066,813.

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	8,174,627.	8,174,627.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	35,000.	35,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	566,297.	0.	192,541.	373,756.
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	2,354,307.		800,464.	1,553,843.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,212.		19,792.	38,420.
9 Other employee benefits	495,658.		168,524.	327,134.
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,381.		16,381.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	121,168.		121,168.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	451,527.		153,520.	298,007.
12 Advertising and promotion	287,810.		97,855.	189,955.
13 Office expenses	508,073.		172,745.	335,328.
14 Information technology	151,561.		51,531.	100,030.
15 Royalties				
16 Occupancy	207,457.		70,535.	136,922.
17 Travel	29,963.		10,187.	19,776.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,625.		5,993.	11,632.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,439.		10,009.	19,430.
23 Insurance	4,255.		4,255.	
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 Donor Relations	181,823.			181,823.
b Annuity Expense	114,367.			114,367.
c Professional Membership	1,347.		458.	889.
d Equipment Rent and Maint.	989.		336.	653.
e All other expenses	803.		273.	530.
25 Total functional expenses. Add lines 1 through 24e	13,808,689.	8,209,627.	1,896,567.	3,702,495.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	1,183,561.	1	3,431,817.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	11,630,144.	3	17,108,258.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,663,819.		
	b Less accumulated depreciation	10b 532,508.	2,113,430.	10c 2,131,311.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities See Part IV, line 11	108,809,642.	12	111,360,213.
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	11,139,246.	15	11,201,426.
16 Total assets. Add lines 1 through 15 (must equal line 34)	134,876,023.	16	145,233,025.	
Liabilities	17 Accounts payable and accrued expenses	167,661.	17	386,787.
	18 Grants payable		18	
	19 Deferred revenue		19	87,390.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,428,828.	25	4,204,621.
	26 Total liabilities. Add lines 17 through 25	2,596,489.	26	4,678,798.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	33,737,059.	27	35,936,119.
	28 Temporarily restricted net assets	56,846,969.	28	61,764,345.
	29 Permanently restricted net assets	41,695,506.	29	42,853,763.
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	132,279,534.	33	140,554,227.
	34 Total liabilities and net assets/fund balances	134,876,023.	34	145,233,025.

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	22,343,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,808,689.
3	Revenue less expenses Subtract line 2 from line 1	3	8,534,411.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132,279,534.
5	Net unrealized gains (losses) on investments	5	-259,718.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	140,554,227.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization **Danbury Hospital & New Milford Hospital Foundation, Inc.**

Employer identification number
23-7425557

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	8,266,525.	9,073,925.	10609601.	10008749.	15262806.	53,221,606.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	8,266,525.	9,073,925.	10609601.	10008749.	15262806.	53,221,606.
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).						6,465,260.
6 Public support. Subtract line 5 from line 4						46,756,346.

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	8,266,525.	9,073,925.	10609601.	10008749.	15262806.	53,221,606.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,384,283.	3,066,575.	7,491,437.	13171485.	4,019,372.	29,133,152.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					-5,184.	-5,184.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						82,349,574.
12 Gross receipts from related activities, etc. (see instructions)					12	6,366,123.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	56.78 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	58.06 %
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 ▶ ☒		
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 ▶ ☐		
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 ▶ ☐		
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 ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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

(Complete only if you checked the box on line 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 in line 12 on 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? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

	Yes	No
1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
2		

Section C. Type II Supporting Organizations1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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?

	Yes	No
1		

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

	Yes	No
2		

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

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

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
3b		

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

BAA

Schedule A (Form 990 or 990-EZ) 2018

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 For result greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result 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		

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)

**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 instructions and the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Name of the organization

Danbury Hospital & New Milford Hospital
Foundation, Inc.

Employer identification number

23-7425557

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e g , recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

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.

1 a 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.

1 a 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
1 c	
1 d	
1 e	
1 f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	52,087,705.	50,060,000.	47,079,919.	46,541,945.	49,251,883.
b Contributions	1,267,832.	1,639,244.	1,531,968.	917,668.	1,713,833.
c Net investment earnings, gains, and losses	1,774,478.	3,280,810.	4,811,000.	4,429,385.	630,676.
d Grants or scholarships	763,424.	2,892,349.	3,363,000.	4,458,334.	3,793,095.
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	55,893,439.	52,087,705.	50,060,000.	47,079,919.	46,541,945.

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

a Board designated or quasi-endowment ▶ 16.53 %

b Permanent endowment ▶ 61.50 %

c Temporarily restricted endowment ▶ 21.97 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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
1 a Land	1,200,000.	471,593.		1,671,593.
b Buildings		694,779.	305,140.	389,639.
c Leasehold improvements		11,638.	10,136.	1,502.
d Equipment		281,569.	217,232.	64,337.
e Other		4,240.		4,240.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,131,311.

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Schedule D (Form 990) 2018

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 <u>Partnerships</u>	111,360,213.	End of Year Market Value
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	111,360,213.	

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) 457 Plan Asset	21,028.
(2) Beneficial interest in trust held by oth	10,245,458.
(3) Cash surrender value of life insurance	460,923.
(4) Due from related parties	423,334.
(5) ERP Infor	49,503.
(6) ERP Kronos	580.
(7) Other Receivables	600.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15)	11,201,426.

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.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) 457 Plan Liability	21,028.	
(3) Due to Danbury Hospital	3,547,779.	
(4) Due to WCHN	516,560.	
(5) Reserve Annuity	119,254.	
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	4,204,621.	

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. N/A

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

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

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

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

Part V, Line 4 - Intended Uses Of Endowment Fund

Danbury Hospital & New Milford Hospital Foundation's endowed funds may be used to support the capital and operating expenses of Danbury Hospital, New Milford Hospital, and their not-for-profit affiliates, and may include scholarships, salaries, etc., all as dictated by donor intent.

There is no FIN48(ASC 740) footnote in the audited financial statements.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ 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

Name of the organization **Danbury Hospital & New Milford Hospital Foundation, Inc.**

Employer identification number
23-7425557

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 <u>Dave's Day</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	43,080.			43,080.
	2 Less Contributions	19,080.			19,080.
	3 Gross income (line 1 minus line 2)	24,000.			24,000.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,500.			7,500.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				7,500.
	11 Net income summary Subtract line 10 from line 3, column (d)				16,500.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

- 13 Indicate the percentage of gaming activity conducted in

a The organization's facility

b An outside facility

13 a	%
13 b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ 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 & New Milford Hospital
Foundation, Inc.**

Employer identification number

23-7425557

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

See Part IV

☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <u>Danbury Hospital</u> <u>24 Hospital Avenue</u> <u>Danbury, CT 06810</u>	06-0646597	501 (c) (3)	8,017,307.	0	Cost		Operational Support
(2) <u>Western CT Health Network Inc</u> <u>24 Hospital Avenue</u> <u>Danbury, CT 06810</u>	22-2594977	501 (c) (3)	164,697.	0.	Cost		Operational Support
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

2
0

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

TEEA3901L 07/13/18

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 STUDENT SCHOLARSHIPS	14	35,000.		Cost	
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

All grants were made to Danbury and New Milford Hospitals, related 501c3 organizations, therefore it was not necessary to review the public charity status of the donee. The purpose of the grant funds are reviewed and approved by Western Connecticut Health Network Foundation officers to assure compliance with donor intentions and/or Board approvals.

Scholarships grants - an annual cycle to determine awards is followed.

Annual Cycle for the DHF Nursing Scholarships:

February - DHF Nursing Scholarship Committee membership is confirmed. The Committee consists of WCHN Nursing leadership, Board members, RNs, and Foundation staff

BAA

Schedule I (Form 990) (2018)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Danbury Hospital & New Milford Hospital
Foundation, Inc.

Employer identification number

23-7425557

Part I **Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

Part III

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

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

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

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Part III

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

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

a The organization?

b Any related organization?

If 'Yes' 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?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III

Part III

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Grace Linhard	(i)	0.	0.	0.	0.	0.	0.
1 Chief Devel Off	(ii)	327,281.	80,000.	5,338.	3,345.	432,164.	0.
Steven H. Rosenberg	(i)	0.	0.	0.	0.	0.	0.
2 Treasurer	(ii)	587,926.	165,000.	2,629,181.	37,996.	3,433,603.	0.
Susan Kania	(i)	157,393.	0.	948.	11,601.	181,054.	0.
3 Sr. Dir. of Events	(ii)	0.	0.	0.	0.	0.	0.
Thomas Gray	(i)	151,884.	0.	7,604.	1,235.	165,188.	0.
4 Dir Princ. Gifts	(ii)	0.	0.	0.	0.	0.	0.
Seamus Collins	(i)	230,546.	35,000.	5,442.	37,954.	322,442.	0.
5 Development VP	(ii)	0.	0.	0.	0.	0.	0.
Adele L. Conner	(i)	172,856.	0.	607.	15,473.	191,649.	0.
6 Sr. Dir. of Gifts	(ii)	0.	0.	0.	0.	0.	0.
Brian Porter	(i)	149,648.	0.	2,784.	11,173.	171,282.	0.
7 Dir. Corp. Giving	(ii)	0.	0.	0.	0.	0.	0.
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

Part III Supplemental Information

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

Part 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:

Seamus Collins

Grace Linhard

Steven H. Rosenberg

Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Schedule J, Part I, Line 4b

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.

In prior years, neither the accrual nor the change in actuarial value of the WCHN

BAA

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.

Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)

SERP were reported on Schedule J, Part II as required. However, the accrual was reported on WCHN's Form 990, Part X and Schedule D, Part X.

Of the individuals reported on Schedule J, Part II, only Steven H. Rosenberg participated in the WCHN SERP and accrued any benefits. 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.

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 III Supplemental Information

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

Part I, Line 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 organization's 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)

BAA

Part III Supplemental Information

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

Part I, Line 6 - Compensation Contingent On Net Earnings Or Related Organization (continued)

-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 Health's compensation philosophy. Award opportunities may be based on additional factors, including Nuvance Health's financial and operational performance, reflecting market pay practices and benchmarking for comparable positions, and any other factors deemed relevant by the Committee.

BAA Each Plan year, the Committee, and unless otherwise appropriately delegated for any

Part III Supplemental Information

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

Part I, Line 6 - Compensation Contingent On Net Earnings Or Related Organization (continued)

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:

- Independent compensation consultant
- Written employment contract for physician executives
- Compensation survey or study
- Approval by board compensation committee

-Compensation committee

BAA

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ 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**Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**Employer identification number
23-7425557**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	8	1,414,084.	Fair Mkt Value
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other▶ ()				
26 Other▶ ()				
27 Other▶ ()				
28 Other▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30 a		X
31	X	
32 a		X
33		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule M (Form 990) 2018**

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M - Additional Information

SCHEDULE M, PART II

Amounts reported in Part I, column (b) are the number of contributions received.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

Danbury Hospital & New Milford Hospital
Foundation, Inc.

Employer identification number

23-7425557

FORM 990, PART VII (ADD'L INFORMATION)

For those officers and top 5 employees, for which only 40 hours is noted to reflect paid hours, actual hours worked exceeded this amount.

Note: All amounts in column F, of Part VII, "Estimated Amount of Other Compensation", represent benefits, and do not reflect any compensation for which the average amount of time worked can be reflected.

Form 990, Part VI Lines 12A, 13 & 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.

Form 990, Part VII Lines 20-25

Although compensation was being reported as paid by the Foundation, the W-2s were issued to the individuals by Western Connecticut Health Network, Inc., a related organization.

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 and New Milford Hospital Foundation, Inc. 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.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The sole member shall be responsible for electing at the annual meeting of the membership, the members of the Board of Directors of the Danbury Hospital and New Milford Hospital Foundation to serve for three year terms and until their successors

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body (continued)

are elected and have qualified.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Certain fundamental decisions to be undertaken by the Corporation require the approval of the Member.

(a) The actions listed below, taken for the Corporation or in its capacity voting as a shareholder or member of a subsidiary ("Foundation Subsidiary") shall not require approval by the Board and are reserved solely to the Member:

(i) The amendment of these bylaws;

(ii) The election or removal of a director;

(iii) Approval of policies relating to the control and supervision of the investment of the Corporation's funds, and the funds of any Foundation Subsidiary, including, but not limited to, those funds and properties which may have been donated, bequeathed or devised, or given in trust for the limited or general use of the Corporation or a Foundation Subsidiary;

(iv) Approval of the adoption of or amendment to any qualified benefit plan (unless the terms of the plan require approval of the Board, in which case the Member shall also approve such action);

(v) Approval of the adoption of or amendment to any non-qualified benefit plan; and

(vi) Approval of the adoption of or amendment to the policies and procedures governing: (a) indemnification of directors and officers of the Corporation or any Foundation Subsidiary; (b) conflicts or dualities of interest; (c) accounting and investment standards and practices; and (d) such other policies as the Member may from time to time determine.

(b) The actions listed below, taken for the Corporation or in its capacity voting as

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)

a shareholder or member of a Foundation Subsidiary, which require approval of the Board, must also be approved by the Member:

- (i) The election and removal of a director of a Foundation Subsidiary;
- (ii) The election of the officers of the Corporation;
- (iii) Approval of the capital budget and operating budget of the Corporation and of any Foundation Subsidiary;
- (iv) Amendment of the certificate of incorporation of the Corporation or any Foundation Subsidiary;
- (v) Amendment of the bylaws or operating agreement of any Foundation Subsidiary;
- (vi) The sale, lease, exchange or other disposition of all or substantially all of the property or assets of the Corporation or any Foundation Subsidiary; (vii) Approval of the creation of any corporation of which the Corporation or a Foundation Subsidiary is the sole or controlling member or sole or controlling shareholder; the merger or consolidation of the Corporation or any Foundation Subsidiary with another corporation; and the reorganization, liquidation or dissolution of the Corporation or any Foundation Subsidiary; (viii) Approval of loans by the Corporation or any Foundation Subsidiary, or the incurring of any indebtedness, secured or unsecured, which exceeds fifty thousand dollars (\$50,000) or which has a term longer than one year;
- (ix) Approval of unbudgeted expenditures in excess of fifty thousand dollars (\$50,000) or any increase in any approved annual operating or capital budget;
- (x) Approval of any agreement or transaction of the Corporation or any Foundation Subsidiary involving an amount greater than two hundred thousand dollars (\$200,000), other than an agreement relating to the donation of funds to the Corporation or a Foundation Subsidiary, with another individual or entity, provided that any unbudgeted transfer of funds in excess of the aggregate amount of twenty-five

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)

thousand dollars (\$25,000) per fiscal year by grant, gift or similar arrangement from the Corporation to any entity not affiliated with the Member must also be approved by the Member; (xi) Approval of the affiliation of the Corporation or any Foundation Subsidiary with any other entity for the purposes of the joint conduct of business or other purposes, whether in the form of participation in said entity through the holding of stock or by membership or in the form of partnership, joint venture, co-tenancy or any other form of ownership or control;

(xii) Creation of any committee which shall have the authority to act on behalf of the Board or on behalf of any Foundation Subsidiary;

(xiii) Approval of any conveyance of, or the granting of mortgages or trusts on any real property assets of the Corporation or of any Foundation Subsidiary; and

(xiv) Approval of the strategic plan of the Corporation and of any Foundation Subsidiary.

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.

Form 990, Part VI, Line 12c - Explanation of Monitoring 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

Name of the organization	Danbury Hospital & New Milford Hospital Foundation, Inc.	Employer identification number	23-7425557
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Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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, quality and safety of the hospitals and other healthcare facilities operated by Nuvance Health. If a Board member's 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:

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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 Director's 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

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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 Director's actions on behalf of Nuvance Health are 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

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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.

-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

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

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Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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 Director's ability to carry out his/her fiduciary responsibility to Nuvance Health, resignation from the Board or the conflicting interest may be appropriate or required.

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

Name of the organization **Danbury Hospital & New Milford Hospital
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23-7425557

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**Compensation for Other Officers and Key Employees:**

Nuvance Health's Executive Total Rewards philosophy is designed to align with the company's 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.

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

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23-7425557

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

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 Health's operating region and the broader national health care provider market.

Nuvance Health's 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 Health's Committee has discretion to position individual levels above or below this targeted competitive positioning, based on such factors as positioning to market, high demand skillsets and difficult to fill or critical to the organization's 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 Intermediate Sanctions under IRS guidelines.

Name of the organization **Danbury Hospital & New Milford Hospital
Foundation, Inc.**

Employer identification number
23-7425557

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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Danbury Hospital & New Milford Hospital Foundation, Inc.

Employer identification number

23-7425557

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

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

(2) -----					

(3) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Danbury Hospital 24 Hospital Avenue Danbury, CT 06810 06-0646597	ACUTE CARE	CT	501(c)(3)	3	WCHN		X
(2) Western CT Health Network Affiliat 95 Locust Avenue Danbury, CT 06810 22-2594968	OUTPATIENT HEALTHCARE SERVICES	CT	501(c)(3)	10	WCHN		X
(3) Western CT Health Network, Inc. 24 Hospital Avenue Danbury, CT 06810 22-2594977	PROGRAM DEVELOPMENT	CT	501(c)(3)	12 type 2	Nuvance		X
(4) Western CT Medical Group, Inc. 14 Research Drive, Suite 201A Bethel, CT 06801 06-1137531	PHYSICIAN SERVICES	CT	501(c)(3)	10	WCHN		X

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

TEEA5001L 06/07/18

Schedule R (Form 990) 2018

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) Dispropor- tionate allocations?		(i) Code V-UBI amount in box K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Part VII												
(1) New Milford MRI 21 Elm Street New Milford, CT 27-1877801	INACTIVE	CT	N/A	N/A	0.	0.		X	N/A		X	
(2) Norwalk Surgery 40 Cross Street Norwalk, CT 0685 27-2394942	SURGERY CENTER	CT	N/A	N/A	0.	0.		X	N/A		X	
(3) WCHN Investments 24 Hospital Aven Danbury, CT 0681 47-5523212	INVESTMENTS	CT	WCHN	EXCLUDED SEC 512-514	3,248,438.	110016458.					X	27.13

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) Nuvance Health Insurance Co. 23 Lime Tree Bay, P.O. Box 105 Grand Cayman, Cayman Islands 98-0438151	MALPRACTICE	CJ	N/A	C Corp	0.	0.		X	
(2) SWC Corporation 24 Stevens Street Norwalk, CT 06850 22-2577718	PHARMACY	CT	N/A	C Corp	0.	0.		X	
(3) Advanced Ctr for Rehab. Medici 24 Stevens Street Norwalk, CT 06850 06-1304799	INACTIVE	CT	N/A	C CORP	0.	0.		X	

BAA

TEEA5002L 10/02/18

Schedule R (Form 990) 2018

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**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Danbury Hospital	b	5,543,638.	COST
(2) Danbury Hospital	p	454,346.	COST
(3) Danbury Hospital	r	4,412,465.	COST
(4) Western CT Home Care, Inc.	r	50,295.	COST
(5) The Norwalk Hospital Association	k	66,921.	COST
(6) The Norwalk Hospital Association	q	177,047.	COST

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TEEA5003L 06/07/18

Schedule R (Form 990) 2018

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

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

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

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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 Norwalk, CT
06850

WCHN Investments, LLC 47-5523212 24 Hospital Avenue Danbury, CT 06810

Part III Continuation of 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) Sec 512(b)(13) controlled entity?	
						Yes	No
Western CT Home Care, Inc. 4 Liberty Street Danbury, CT 06810 06-0655138	HOME HEALTHCARE	CT	501 (c) (3)	10	WCHN		X
Eastern NY Medical Services, P.C. 14 Research Drive, Suite 201A Bethel, CT 06801 45-5431389	PHYSICIAN SERVICES	NY	501 (c) (3)	10	WCHN		X
The Norwalk Hospital Association 24 Stevens Street Norwalk, CT 06850 06-6068853	HEALTH SERVICES	CT	501 (c) (3)	3	WCHN		X
Norwalk Hospital Foundation 34 Maple Street Norwalk, CT 06850 22-2577707	FUNDRAISING	CT	501 (c) (3)	7	WCHN		X
Alamo Ambulance Services, Inc. 1351 Route 55 Lagrangeville, NY 12540 14-1745417	TRANSPORT	NY	501 (c) (3)	10	HQ		X
Vassar Brothers Hospital Foundation 45 Reade Place Poughkeepsie, NY 12601 14-1736429	FUNDRAISING	NY	501 (c) (3)	9	HQ		X
Health Quest Home Care, Inc. (Cert) 2649 South Road Poughkeepsie, NY 12601 14-1788412	HOME HEALTH	NY	501 (c) (3)	10	HQ		X
Health Quest Home Care, Inc. (Lic) 2649 South Road Poughkeepsie, NY 12601 14-1788410	HOME HEALTH	NY	501 (c) (3)	10	HQ		X
Health Quest Systems, Inc 1351 Route 55 Lagrangeville, NY 12540 14-1678068	MANAGEMENT	NY	501 (c) (3)	10	Nuvance		X

Part III Continuation of 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) Sec 512(b)(13) controlled entity?	
						Yes	No
NDH Foundation PO Box 5002 Rhinebeck, NY 12572 14-1776208	FUNDRAISING	NY	501 (c) (3)	7	HQ	X	
Northern Dutchess Hospital 6511 Springbrook Avenue Rhinebeck, NY 12572 14-1338467	HOSPITAL	NY	501 (c) (3)	3	HQ	X	
Northern Dutchess Res Hlth Facility, 6525 Springbrook Avenue Rhinebeck, NY 12572 22-3129608	NURSING HOME	NY	501 (c) (3)	10	HQ	X	
Putnam Hospital Center 670 Stoneleigh Avenue Carmel, NY 10512 14-6019179	HOSPITAL	NY	501 (c) (3)	3	HQ	X	
Putnam Hospital Center Foundation, I 670 Stoneleigh Avenue Carmel, NY 10512 06-1399319	FUNDRAISING	NY	501 (c) (3)	12 Type I	HQ	X	
Vassar Brothers Medical Center 45 Reade Place Poughkeepsie, NY 12601 14-1338586	HOSPITAL	NY	501 (c) (3)	3	HQ	X	
Vassar Health Connecticut, Inc. 50 Hospital Hill Road Sharon, CT 06069 81-5056290	HOSPITAL	CT	501 (c) (3)	3	HQ	X	
Vassar HQ Med Practice of CT, Inc 1351 Route 55 Lagrangeville, NY 12540 82-1466583	MEDICAL CARE	CT	Apply 501c3	3	HQ	X	
Wells Manor Housing Develop Fund Cor 6 Wells Manor Lane, Suite 76 Rhinebeck, NY 12572 11-2611902	LOW INCOME	NY	501 (c) (3)	N/A	HQ	X	

Part I Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

