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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Western Connecticut Medical Group Inc

% KAREN DARCY

Doing business as

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

14 Research Drive 201A

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

Bethel, CT 06801

F Name and address of principal officer

RICHARD GEMMING

14 Research Drive 201A

Bethel, CT 06801

D Employer identification number

06-1137531

E Telephone number

(203) 739-7000

G Gross receipts \$ 295,389,752

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.westernconnecticuthealthnetwork.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1985

M State of legal domicile CT

Part I Summary

Activities & Governance

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

THE MISSION AT WCMG IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND SPECIALTY HEALTH Care in the communities we serve SEE SCH O FOR MORE DETAIL

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

☐

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

3

10

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

4

0

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

5

1,532

6 Total number of volunteers (estimate if necessary)

6

0

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

7a

453,000

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

7b

-16,125

Revenue

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

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

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

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

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

Prior Year

Current Year

503,888

322,955

246,390,331

293,776,697

-668

-2,344

670,965

926,658

247,564,516

295,023,966

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

0

0

217,610,499

244,096,502

0

0

44,840,651

61,726,084

262,451,150

305,822,586

-14,886,634

-10,798,620

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

55,642,980

51,472,052

28,929,676

35,115,368

26,713,304

16,356,684

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

STEVEN ROSENBERG CFO & TREASURER

Type or print name and title

2020-08-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-10

Check if self-employed

PTIN P01595811

Firm's name ERNST & YOUNG US LLP

Firm's EIN

Firm's address 200 CLARENDON STREET

Phone no (617) 266-2000

BOSTON, MA 021165072

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

THE MISSION AT WCMG IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND SPECIALTY HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS NEEDS SEE SCHEDULE O FOR MORE DETAIL

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 \$	60,361,353	including grants of \$	(Revenue \$	47,863,700)
See Additional Data						

4b	(Code)	(Expenses \$	52,844,558	including grants of \$	(Revenue \$	41,042,381)
See Additional Data						

4c	(Code)	(Expenses \$	39,108,353	including grants of \$	(Revenue \$	31,236,225)
See Additional Data						

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	139,762,009	including grants of \$	(Revenue \$	294,250,355)

4e	Total program service expenses ▶	292,076,273
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	106
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,532			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent	1b	0
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► KAREN DARCY 14 RESEARCH DRIVE SUITE 201A Bethel, CT 06801 (203) 739-4593

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

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

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	11,908,131	6,088,306	4,889,611

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 ▶ 483

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
INTERNAL MEDICINE ASSOCIATES OF WES, 333 POST ROAD W WESTPORT, CT 06880	MEDICAL OFFICE	1,397,882
NORWALK RADIOLOGY CONSULTANTS, 2101 PARK CENTER DR Suite 170 ORLANDO, FL 32835	RADIOLOGY	711,333
NEWTOWN MEDICAL OFFICE II LLC, 1 GORHAM ISLAND SUITE 100 WESTPORT, CT 06880	MEDICAL OFFICE	549,820
PHYSICIANS LLC, 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	MEDICAL CARE	583,185
PHYSICIANS FOR WOMENS HEALTH, 22 WATERVILLE ROAD AVON, CT 06001	MEDICAL OFFICE	330,160

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5</p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	322,955			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$					
	h Total. Add lines 1a-1f		322,955			
Program Service Revenue			Business Code			
	2a MEDICAL REVENUE	621110	293,001,465	293,001,465		
	b PAYER INCENTIVE DOLLARS	621110	775,232	775,232		
	c					
	d					
	e					
	f All other program service revenue					
	9 Total. Add lines 2a-2f		293,776,697			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-2,344			-2,344
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents		(i) Real	(ii) Personal		
			365,786			
	b Less rental expenses		365,786			
	c Rental income or (loss)		0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0		
	b Less direct expenses		b	0		
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19		a	0		
	b Less direct expenses		b	0		
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances		a	0			
b Less cost of goods sold		b	0			
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a DAVITA OVERSIGHT DIALYSIS		621400	250,000	250,000		
b CARE MANAGEMENT FEE		900099	222,855	222,855		
c OFFICE PHYSICIAN SERVICES		621400	162,022	162,022		
d All other revenue			291,781	88,781	203,000	
e Total. Add lines 11a-11d			926,658			
12 Total revenue. See Instructions			295,023,966	294,250,355	453,000	
					-2,344	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	8,444,304	8,058,653	385,651	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	207,151,525	197,690,915	9,460,610	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,650,235	4,437,859	212,376	
9 Other employee benefits.	14,305,554	13,652,219	653,335	
10 Payroll taxes.	9,544,884	9,108,969	435,915	
11 Fees for services (non-employees):				
a Management.	16,615		16,615	
b Legal.	13,047		13,047	
c Accounting.	169,507		169,507	
d Lobbying.	5,039	4,809	230	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	23,943,764	22,850,252	1,093,512	
12 Advertising and promotion.	755,731	721,217	34,514	
13 Office expenses.	1,510,870	1,441,869	69,001	
14 Information technology.	3,572,002	3,408,869	163,133	
15 Royalties.	0			
16 Occupancy.	14,023,551	13,383,095	640,456	
17 Travel.	528,704	504,558	24,146	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	295,389	281,899	13,490	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	2,022,466	1,930,100	92,366	
23 Insurance.	6,694,129	6,517,182	176,947	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	6,172,595	6,172,595		
b PROFESSIONAL MEMBERSHIP	1,260,041	1,202,495	57,546	
c EQUIPMENT RENT AND MAINT	742,634	708,718	33,916	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	305,822,586	292,076,273	13,746,313	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,188,754	1	603,526
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	20,300,781	4	16,525,681
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,070,005	9	1,686,928
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	28,542,301		
	b Less: accumulated depreciation	18,257,980		
		11,060,324	10c	10,284,321
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	486,773	14	473,738
15 Other assets. See Part IV, line 11	21,536,343	15	21,897,858	
16 Total assets. Add lines 1 through 15 (must equal line 34)	55,642,980	16	51,472,052	
Liabilities	17 Accounts payable and accrued expenses	16,832,957	17	21,867,096
	18 Grants payable	130,150	18	130,150
	19 Deferred revenue	668,631	19	623,601
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	11,297,938	25	12,494,521
	26 Total liabilities. Add lines 17 through 25	28,929,676	26	35,115,368
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	26,713,304	27	16,356,684
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	26,713,304	33	16,356,684	
34 Total liabilities and net assets/fund balances	55,642,980	34	51,472,052	

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	295,023,966
2	Total expenses (must equal Part IX, column (A), line 25)	2	305,822,586
3	Revenue less expenses Subtract line 2 from line 1	3	-10,798,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,713,304
5	Net unrealized gains (losses) on investments	5	
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	442,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,356,684

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 06-1137531

Name: Western Connecticut Medical Group Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: <u>SEE SCHEDULE O</u>

Form 990, Part III, Line 4c: <u>SEE SCHEDULE O</u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK BRODERICK MD DIRECTOR	50 0 3 0	X						544,323	20,654	65,441
DENNIS MEIGHAN DO TO 1231 DIRECTOR	1 0 0 0	X						0	0	0
PATRICIA TIETJEN MD DIRECTOR	50 0 3 0	X						619,760	0	41,652
CHARLES HERRICK VICE CHAIRMAN	50 0 0 0	X		X				554,483	0	49,778
PAUL FIEDLER MD DIRECTOR	50 0 0 0	X						623,924	0	50,571
JAMES MCCLANE MD DIRECTOR	50 0 0 0	X						387,862	0	44,760
MARTIN SERRINS MD CHAIRMAN	50 0 0 0	X		X				717,275	0	51,261
KEITH ZUCCALA MD TO 1231 DIRECTOR	50 0 0 0	X						606,309	0	50,411
ANTHEA DISNEY TO 1231 DIRECTOR	1 0 2 0	X						0	0	0
LEWIS BERMAN MD DIRECTOR	50 0 0 0	X						411,746	0	58,581

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN TARBELL MD DIRECTOR	50 0 0 0	X						223,403	0	50,353
THOMAS KOOBATIAN MD DIRECTOR	1 0 53 0	X						452,519	0	50,065
JOHN M MURPHY MD TO 1231 DIRECTOR	1 0 48 0	X						0	1,939,062	3,868,616
SPENCER HOULDIN TO 1231 DIRECTOR	1 0 4 0	X						0	0	0
CRAIG SERIN MD DIRECTOR	50 0 0 0	X						406,512	0	16,239
STEVEN H ROSENBERG TREASURER	3 0 53 0			X				0	3,382,107	51,496
RICHARD GEMMING TO 1001 EXECUTIVE DIR	50 0 0 0			X				948,399	0	41,258
COLLEEN M SCOTT VP FINANCE WCHN	4 0 3 0				X			0	411,558	44,947
ANDREW KELLER MD CHIEF MEDICAL OFFICER	50 0 0 0				X			559,011	0	58,995
ROBERT C GALLAGHER MD CHIEF CARDIO SURG	50 0 0 0					X		1,273,316	0	44,766

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN DIETZEK MED DEPT CHIEF	50 0 0 0					X		867,109	0	52,547
LINUS T CHUANG CHAIRMAN OB/GYN	50 0 0 0					X		1,074,846	0	29,521
MARK WARSHOFSKY CARDIOLOGIST	50 0 0 0					X		725,903	0	50,924
IRA GALIN MD CARDIOLOGIST	50 0 0 0					X		752,455	0	52,007
DONNA KAPLANIS ASST SECRETARY (FORMER)	3 0 47 0						X	0	334,925	29,865
JOHN MACK DIR OF OPER WCMG (FORMER)	50 0 0 0						X	158,976	0	35,557

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Western Connecticut Medical Group Inc

Employer identification number

06-1137531

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	124,878	0	0	503,888	322,955	951,721
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	210,333,153	243,036,209	241,816,250	246,590,663	294,250,355	1,236,026,630
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	210,458,031	243,036,209	241,816,250	247,094,551	294,573,310	1,236,978,351
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6.)						1,236,978,351

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	210,458,031	243,036,209	241,816,250	247,094,551	294,573,310	1,236,978,351
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	447,711	457,341	203,411	131,688	365,786	1,605,937
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	216,950	311,763	455,200	470,633	450,656	1,905,202
c	Add lines 10a and 10b	664,661	769,104	658,611	602,321	816,442	3,511,139
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	211,122,692	243,805,313	242,474,861	247,696,872	295,389,752	1,240,489,490

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	99.717 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.707 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.283 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.293 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:
Software Version:
EIN: 06-1137531
Name: Western Connecticut Medical Group Inc

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Western Connecticut Medical Group Inc

Employer identification number
06-1137531

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	9,005,789	1,849,087	7,156,702
d	Equipment	19,491,283	16,408,893	3,082,390
e	Other	45,229	0	45,229
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			10,284,321

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	21,897,858

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	0
457B LIABILITY	11,759,711
DUE TO WCHN	500,429
DUE TO DABURY FOUNDATION	23,132
DUE TO DANBURY HOSPITAL	211,249
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	12,494,521

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 06-1137531
Name: Western Connecticut Medical Group Inc

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

(a) Description	(b) Book value
(1) 457B ASSET	11,759,711
(1) CASH VALUE LIFE INSURANCE	633,038
(2) ROUNDING	2
(3) SECURITY DEPOSITS	71,616
(4) WCMG SHAREPOINT	34,117
(5) DUE TO DANBURY HOSPITAL	211,249
(6) DUE FROM HQ	99,000
(7) DUE FROM NHF	36,461
(8) PREPAID CENTER	6,964,202
(9) PREPAID INFOR	2,064,329
(10) PREPAID KRONOS	24,133

Schedule J (Form 990)	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 <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> Name of the organization Western Connecticut Medical Group Inc </div> <div style="width: 30%;"> Employer identification number 06-1137531 </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> Part I Questions Regarding Compensation </div> </div>	

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain <div style="text-align: right; margin-top: -20px;">1b</div>		Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? <div style="text-align: right; margin-top: -20px;">2</div>		Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>			
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 <div style="margin-top: 10px;"> a Receive a severance payment or change-of-control payment? <div style="text-align: right; margin-top: -20px;">4a</div> </div> <div style="margin-top: 10px;"> b Participate in, or receive payment from, a supplemental nonqualified retirement plan? <div style="text-align: right; margin-top: -20px;">4b</div> </div> <div style="margin-top: 10px;"> c Participate in, or receive payment from, an equity-based compensation arrangement? <div style="text-align: right; margin-top: -20px;">4c</div> </div> <div style="margin-top: 10px;"> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III </div>		Yes	
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div style="margin-top: 10px;"> a The organization? <div style="text-align: right; margin-top: -20px;">5a</div> </div> <div style="margin-top: 10px;"> b Any related organization? <div style="text-align: right; margin-top: -20px;">5b</div> </div> <div style="margin-top: 10px;"> If "Yes," on line 5a or 5b, describe in Part III </div>			No
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 <div style="margin-top: 10px;"> a The organization? <div style="text-align: right; margin-top: -20px;">6a</div> </div> <div style="margin-top: 10px;"> b Any related organization? <div style="text-align: right; margin-top: -20px;">6b</div> </div> <div style="margin-top: 10px;"> If "Yes," on line 6a or 6b, describe in Part III </div>		Yes	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III <div style="text-align: right; margin-top: -20px;">7</div>			No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <div style="text-align: right; margin-top: -20px;">8</div>			No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <div style="text-align: right; margin-top: -20px;">9</div>			

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

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

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

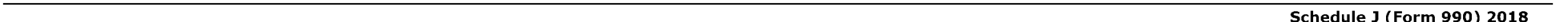
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, 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: PATRICK BRODERICK, MD; PAUL FIEDLER, MD; RICHARD GEMMING; CHARLES HERRICK; THOMAS KOOBATIAN, MD; STEVEN H. ROSENBERG; COLLEEN M. SCOTT; MARTIN SERRINS, MD; PATRICIA TIETJEN, MD.

Return Reference	Explanation
PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT,	<p>EQUITY-BASED COMPENSATION PART I, LINE 4A-RECEIVED SEVERANCE During the fiscal year ending September 30, 2018, Donna Kaplanis received \$232,000 in a lump sum severance payment within 60 days of the termination date of March 30, 2018 Part VII of the current year's tax return reflects this payment DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2019, RICHARD GEMMING RECEIVED \$416,000, IN A LUMP SEVERANCE PAYMENT WITHIN 60 DAYS OF THE TERMINATION DATE OF OCTOBER 1, 2018 PART VII OF THE CURRENT YEAR'S TAX RETURN REFLECTS THIS PAYMENT 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 WCHN MAINTAINS AN ACCRUAL ON ITS BOOKS FOR THE PARTICIPANTS OF THE SERP THE ACCRUALS ARE MAINTAINED SOLELY FOR ACCOUNTING PURPOSES AND ARE UNFUNDED IN PRIOR YEARS, NEITHER THE ACCRUAL NOR THE CHANGE IN ACTUARIAL VALUE WERE REPORTED ON SCHEDULE J, PART II AS REQUIRED HOWEVER, THE ACCRUAL WAS REPORTED ON BOTH FORM 990, PART X AND SCHEDULE D, PART X OF THE INDIVIDUALS REPORTED ON SCHEDULE J, PART II, ONLY JOHN M MURPHY, MD AND STEVEN H ROSENBERG PARTICIPATED IN THE SERP AND ACCRUED ANY BENEFITS AS OF SEPTEMBER 30, 2018, THE AGGREGATE ACCRUAL NOT PREVIOUSLY REPORTED ON SCHEDULE J, PART II FOR DR MURPHY WAS \$14,191,218 DURING CALENDAR YEAR 2018, MR ROSENBERGS ACCRUED BENEFIT WAS CASHED OUT AND HE RECEIVED A PAYMENT IN THE AMOUNT OF \$2,619,020, WHICH IS CURRENTLY REPORTED ON SCHEDULE J, PART II THEREFORE, THERE WAS NO ACCRUED BENEFIT FOR MR ROSENBERG AS OF SEPTEMBER 30, 2018 ALTHOUGH MR ROSENBERG CASHED OUT ALL OF HIS BENEFIT THAT HAD ACCRUED THROUGH 2018, HE WILL CONTINUE TO BE A PARTICIPANT IN AND ACCRUE BENEFITS IN THE SERP For calendar year 2018, Dr Murphy accrued a benefit of \$3,817,627 from the SERP, which is reported on Schedule J, Part II As of September 30, 2019, the aggregate accrued benefit for Mr Murphy was \$18,673,242, which includes \$4,482,024 that was accrued during the fiscal year ended September 30, 2019 This is reported on Form 990, Part X and Schedule D, Part X No other individuals reported on Schedule J, Part II accrued or received a benefit during calendar year 2018 Although Mr Rosenberg cashed out all of his benefit that had accrued through 2018, he will continue to be a participant in and accrue benefits in the SERP Mr Rosenberg accrued a benefit of \$370,000 under the WCHN SERP This benefit was cashed out during calendar year 2019, with Mr Rosenberg receiving a payment in the amount of \$311,957 This payment will be reported as compensation on Schedule J, Part II on the Form 990 to be filed for the year ended September 30, 2020</p>

Return Reference	Explanation
PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OR RELATED	<p>ORGANIZATION NUVANCE HEALTH ANNUAL LEADERSHIP INCENTIVE PLAN (EXCERPTS FROM) THE PURPOSE OF THE NUVANCE HEALTH ANNUAL LEADERSHIP INCENTIVE PLAN ("PLAN") IS TO ENGAGE AND MOTIVATE THE ORGANIZATIONS LEADERS TO FURTHER THE CHARITABLE MISSION OF NUVANCE HEALTH AND ITS AFFILIATES AND SUBSIDIARIES, BY PROMOTING EFFECTIVE MANAGEMENT OF OPERATIONS, DELIVERY OF HIGH QUALITY CARE AND SERVICE, AND RESPONSIBLE USE OF RESOURCES TO MEET COMMUNITY NEEDS THIS PLAN IS INTENDED TO ASSIST NUVANCE HEALTH, AND ITS AFFILIATES AND SUBSIDIARIES TO ATTRACT AND RETAIN LEADERSHIP WITH THE TALENT AND EXPERIENCE NEEDED TO BE SUCCESSFUL BY PROVIDING MEANINGFUL INCENTIVES AND REWARDS FOR OUTSTANDING PERFORMANCE INDIVIDUALS MUST BE AN ELIGIBLE EMPLOYEE TO BE CONSIDERED AS A PARTICIPANT IN THIS PLAN AN ELIGIBLE EMPLOYEE IS AN INDIVIDUAL EMPLOYED BY NUVANCE HEALTH AND HOLDS A POSITION ASSIGNED TO ONE OF THE FOLLOWING TIERS, AS OF APRIL 30TH OF THE PLAN YEAR -TIER I, CEO, SENIOR EXECUTIVE -TIER II, EXECUTIVE -TIER III, SENIOR LEADER (A) -TIER III, SENIOR LEADER (B) -TIER IV, LEADER EACH PLAN YEAR, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ("THE COMMITTEE"), IN ITS SOLE DISCRETION AND UNLESS OTHERWISE APPROPRIATELY DELEGATED, SELECTS PARTICIPANTS FROM A LIST OF ELIGIBLE EMPLOYEES NOMINATED BY THE CEO THE CEO, EX OFFICIO, IS AN ELIGIBLE EMPLOYEE FOR PURPOSES OF SELECTION TO PARTICIPATE IN THE PLAN EACH PLAN YEAR, THE COMMITTEE, BASED ON INPUT FROM THE CEO, MAY ESTABLISH A THRESHOLD AWARD, A TARGET AWARD AND/OR A MAXIMUM AWARD FOR EACH PARTICIPANT AWARD OPPORTUNITIES ARE ESTABLISHED BASED ON COMPETITIVE MARKET PRACTICES AND ON NUVANCE HEALTHS COMPENSATION PHILOSOPHY AWARD OPPORTUNITIES MAY BE BASED ON ADDITIONAL FACTORS, INCLUDING NUVANCE HEALTHS FINANCIAL AND OPERATIONAL PERFORMANCE, REFLECTING MARKET PAY PRACTICES AND BENCHMARKING FOR COMPARABLE POSITIONS, AND ANY OTHER FACTORS DEEMED RELEVANT BY THE COMMITTEE EACH PLAN YEAR, THE COMMITTEE, AND UNLESS OTHERWISE APPROPRIATELY DELEGATED FOR ANY PLAN YEAR, SHALL ESTABLISH PERFORMANCE GOALS TO EVALUATE THE PERFORMANCE OF EACH PARTICIPANT AFTER COMPLETION OF EACH PLAN YEAR, THE COMMITTEE MAY EVALUATE WHETHER THE PERFORMANCE OF NUVANCE HEALTH AND PARTICIPANT MEETS OR EXCEEDS THE PERFORMANCE GOALS ESTABLISHED FOR THE PLAN YEAR IF PERFORMANCE WARRANTS, THE COMMITTEE MAY APPROVE A FINAL AWARD AMOUNT FOR EACH PARTICIPANT AND APPROVE ANY ADDITIONAL CONDITION ON PAYMENT OF THE AWARD WESTERN CT MEDICAL GROUP PHYSICIANS ARE ELIGIBLE TO PARTICIPATE IN A PRODUCTION AND VALUE BASED INCENTIVE PLAN WCMG SET WRVU PRODUCTION TARGETS AND VALUE BASED METRICS ANNUALLY FOR EACH PHYSICIAN IN THE INCENTIVE PLAN PHYSICIANS WHOSE ANNUAL PRODUCTION EXCEEDS WRVU TARGETS ESTABLISHED ARE ELIGIBLE TO ACCRUE INCENTIVE COMPENSATION AT A FIXED RATE PER WRVU FOR EACH WRVU IN EXCESS OF THEIR TARGET INCENTIVE COMPENSATION IS PAID SEMI-ANNUALLY ONCE APPROVALS ARE OBTAINED FROM THE PHYSICIANS MEDICAL DIRECTOR AND CHAIRMAN</p>

Return Reference	Explanation
PART III - ADDITIONAL INFORMATION	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION, WESTERN CONNECTICUT HEALTH NETWORK, INC WHICH USED THE FOLLOWING METHODS DESCRIBED BELOW TO ESTABLISH TOP MANAGEMENT'S COMPENSATION -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -WRITTEN EMPLOYMENT CONTRACT FOR PHYSICIAN EXECUTIVES -COMPENSATION SURVEY OR STUDY -APPROVAL BY BOARD COMPENSATION COMMITTEE



Additional Data

Software ID:
Software Version:
EIN: 06-1137531
Name: Western Connecticut Medical Group Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICK BRODERICK MD DIRECTOR	(i)	413,322	125,000	6,001	26,013	36,928	607,264	0
	(ii)	20,654	0	0	951	1,549	23,154	0
PATRICIA TIETJEN MD DIRECTOR	(i)	480,865	130,000	8,895	13,500	28,152	661,412	0
	(ii)	0	0	0	0	0	0	0
CHARLES HERRICK VICE CHAIRMAN	(i)	423,002	127,000	4,481	16,200	33,578	604,261	0
	(ii)	0	0	0	0	0	0	0
PAUL FIEDLER MD DIRECTOR	(i)	489,277	130,000	4,647	13,500	37,071	674,495	0
	(ii)	0	0	0	0	0	0	0
JAMES MCCLANE MD DIRECTOR	(i)	337,620	49,445	797	13,500	31,260	432,622	0
	(ii)	0	0	0	0	0	0	0
MARTIN SERRINS MD CHAIRMAN	(i)	560,122	146,000	11,153	27,000	24,261	768,536	0
	(ii)	0	0	0	0	0	0	0
KEITH ZUCCALA MD TO 1231 DIRECTOR	(i)	479,853	125,000	1,456	16,200	34,211	656,720	0
	(ii)	0	0	0	0	0	0	0
LEWIS BERMAN MD DIRECTOR	(i)	369,436	39,856	2,454	18,900	39,681	470,327	0
	(ii)	0	0	0	0	0	0	0
KAREN TARBELL MD DIRECTOR	(i)	203,793	19,135	475	16,200	34,153	273,756	0
	(ii)	0	0	0	0	0	0	0
THOMAS KOOBATIAN MD DIRECTOR	(i)	374,225	75,000	3,294	16,200	33,865	502,584	0
	(ii)	0	0	0	0	0	0	0
JOHN M MURPHY MD TO 1231 DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,259,730	675,000	4,332	3,831,127	37,489	5,807,678	0
CRAIG SERIN MD DIRECTOR	(i)	347,320	58,039	1,153	13,500	2,739	422,751	0
	(ii)	0	0	0	0	0	0	0
STEVEN H ROSENBERG TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	587,926	165,000	2,629,181	13,500	37,996	3,433,603	0
RICHARD GEMMING TO 1001 EXECUTIVE DIR	(i)	396,059	124,000	428,340	13,500	27,758	989,657	0
	(ii)	0	0	0	0	0	0	0
COLLEEN M SCOTT VP FINANCE WCHN	(i)	0	0	0	0	0	0	0
	(ii)	327,635	78,500	5,423	13,500	31,447	456,505	0
ANDREW KELLER MD CHIEF MEDICAL OFFICER	(i)	440,975	110,000	8,036	27,000	31,995	618,006	0
	(ii)	0	0	0	0	0	0	0
ROBERT C GALLAGHER MD CHIEF CARDIO SURG	(i)	1,141,203	127,781	4,332	13,500	31,266	1,318,082	0
	(ii)	0	0	0	0	0	0	0
ALAN DIETZEK MED DEPT CHIEF	(i)	750,433	112,500	4,176	24,300	28,247	919,656	0
	(ii)	0	0	0	0	0	0	0
LINUS T CHUANG CHAIRMAN OB/GYN	(i)	928,014	142,500	4,332	9,965	19,556	1,104,367	0
	(ii)	0	0	0	0	0	0	0
MARK WARSHOFSKY CARDIOLOGIST	(i)	616,182	107,000	2,721	16,200	34,724	776,827	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
IRA GALIN MD CARDIOLOGIST	(i)	600,510	151,289	656	13,500	38,507	804,462	0
	(ii)	0	0	0	0	0	0	0
JOHN MACK DIR OF OPER WCMG (FORMER)	(i)	158,644		332	12,884	22,673	194,533	0
	(ii)	0	0	0	0	0	0	0
DONNA KAPLANIS ASST SECRETARY (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	87,882	14,500	232,543	26,625	3,240	364,790	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Western Connecticut Medical Group Inc

Employer identification number

06-1137531

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NANCY RENNERT	SEE PART V	207,568	Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	NANCY RENNERT IS THE WIFE OF LEWIS BERMAN, A DIRECTOR AT WESTERN CONNECTICUT MEDICAL GROUP (WCMG) SHE IS EMPLOYED AS CHIEF OF ENDOCRINOLOGY AT WCMG

SCHEDULE O (Form 990 or 990-EZ)	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
		<div>2018</div> <div>Open to Public Inspection</div>
Department of the Treasury Name of the organization Western Connecticut Medical Group Inc		Employer identification number 06-1137531

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 - CONTINUED	<p>AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS NEEDS Form 990, Part I, IINE 1 & Part III, IINE 1 We support a commitment to advance the health and well-being of people in our community by delivering quality care, participating in medical research, and medical residency programs and the provision of medical services to patients FORM 990, PART III, LINE 4A WCMG MEDICINE SUB-SPECIALTY PROVIDES VARIOUS SERVICES IN DANBURY AND NORWALK, CT AND THE SURROUNDING TOWNS MAJOR SERVICES INCLUDE CARDIOLOGY, PULMONOLOGY, GASTROENTEROLOGY, RHEUMATOLOGY, PHYSICAL MEDICINE, ENDOCRINOLOGY, INFECTIOUS DISEASES AND NEPHROLOGY 37 LOCATIONS SERVING AREAS IN WESTERN CONNECTICUT 136,304 PATIENTS DURING FISCAL YEAR 2019 222,722 VISITS DURING FISCAL YEAR 2019 \$1,719,512 - ADJUSTED FOR FINANCIAL ASSISTANCE DURING FY 2019 WCMG SERVES INDIVIDUALS OF ALL INCOME LEVELS AND FOLLOWS THE FINANCIAL ASSISTANCE POLICY ESTABLISHED BY ITS PARENT ORGANIZATION, WESTERN CONNECTICUT HEALTH NETWORK, INC , AND FOLLOWED BY DANBURY AND NORWALK HOSPITALS FORM 990, PART III, LINE 4B WCMG HOSPITAL BASED SERVICES PROVIDE VARIOUS SERVICES IN DANBURY AND NORWALK, CT AND SURROUNDING TOWNS MAJOR SERVICES INCLUDE ANESTHESIOLOGY, HOSPITAL MEDICINE AND EMERGENCY MEDICINE 12 LOCATIONS SERVING AREAS IN WESTERN CONNECTICUT 165,320 PATIENTS DURING FISCAL YEAR 2019 173,276 VISITS DURING FISCAL YEAR 2019 \$725,779 - ADJUSTED FOR FINANCIAL ASSISTANCE DURING FY 2019 WCMG SERVES INDIVIDUALS OF ALL INCOME LEVELS AND FOLLOWS THE FINANCIAL ASSISTANCE POLICY ESTABLISHED BY ITS PARENT ORGANIZATION, WESTERN CONNECTICUT HEALTH NETWORK, INC , AND FOLLOWED BY DANBURY AND NORWALK HOSPITALS FORM 990, PART III, LINE 4C WCMG PRIMARY CARE AND PEDIATRICS HAS PRIMARY CARE AND PEDIATRIC SPECIALISTS IN FAMILY MEDICINE, INTERNAL MEDICINE AND PEDIATRICS THE PRIMARY CARE AND PEDIATRIC OFFICES ARE LOCATED IN DANBURY AND NORWALK, CT AND THE SURROUNDING TOWNS 14 LOCATIONS SERVING AREAS IN WESTERN CONNECTICUT 120,943 PATIENTS DURING FISCAL YEAR 2019 213,467 VISITS DURING FISCAL YEAR 2019 \$43,723- ADJUSTED FOR FINANCIAL ASSISTANCE DURING FY 2019 WCMG SERVES INDIVIDUALS OF ALL INCOME LEVELS AND FOLLOWS THE FINANCIAL ASSISTANCE POLICY ESTABLISHED BY ITS PARENT ORGANIZATION, WESTERN CONNECTICUT HEALTH NETWORK, INC , AND FOLLOWED BY DANBURY AND NORWALK HOSPITALS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII (ADDT'L INFORMATION)	FOR THOSE OFFICERS AND TOP 5 EMPLOYEES, FOR WHICH ONLY 40 HOURS IS NOTED TO REFLECT PAID HOURS, ACTUAL HOURS WORKED EXCEEDED THIS AMOUNT NOTE ALL AMOUNTS IN COLUMN F, OF PART VII, "ESTIMATED AMOUNT OF OTHER COMPENSATION", REPRESENTS BENEFITS, AND DO NOT REFLECT ANY COMPENSATION FOR WHICH THE AVERAGE AMOUNT OF TIME WORKED CAN BE REFLECTED FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION ALL OTHER PROGRAM SERVICES INCLUDE SURGERY, ONCOLOGY, PSYCHOLOGY, OBSTETRICS AND GYNECOLOGY, PAIN MANAGEMENT, ADMINISTRATION AND OVERHEAD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS	OR SHALREHOLDER WESTERN CONNECTICUT HEALTH NETWORK, INC IS THE SOLE MEMBER OF WESTERN CONNECTICUT MEDICAL GROUP, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT	GOVERNING BODY WESTERN CONNECTICUT HEALTH NETWORK, INC (THE "MEMBER") SHALL HAVE THE EXCLUSIVE RIGHT (I) TO ELECT THE CORPORATION'S BOARD OF DIRECTORS AND TO APPOINT INDIVIDUALS TO FILL VACANCIES ON THE BOARD OF DIRECTORS, (II) AMEND THE BYLAWS OF THE CORPORATION, AND (III) TO REMOVE ANY DIRECTOR WITH OR WITHOUT CAUSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY	APPROVAL BY MEMBERS OR SHAREHOLDERS FUNDAMENTAL CHANGES ARE SUBJECT TO THE APPROVAL OF THE MEMBER (WESTERN CONNECTICUT HEALTH NETWORK, INC), AND THE BOARD OF DIRECTORS, BY THE AFFIRMATIVE VOTE OF NO LESS THAN TWO-THIRDS OF ALL DIRECTORS PRESENT REQUIRED TO (A) AMEND CERTIFICATE OF INCORPORATION, (B) TRANSFER SUBSTANTIALLY ALL THE CORPORATIONS ASSETS TO, OR MERGE THE CORPORATION, (C) SELL OR MORTGAGE SUBSTANTIALLY ALL THE CORPORATIONS ASSETS, OR (D) DISSOLVE THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	STEVEN ROSENBERG, SVP/CFO OF WESTERN CONNECTICUT HEALTH NETWORK, INC , ALONG WITH FINANCE AND ACCOUNTING MANAGEMENT, WILL REVIEW FORM 990 PRIOR TO IT BEING SENT TO THE IRS A PRELIMINARY FORM 990, IS PRESENTED TO THE AUDIT COMMITTEE IN JULY, WHO REVIEWS IT ON BEHALF OF THE BOARD E&Y IS ON HAND TO REVIEW THE FORM 990 WITH THE AUDIT COMMITTEE AND ANSWER ANY QUESTIONS PRIOR TO THE FORM 990 BEING FILED WITH THE IRS, THE BOARD WILL RECEIVE A FULL AND ACCURATE COPY ON A SECURED WEBSITE FOR THEIR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	<p>AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION'S PROCESS FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST PURPOSE AND SCOPE INDIVIDUAL MEMBERS OF THE BOARD OF DIRECTORS ("BOARD") OF NUVANCE HEALTH ("NUVANCE HEALTH") AND ITS DULY AUTHORIZED COMMITTEES ("COMMITTEES") MUST PERFORM THEIR RESPONSIBILITIES CONSISTENT WITH FIDUCIARY OBLIGATIONS TO NUVANCE HEALTH AND IN A MANNER THAT SUPPORTS THE CHARITABLE PURPOSES OF NUVANCE HEALTH THIS CONFLICT OF INTEREST POLICY (THE "POLICY") ESTABLISHES BOARD STANDARDS OF CONDUCT THAT REFLECT AND SUPPLEMENT THE STANDARDS ESTABLISHED BY FEDERAL OR STATE LAW OR OTHER POLICIES OF THE BOARD THIS POLICY COVERS EACH MEMBER OF THE NUVANCE HEALTH BOARD OF DIRECTORS, NON-EMPLOYED NUVANCE HEALTH OFFICERS (IF ANY), AND NON-EMPLOYED COMMITTEE MEMBERS (FOR CONVENIENCE, ALL REFERRED TO HEREIN AS "DIRECTORS") THIS POLICY ALSO COVERS ANY CANDIDATE FOR A DIRECTOR POSITION GENERAL STATEMENTS REGARDING DIRECTOR CONDUCT AND CONFLICT OF INTEREST EACH DIRECTOR MUST ACT WITH HONESTY, FAIRNESS AND INTEGRITY IN ALL ASPECTS OF HIS OR HER CONDUCT AS A MEMBER OF THE BOARD OR ITS COMMITTEES THIS REQUIRES, IN PART, THAT THE DIRECTOR ALWAYS EXERCISE HIS OR HER IMPARTIAL, INDEPENDENT JUDGMENT ON BEHALF OF NUVANCE HEALTH IN A MANNER THE DIRECTOR REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF NUVANCE HEALTH EACH DIRECTOR ALSO HAS AN OBLIGATION TO ASSIST NUVANCE HEALTH TO OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES IN RECOGNITION OF ITS NON-PROFIT AND TAX-EXEMPT STATUS IF A DIRECTOR ACTS IN PURSUIT OF A SELF-INTEREST, OR FOR BENEFIT OF ANY PARTY OTHER THAN NUVANCE HEALTH, OR OTHERWISE INTENTIONALLY ALLOWS THE ASSETS OF NUVANCE HEALTH TO BE USED FOR PRIVATE RATHER THAN PUBLIC INTEREST, THE DIRECTOR ACTS INCONSISTENT WITH HIS OR HER FIDUCIARY OBLIGATION TO NUVANCE HEALTH AND ITS OBLIGATION TO OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES THIS POLICY ASSISTS NUVANCE HEALTH AND ITS DIRECTORS TO COMPLY WITH ACCEPTABLE STANDARDS OF CONDUCT THE POLICY DESCRIBES POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST, PROVIDES OPPORTUNITIES FOR DIRECTORS TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST, AND ESTABLISHES A FRAMEWORK FOR EVALUATING AND MANAGING POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST THAT MAY, UNDER CERTAIN CIRCUMSTANCES, BE ACTUAL CONFLICTS OF INTEREST NUVANCE HEALTH EMBRACES THE VIEW THAT IT MAY BE ADVERSE TO ITS INTERESTS TO REQUIRE THAT ALL DIRECTORS BE FREE FROM ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST OR DUALITIES OF INTEREST TO SERVE NUVANCE HEALTH NUVANCE HEALTH IS BEST GOVERNED BY CIVIL 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 OPERATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	<p>IONS, QUALITY AND SAFETY OF THE HOSPITALS AND OTHER HEALTHCARE FACILITIES OPERATED BY NUVA NCE HEALTH IF A BOARD MEMBERS POTENTIAL OR ACTUAL CONFLICT OF INTEREST OR DUALITY OF INTE REST MAY BE SUCCESSFULLY NAVIGATED THROUGH DISCLOSURE, EVALUATION, AND MANAGEMENT UNDER TH IS POLICY, NUVANCE HEALTH DESIRES AND INVITES THE CONTINUED PARTICIPATION OF SUCH MEMBERS ON ITS BOARD DUTY TO DISCLOSE DIRECTORS HAVE AN ONGOING AND CONTINUAL OBLIGATION TO DISC LOSE PROMPTLY TO NUVANCE HEALTH POTENTIAL CONFLICTS OF INTEREST THIS DISCLOSURE MAY BE AC COMPLISHED 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 T HE 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 BO ARD OR COMMITTEE, THE DIRECTOR MUST DISCLOSE SUCH INFORMATION TO THE CHAIRPERSON OF THE BO ARD, 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 L EAST 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 DIR ECTOR QUALIFICATION ASSESSMENT THE FACT THAT A DIRECTOR MADE A DISCLOSURE UNDER ONE OF TH E METHODS DESCRIBED ABOVE MAY NOT BE SUFFICIENT TO SATISFY A DIRECTORS DISCLOSURE OBLIGATI ON IF, AT THE TIME OF SPECIFIC BOARD ACTION, IT IS CLEAR TO THE DIRECTOR THAT THE BOARD IS EITHER UNAWARE OF THE DISCLOSURE OR HAS NOT COMPLETED A REVIEW OF THE DISCLOSURE IN SUCH CASES, THE DIRECTOR MUST MAKE AN ADDITIONAL DISCLOSURE PRIOR TO ANY RELATED BOARD ACTION AT THE MEETING BOARD AND COMMITTEE EVALUATION OF DISCLOSED POTENTIAL CONFLICTS OF INTERES T AFTER A DIRECTOR DISCLOSES TO THE BOARD OR COMMITTEE A POTENTIAL CONFLICT OF INTEREST A ND ALL RELATED MATERIALS FACTS, THE BOARD OR COMMITTEE MUST PROCEED TO DISCUSS AND DETERMI NE THROUGH A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER AN ACTUAL CONFLICT OR DUAL ITY OF INTEREST EXISTS IF THE INTERESTED DIRECTOR IS PRESENT AT THE START OF THE DISCUSSI ON, HE OR SHE MAY ANSWER QUESTIONS RELATED TO THE MATTER AND PROVIDE ADDITIONAL RELEVANT F ACTS BUT SHALL LEAVE THE BOARD OR COMMITTEE MEETING DURING THE DELIBERATIONS REGARDING WHE THER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS IN DETERMINING WHETHER AN ACTUAL CO NFLICT OR A DUALITY OF INTEREST EXISTS, THE BOARD MUST REVIEW APPLICABLE STANDARDS, INCLUD ING WHETHER A REASONABLE PERSON MAY CONCLUDE FROM THE DISCLOSED INFORMATION THAT THE DIREC TORS ACTIONS ON BEHALF OF NUVA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	<p>NCE 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 P ARTY (INCLUDING ANOTHER DIRECTOR) OTHER THAN NUVANCE HEALTH THIS ANALYSIS MAY BE PERFORME D WITH RESPECT TO A CURRENT PROPOSED ACTION BEFORE THE BOARD OR ACTIONS THE BOARD MAY CONS IDER 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 DIR ECTOR) MUST PROCEED TO CONSIDER WHETHER ANY RELEVANT ACTION BEFORE THE BOARD IS IN THE BES T 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 DIRECT OR) MUST PROCEED TO CONSIDER WHETHER ANY RELEVANT ACTION BEFORE THE BOARD IS IN THE BEST I NTEREST 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 - ACT UAL CONFLICT IF THE BOARD DETERMINES THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE FOLL OWING PROCEDURE APPLIES FOR ANY MATTERS BEFORE THE BOARD REQUIRING ACTION THAT RELATE TO T HE 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 GIVIN G 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 - TH E CHAIR OF THE BOARD OR COMMITTEE MAY, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR C OMMITTEE TO INVESTIGATE ALL ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT - AFT ER EXERCISING APPROPRIATE DILIGENCE (INCLUDING EVALUATING THE ALTERNATIVES RAISED BY THE D ISINTERESTED PERSON OR COMMITTEE DESCRIBED ABOVE), THE BOARD OR COMMITTEE (EXCLUDING THE D IRECTOR WITH THE CONFLICT OF INTEREST) MUST DETERMINE THE PROBABILITY AND ADVANTAGE OF A T RANSACTION 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 MA JORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN TH E 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 I SSUE PRESENTED TO THE BOARD OR COMMITTEE INVOLVING THE TRANSACTION OR ARRANGEMENT - IN CI RCUMSTANCES WHERE A DIRECTOR HAS A SIGNIFICANT, ONGOING AND IRRECONCILABLE CONFLICT OF INT EREST AND WHERE SUCH PERSONAL OR OUTSIDE INTEREST, RELATIONSHIP OR RESPONSIBILITY SIGNIFIC ANTLY IMPEDES THE DIRECTORS ABILITY TO CARRY OUT HIS/HER FIDUCIARY RESPONSIBILITY TO NUVAN CE HEALTH, RESIGNATION FROM THE BOARD OR THE CONFLICTING INTEREST MAY BE APPROPRIATE OR RE QUIRED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
RECORD OF PROCEEDINGS	<p>THE MINUTES OF THE BOARD AND COMMITTEES THAT CONSIDER ANY CONFLICT OF INTEREST MATTER RAISED BY OR REGARDING ANY DIRECTOR SHALL INCLUDE - THE NAMES OF THE DIRECTOR(S) ASSOCIATED WITH POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE POTENTIAL CONFLICT OF INTEREST, WHETHER THE BOARD DETERMINED THAT THERE WAS AN ACTUAL CONFLICT OF INTEREST, THE CONSIDERATIONS UPON WHICH THE BOARD BASED ITS DECISION, AND HOW EACH DIRECTOR VOTED ON THE MATTER, AND - THE NAMES OF ALL PERSONS PRESENT FOR DISCUSSION OR VOTES RELATING TO THE UNDERLYING PROPOSED ACTION AND THE GENERAL CONTENT OF THE DISCUSSIONS</p> <p>FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES</p> <p>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 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 DIFFICULTY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
RECORD OF PROCEEDINGS	LT TO FILL OR CRITICAL TO THE ORGANIZATIONS STRATEGY AND SUCCESS OUR GOVERNANCE PROMOTES CONSISTENCY AND EQUITY, PROVIDES CLARITY AND GUIDANCE TO DECISION-MAKERS, ENSURES STANDARD PROCESSES AND PROCEDURES FOR ASSESSING, CALIBRATING, ADMINISTERING, AND DELIVERING EFFECTIVE TOTAL REWARDS THROUGHOUT THE NUVANCE HEALTH SYSTEM OVERSIGHT AND GOVERNANCE OF THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS FOR ELIGIBLE EXECUTIVES/DISQUALIFIED INDIVIDUALS (CURRENTLY CEO, PRESIDENT AND TIERS 1 AND 2) WILL BE AT THE COMPENSATION COMMITTEE OF THE BOARD LEVEL, AND WILL FOLLOW A STRUCTURED AND RIGOROUS PROCESS TO ENSURE COMPLIANCE WITH INTERMEDIATE SANCTIONS UNDER IRS GUIDELINES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII - COMPENSATION EXPLANATION	DENNIS MEIGHAN, DO (TO 12/31) DENNIS MEIGHAN, DO WAS A DIRECTOR UNTIL DECEMBER 31, 2018 KEITH ZUCCALA, MD (TO 12/31) KEITH ZUCCALA, MD WAS A DIRECTOR UNTIL DECEMBER 31, 2018 RICHARD GEMMING (TO 10/01) RICHARD GEMMING WAS THE EXECUTIVE DIRECTOR UNTIL OCTOBER 1, 2018 ANTHEA DISNEY (TO 12/31) ANTHEA DISNEY WAS A DIRECTOR UNTIL DECEMBER 31, 2018 JOHN M MURPHY, MD (TO 12/31) JOHN M MURPHY, MD WAS A DIRECTOR UNTIL DECEMBER 31, 2018 SPENCER HOULDIN (TO 12/31) SPENCER HOULDIN WAS A DIRECTOR UNTIL DECEMBER 31, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES TRANSFER FROM WESTERN CONNECTICUT HEALTH NETWORK, INC \$442,000 ----- TOTAL \$442,000

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
Western Connecticut Medical Group Inc

Employer identification number
06-1137531

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MILFORD MRI 21 ELM STREET NEW MILFORD, CT 06776 27-1877801	INACTIVE	CT	NA	N/A	0	0		No	0		No	
(2) NORWALK SURGERT 490 CROSS STREET NORWALK, CT 06850 27-2394942	SURGERY CENTER	CT	NA	N/A	0	0		No	0		No	
(3) WCHN INVESTMENTS 24 HOSPITAL AVE DANBURY, CT 06811 47-5523212	INVESTMENTS	CT	NA	N/A	0	0		No	0		No	

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

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

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

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

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

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

1a

No

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

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

Yes

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

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

Yes

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Part III Partnership Full Name, Address, FEIN	New Milford MRI JV, LLC 27-1877801 21 Elm Street New Milford, CT 06776 Norwalk Surgery Center, LLC 27-2394942 490 Cross St , #120 Norwalk, CT 06851 WCHN Investments 47-5523212 24 Hospital Ave Danbury, CT 06810

Additional Data

Software ID:
Software Version:
EIN: 06-1137531
Name: Western Connecticut Medical Group Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
24 HOSPITAL AVENUE DANBURY, CT 06801 06-0646597	ACUTE CARE	CT	501(C)3	3	WCHN	Yes	
24 HOSPITAL AVENUE DANBURY, CT 06801 22-2594977	PROGRAM DEVL	CT	501(C)3	12 type II	Nuvance	Yes	
95 LOCUST AVENUE DANBURY, CT 06801 22-2594968	OP HLTHCR SVC	CT	501(C)3	10	WCHN	Yes	
24 HOSPITAL AVENUE DANBURY, CT 06801 23-7425557	ADMIN CONTRIB	CT	501(C)3	7	WCHN	Yes	
4 LIBERTY STREET DANBURY, CT 06810 06-0655138	HOME HLTHCRE	CT	501 (C) 3	10	WCHN	Yes	
14 RESEARCH DRIVE SUITE 201A BETHEL, CT 06810 45-5431389	PHYSICIAN SVC	NY	501 (C) 3	10	WCHN	Yes	
24 STEVENS STREET NORWALK, CT 06850 06-6068853	HEALTH SVCS	CT	501 (C) 3	3	WCHN	Yes	
34 MAPLE STREET NORWALK, CT 06850 22-2577707	FUNDRAISING	CT	501 (C) 3	7	WCHN	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1745417	TRANSPORT	NY	501(C)(3)	10	HQ	Yes	
45 READE PLACE POUGHKEEPSIE, NY 12601 14-1736429	FUNDRAISING	NY	501(C)(3)	10	HQ	Yes	
2649 SOUTH ROAD POUGHKEEPSIE, NY 12601 14-1788412	HOME HEALTH	NY	501(C)(3)	10	HQ	Yes	
2649 SOUTH ROAD POUGHKEEPSIE, NY 12601 14-1788410	HOME HEALTH	NY	501(C)(3)	10	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1678068	MANAGEMENT	NY	501(C)(3)	10	NUVANCE	Yes	
PO BOX 5002 RHINEBECK, NY 12572 14-1776208	FUNDRAISING	NY	501(C)(3)	7	HQ	Yes	
6511 SPRINGBROOK AVENUE RHINEBECK, NY 12572 14-1338467	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
6525 SPRINGBROOK AVENUE RHINEBECK, NY 12572 22-3129608	NURSING HOME	NY	501(C)(3)	10	HQ	Yes	
670 STONELEIGH AVENUE CARMEL, NY 10512 14-6019179	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
670 STONELEIGH AVENUE CARMEL, NY 10512 06-1399319	FUNDRAISING	NY	501(C)(3)	12 TYPE I	HQ	Yes	
45 READE PLACE POUGHKEEPSIE, NY 12601 14-1338586	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
50 HOSPITAL HILL ROAD SHARON, CT 06069 81-5056290	HOSPITAL	CT	501(C)(3)	3	HQ	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 82-1466583	MEDICAL CARE	CT	APPLY 501C3	3	HQ	Yes	
6 WELLS MANOR LANE SUITE 76 RHINEBECK, NY 12572 11-2611902	LOW INCOME	NY	501(C)(3)	N/A	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 56-2669185	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 80-0152047	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 46-3756713	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1675545	EDUCATION	NY	501(C)(3)	10	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 83-4214573	SUPPORT	NY	501(C)(3)	12 III - FI	NA		No

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	DANBURY HOSPITAL	K	2,868,319	Cost
(1)	DANBURY HOSPITAL	I	89,833,153	Cost
(2)	DANBURY HOSPITAL	O	97,601	Cost
(3)	DANBURY HOSPITAL	P	30,242,312	Cost
(4)	DANBURY HOSPITAL	Q	150,914	Cost
(5)	DANBURY HOSPITAL	R	56,773,061	Cost
(6)	EASTERN NY MEDICAL SERVICES PC	M	116,848	COST
(7)	EASTERN NY MEDICAL SERVICES PC	S	176,934	COST
(8)	THE NORWALK HOSPITAL ASSOCIATION	B	78,472	COST
(9)	THE NORWALK HOSPITAL ASSOCIATION	K	1,059,809	COST
(10)	THE NORWALK HOSPITAL ASSOCIATION	P	390,399	COST
(11)	THE NORWALK HOSPITAL ASSOCIATION	Q	2,392,211	COST
(12)	THE NORWALK HOSPITAL ASSOCIATION	S	50,508,393	COST
(13)	THE NORWALK HOSPITAL ASSOCIATION	C	106,265	COST
(14)	THE NORWALK HOSPITAL ASSOCIATION	S	69,804	COST
(15)	HEALTH QUEST MEDICAL PRACTICE PC	c	99,000	COST