

January 3, 2016

Karen Roberts
Principal Health Care Analyst
Tillman Foster
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol, MS #13HCA
Hartford, CT 06134-0308

Dear Ms. Roberts and Mr. Foster:

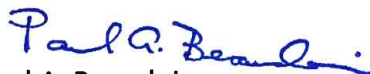
Subject: Day Kimball Medical Group 2016 Medical Foundation Annual Filing

As requested in Mr. Foster's November 7, 2016, Memo to Medical Foundation Contact Persons, please find the following in response for Day Kimball Medical Group (DKMG):

1. Mission Statement
2. Name and address of organizing/Board members
3. Name and specialty of DKMG physicians
4. Locations where DKMG physicians practice
5. Description of services provided by DKMG physicians at each location
6. Description of any significant change in services during the preceding year
7. DKMG Bylaws
8. Name and employer of members of the board of directors
9. Most recent IRS Form 990 Filing

If you have any questions regarding the attached, please do not hesitate to contact me either at pabeaudoin@daykimball.org or at 860-928-6541, x2113.

Regards,



Paul A. Beaudoin
VP Finance/CFO

cc: Kathleen Combs – DKMG
Maria Raszka - DKMG

DAY KIMBALL MEDICAL GROUP, INC

Unique Identifier: DKMG 2.000	Policy Manual Section – Page 1 of 1
TITLE: Mission Statement	RESPONSIBLE PARTY (IES): DKMG President DKMG Vice President DKMG Chief Medical Officer
FORMERLY:	DISTRIBUTED:
EFFECTIVE: 1/1/2013	All Departments
REVISED:	

I. Mission Statement

“The mission of Day Kimball Medical Group is to meet the health needs of our communities through our core values of clinical quality, customer service, fiscal responsibility and to improve the health and well-being of the many diverse communities we serve.”

REVIEWER	SIGNATURE	DATE
President, DKMG		
Chief Medical Officer, DKMG		
Vice President, DKMG		

Day Kimball Healthcare
Day Kimball Medical Group
Board of Directors – 2017

8 BOD Members 16 Total @ Meetings
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Items #2 & 8 – OHCA 2016 Annual Medical Foundation Filing

Chairman:	Jack Burke, Interim Chairman*
President:	Joseph Adiletta, Interim President*
Vice President:	Richard Wilcon, MD
Secretary:	R. David McCallum, MD
Treasurer:	VACANT

Director	Personal Address	Employer / Alternate Address
Board Officers		
Jack Burke*	PO Box 145*** Dayville, CT 06241 Phone: 860-774-6473 Fax: Cell: 860-377-3654 Jeburke0211@sbcglobal.net	None
Joseph Adiletta*	20 Doctor Pike Road PO Box 174 East Woodstock, CT 06244 Phone: 860-928-4369 Cell: 860-576-6248 Fax: josephmadiletta@gmail.com	Day Kimball Healthcare, Inc. 320 Pomfret Street Putnam, CT 06260
John Graham, MD*	33 Anderson Road Pomfret Center, CT 06259 Phone: 860.963.8952 Fax: Cell: 860.208.5110 Email: jngraham@charter.net	Day Kimball Healthcare, Inc. 320 Pomfret Street Putnam, CT 06260 Phone: 860.928.6541 x 6363 Email: jgraham@daykimball.org
Joseph Alessandro, DO* <i>Term Expiring 12/2017</i>	77 Hamlet Hill Road Pomfret Center, CT 06259 Phone: Fax: Cell: 860.455.6410 Email: drjalessandro@gmail.com	Self Employed
Atty. William St. Onge* <i>Term Expiring 12/2017</i>	147 Liberty Highway Putnam, CT 06260 Phone: Fax: Cell: Email: whs@bsblaw.net	St. Onge & Brouillard Attorneys at Law 50 Route 171 Woodstock, CT Phone: 860.928.0481 Fax: Cell: Email: whs@bsblaw.net
Shawn McNerney* <i>Term Expiring 12/2018</i>	10 Cutler Road Woodstock, CT 06281 Phone: 860.315.7341 Fax: Cell: 860.933.8347 Email:	Hometown Bank 182 S Main Street Putnam, CT 06260 Phone: 860.928.8156 Fax: Cell: 860.933.8347 Email: smcnerney@cnbct.com

Committee Chairs – 3 year terms (cannot serve more than 3 consecutive terms)		
Richard Wilcon, MD <i>Quality Home Chair</i> <i>Appointed: 1/1/2013</i>	187 Deerfield Road Pomfret Center, CT 06259 Phone: 860.974.1937 Fax: Cell: 860.450.6991 Email:	Day Kimball Medical Group, Inc. 320 Pomfret Street Putnam, CT 06260 Phone: Fax: Cell: 860.450.6991 Email: rwilcon@daykimball.org
R. David McCallum, MD <i>Operations Chair</i> <i>Appointed: 1/1/2013</i>	12 Indian Point Road Webster, MA 01570 Phone: Fax: Cell: 860.933.0322 Email:	Day Kimball Medical Group, Inc. 346 Pomfret Street Putnam, CT 06260 Phone: 860.928.2552 Fax: 860.928.0317 Cell: 860.933.0322 Email: dmccallum@daykimball.org

Day Kimball Medical Group BOD Meeting Additional Attendees:

- Paul Beaudoin, DKH CFO****
- Daniel O'Neill, MD DKMG Finance Committee***
- Timothy Monahan, MD DKMG Finance Committee***
- Michael Baum, MD DKMG Finance Committee***
- Kathy Combs, DKMG Director of Professional Revenue Cycle***
- Donna Manni, DKMG Director of Operations***
- Rebecca Powell, MSN DKMG Director of Quality***
- Maria Raszka, Administrative Coordinator to DKMG VP of Operations***

****Denotes officer and/or director of Day Kimball Healthcare***

LastName	FirstName		Specialty
BAUM	MICHAEL	MD	GENERAL SURGERY
CANDOW	DAVID	MD	FAMILY MEDICINE
CAVICKE	DANA	MD	FAMILY MEDICINE
CERRONE	MARC	MD	PEDIATRICS
CHIEFFALO	ANTHONY	MD	INTERNAL MEDICINE
DAVIS	MARGUERITE	MD	FAMILY MEDICINE
DICKINSON	GAIL	MD	INTERNAL MEDICINE
FRANZINO	RONALD	MD	SURGERY
GOPALAN	DIVYANJALI	MD	PEDIATRICS
JOHNSON	WILLIAM	MD	INTERNAL MEDICINE
JOSEPHS	ANNE	MD	PEDIATRICS
KESSELMAN	ERICA	MD	OB/GYN
KIERAS-SKIBA	MARIE	MD	INTERNAL MEDICINE
KLARE	RONALD	MD	INTERNAL MEDICINE
LACORTE	LINDSAY	DO	OB/GYN
MACKENZIE	ANDREW	MD	OB/GYN
MATSEN	KRISTA	MD	PEDIATRICS
MATTY	PAUL	MD	INTERNAL MEDICINE
MCCALLUM	R. DAVID	MD	SURGERY
MCDONALD	JAMES	MD	PEDIATRICS
MOES	ROBERT	MD	PEDIATRICS
MONAHAN	TIMOTHY	MD	DERMATOLOGY
O'NEILL	DANIEL	MD	FAMILY MEDICINE
POLOUKHINE	ELENA	MD	OB/GYN
POWELL	SUZANNE	MD	PEDIATRICS
PURCELL	ANTHONY	DO	FAMILY MEDICINE
RAHEB	STEVEN	MD	OBGYN
RUIZ	ALAN	MD	FAMILY MEDICINE
SALURAND	ELLEN	MD	NEUROLOGY
SHARMA	SANCHITA	MD	INTERNAL MEDICINE
SMITH	RICHARD	MD	PEDIATRICS
SUBAKEESAN	PATHMANATHAN	MD	PULMONARY
SULLIVAN	GERALD	MD	FAMILY MEDICINE
TISCHER	SARA	DO	INTERNAL MEDICINE
VIGNESH	SABITHA	MD	INTERNAL MEDICINE
WESLER	LEE	MD	INTERNAL MEDICINE
WILCON	RICHARD	MD	INTERNAL MEDICINE
WILTERDINK	DAVID	MD	FAMILY MEDICINE
ZHANG	DONGLIN	MD	INTERNAL MEDICINE

Last Name	First Name	Specialty	Practice	Address1	City	State	Zip	Phone	Fax
CAVICKE	DANA	MD	DKMG AFTER HOURS CARE CLINIC	612 HARTFORD PIKE	DAYVILLE	CT	06241-2159	(860) 457-9150	
MONAHAN	TIMOTHY	MD	DKMG DERMATOLOGY	55 GREEN HOLLOW RD	DANIELSON	CT	06239-3533	(860) 779-1865	(860) 779-3820
DAVIS	MARGUERITE	MD	DKMG FAMILY MEDICINE DANIELSON	45 GREEN HOLLOW RD	DANIELSON	CT	06239-3509	(860) 774-1255	(860) 779-2059
PURCELL	ANTHONY	DO	DKMG FAMILY MEDICINE DANIELSON	45 GREEN HOLLOW RD	DANIELSON	CT	06239-3509	(860) 774-1255	(860) 779-2059
RUIJZ	ALAN	MD	DKMG FAMILY MEDICINE DANIELSON	45 GREEN HOLLOW RD	DANIELSON	CT	06239-3509	(860) 774-1255	(860) 779-2059
WILTERDINK	DAVID	MD	DKMG FAMILY MEDICINE DANIELSON	45 GREEN HOLLOW RD	DANIELSON	CT	06239-3509	(860) 774-1255	(860) 779-2059
O'NEILL	DANIEL	MD	DKMG FAMILY MEDICINE KENNEDY DRIVE	7 KENNEDY DR	PUTNAM	CT	06260-1939	(860) 928-7704	(860) 928-4092
SULLIVAN	GERALD	MD	DKMG FAMILY MEDICINE KENNEDY DRIVE	7 KENNEDY DR	PUTNAM	CT	06260-1939	(860) 928-7704	(860) 928-4092
BAUM	MICHAEL	MD	DKMG GENERAL SURGERY	346 POMFRET ST	PUTNAM	CT	06260-1871	(860) 928-2552	(860) 928-0317
FRANZINO	RONALD	MD	DKMG GENERAL SURGERY	346 POMFRET ST	PUTNAM	CT	06260-1871	(860) 928-2552	(860) 928-0317
MCCALLUM	R. DAVID	MD	DKMG GENERAL SURGERY	346 POMFRET ST	PUTNAM	CT	06260-1871	(860) 928-2552	(860) 928-0317
CANDOW	DAVID	MD	DKMG GENERAL SURGERY	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6432	(860) 963-6404
CHIEFFALO	ANTHONY	MD	DKMG HOSPITALISTS	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6432	(860) 963-6404
DICKINSON	GAIL	MD	DKMG HOSPITALISTS	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6432	(860) 963-6404
SHARMA	SANCHITA	MD	DKMG HOSPITALISTS	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6432	(860) 963-6404
VIGNESH	SABITHA	MD	DKMG HOSPITALISTS	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6432	(860) 963-6404
WILCON	RICHARD	MD	DKMG HOSPITALISTS	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6432	(860) 963-6404
ZHANG	DONGLIN	MD	DKMG INTERNAL MEDICINE PLAINFIELD	12 LATHROP ROAD	PLAINFIELD	CT	06374-1800	(860) 457-9191	(860) 564-3674
JOHNSON	WILLIAM	MD	DKMG HOSPITALISTS	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6432	(860) 963-6404
MATTY	PAUL	MD	DKMG INTERNAL MEDICINE DAYVILLE	612 HARTFORD PK	DAYVILLE	CT	06241-2159	(860) 779-0867	(860) 779-0386
TISCHER	SARA	MD	DKMG INTERNAL MEDICINE DAYVILLE	612 HARTFORD PK	DAYVILLE	CT	06241-2159	(860) 779-0867	(860) 779-0386
WESLER	LEE	MD	DKMG INTERNAL MEDICINE DAYVILLE	612 HARTFORD PK	DAYVILLE	CT	06241-2159	(860) 779-0867	(860) 779-0386
KLARE	RONALD	MD	DKMG INTERNAL MEDICINE WOODSTOCK	168 RTE 171	S. WOODSTOCK	CT	06281-3123	(860) 928-7775	(860) 928-1397
SALURAND	ELLEN	MD	DKMG INTERNAL MEDICINE WOODSTOCK	168 RTE 171	S. WOODSTOCK	CT	06281-3123	(860) 928-7775	(860) 928-1397
MACKENZIE	ANDREW	MD	DKMG MATERNAL FETAL MEDICINE	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-3836	(860) 963-6468
POLOUKHINE	ELENA	MD	OBSTETRICS & GYNECOLOGY PLAINFIELD	12 LATHROP RD	PLAINFIELD	CT	06374-2061	(860) 457-9200	(860) 457-9201
		MD	OBSTETRICS & GYNECOLOGY POMFRET ST	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6699	(860) 963-6696
KESSELMAN	ERICA	MD	OBSTETRICS & GYNECOLOGY PLAINFIELD	12 LATHROP RD	PLAINFIELD	CT	06374-2061	(860) 457-9200	(860) 457-9201
LACORTE	LINDSAY	DO	OBSTETRICS & GYNECOLOGY POMFRET ST	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6699	(860) 963-6696
		DO	OBSTETRICS & GYNECOLOGY PLAINFIELD	12 LATHROP RD	PLAINFIELD	CT	06374-2061	(860) 457-9200	(860) 457-9201
RAHEB	STEVEN	MD	OBSTETRICS & GYNECOLOGY PUTNAM	340 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6699	(860) 963-6696
GOPALAN	DIVYANJALI	MD	DKMG PEDIATRICS PLAINFIELD	12 LATHROP ROAD	PLAINFIELD	CT	06374-1800	(860) 457-9191	(860) 564-3674
KIERAS-SKIBA	MARIE	MD	DKMG PEDIATRICS PLAINFIELD	12 LATHROP ROAD	PLAINFIELD	CT	06374-1800	(860) 457-9191	(860) 564-3674
MCDONALD	JAMES	MD	DKMG INTERNAL MEDICINE PLAINFIELD	12 LATHROP ROAD	PLAINFIELD	CT	06374-1800	(860) 457-9191	(860) 564-3674
CERRONE	MARC	MD	DKMG PEDIATRICS PUTNAM	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6390	(860) 963-6343
JOSEPHS	ANNE	MD	DKMG PEDIATRICS PLAINFIELD	12 LATHROP ROAD	PLAINFIELD	CT	06374-1800	(860) 457-9191	(860) 564-3674
MATSEN	KRISTA	MD	DKMG PEDIATRICS PUTNAM	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6390	(860) 963-6343
MOES	ROBERT	MD	DKMG PEDIATRICS PUTNAM	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6390	(860) 963-6343
POWELL	SUZANNE	MD	DKMG PEDIATRICS PLAINFIELD	12 LATHROP ROAD	PLAINFIELD	CT	06374-1800	(860) 457-9191	(860) 564-3674
SMITH	RICHARD	MD	DKMG PEDIATRICS PUTNAM	320 POMFRET ST	PUTNAM	CT	06260-1836	(860) 963-6390	(860) 963-6343
SUBAKEESAN	PATHMANATHAN	MD	DKMG MEDICAL SPECIALTIES	346 POMFRET ST	PUTNAM	CT	06260-1871	(860) 928-4344	(860) 928-4188

6. A description of any significant change in its services during the preceding year.

The only change to be noted is that Day Kimball Medical Group shifted its after-hours clinic services from Plainfield Dayville.

BYLAWS
OF
DAY KIMBALL MEDICAL GROUP, INC.

Adopted: December 15, 2011

Effective: February 19, 2013

Amended April 16, 2013

**INDEX
OF THE BYLAWS OF
DAY KIMBALL MEDICAL GROUP, INC.**

Page

ARTICLE ONE - GENERAL

Section 1.01	Name.....	1
Section 1.02	Principal Office.....	1
Section 1.03	Other Offices	1
Section 1.04	Purposes.....	1
Section 1.05	Fiscal Year.....	1

ARTICLE TWO - MEMBER

Section 2.01	Sole Member.....	1
Section 2.02	Reserved Powers.....	1
Section 2.03	Conflicting Provisions	3
Section 2.04	Honorary Titles.....	3

ARTICLE THREE - TRUSTEES

Section 3.01	Exercise of Powers	3
Section 3.02	Number and Qualifications.....	3
Section 3.03	Election and Tenure.....	3
Section 3.04	Resignation or Removal of Trustee	4
Section 3.05	Vacancies.....	5
Section 3.06	Compensation of Trustees	5
Section 3.07	Meetings of the Board of Trustees	5
Section 3.08	Place of Meeting of Trustees	5
Section 3.09	Notice of Trustees' Meetings	5
Section 3.10	Quorum.....	6
Section 3.11	Presiding Officer and Order of Business	6
Section 3.12	Failure to Object.....	6
Section 3.13	Action by the Trustees	6
Section 3.14	Telephonic Meetings	7
Section 3.15	Contracts.....	7
Section 3.16	Liability	8

ARTICLE FOUR - COMMITTEES

Section 4.01	Standing Committees.....	8
Section 4.02	Medical Leadership Committee ("MLC").....	8
Section 4.03	Physician User Group/EMR Committee.....	9
Section 4.04	Quality/Medical Home Committee.....	9

Section 4.05	Operations Committee.....	10
Section 4.06	Finance/Compensation Committee.....	10
Section 4.07	Additional Committees.....	11
Section 4.08	Limitation on Powers of Committees.....	11
Section 4.09	Quorum.....	111
Section 4.10	Meetings and Notices.....	111
Section 4.11	Reports to the Board of Trustees.....	111

ARTICLE FIVE - OFFICERS OF THE CORPORATION

Section 5.01	Number and Qualifications.....	11
Section 5.02	Election and Term.....	11
Section 5.03	President.....	11
Section 5.04	Vice President.....	12
Section 5.05	Secretary.....	122
Section 5.06	Treasurer.....	122
Section 5.07	Assistant Officers.....	12

ARTICLE SIX - INDEMNIFICATION

Section 6.01	Reliance Upon Information.....	12
Section 6.02	Indemnification.....	13

ARTICLE SEVEN - TRANSACTION OF BUSINESS

Section 7.01	Income from Activities.....	133
Section 7.02	Negotiable Instruments.....	133
Section 7.03	Other Documents.....	133
Section 7.04	Acceptance of Gifts and Contributions.....	13

ARTICLE EIGHT - MISCELLANEOUS

Section 8.01	Conflicts of Interest.....	13
Section 8.02	Headings.....	13
Section 8.03	Bond.....	13

ARTICLE NINE - DISSOLUTION

Section 9.01	Dissolution of Corporation.....	144
Section 9.02	Distribution of Assets.....	144

ARTICLE TEN - AMENDMENTS

Section 10.01	Amendments to Bylaws.....	14
Section 10.02	Amendments to Certificate of Incorporation.....	14

**BYLAWS OF
DAY KIMBALL MEDICAL GROUP, INC.**

ARTICLE ONE

General

Section 1.01 Name. The name of the corporation shall be **DAY KIMBALL MEDICAL GROUP, INC.** (hereinafter called the “Medical Group” or the “Corporation”).

Section 1.02 Principal Office. The principal office of the Corporation shall be located in Putnam, Connecticut, or in such other location as may from time to time be determined by the Board of Trustees.

Section 1.03 Other Offices. The Corporation may have such other offices in such places as the Board of Trustees may from time to time designate.

Section 1.04 Purposes. The Medical Group shall be organized and operated exclusively for charitable, scientific, literary and educational purposes permitted within the scope of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, (the “Code”) provided, however, the purpose of the Medical Group shall be exclusively for practicing medicine and providing healthcare services as a medical foundation under Title 33, Chapter 594B of the Connecticut General Statutes. In furtherance of these purposes, the Corporation may exercise all rights and powers conferred by the laws of the State of Connecticut upon nonprofit corporations; provided, however, the Corporation shall not act so as to impair its eligibility for exemption under Section 501(c)(3) of the Code or as a medical foundation under Title 33, Chapter 594B of the Connecticut General Statutes.

Section 1.05 Fiscal Year. The fiscal year of the Corporation shall, unless otherwise determined by resolution of the Board of Trustees, end on September 30 of each year. The Board of Trustees may by resolution from time to time change the fiscal year of the Corporation.

ARTICLE TWO

Member

Section 2.01 Sole Member. Day Kimball Healthcare, Inc. (“DKH”) shall be the sole member of the Corporation on a permanent basis and no election to reaffirm the member shall be required at any time. Further, notwithstanding any provisions of the Connecticut Revised Nonstock Corporation Act (“CRNC”), DKH may not be removed as the sole member of the Corporation for any reason.

Section 2.02 Reserved Powers. The following powers are expressly reserved to the Board of Directors of DKH to exercise in accordance with its bylaws:

- (a) To determine or change the mission and purpose of the Corporation including the Corporation's strategic direction and long-term objectives, and to monitor and maintain the philosophy of the Corporation;
- (b) To elect or to delegate to others the authority to elect or to appoint trustees of the Corporation as provided in Article Three hereof, and to remove, with or without cause, any one or more members of the Board of Trustees of the Corporation;
- (c) To elect and to remove, with or without cause, the officers of the Corporation as provided in Article Five hereof and to establish the compensation and benefits of officers of the Corporation;
- (d) To select the Corporation's attorney(s), certified public accountant(s) and bank;
- (e) To approve and adopt the Corporation's annual operating and capital budgets;
- (f) To enter into any building and equipment leases or any arrangement with any other healthcare organizations, providers or entities;
- (g) To negotiate and execute third party payer agreements
- (h) To recruit and/or hire or fire physician employees of the Corporation;
- (i) To approve any purchase or acquisition that exceeds Twenty-Five Thousand Dollars (\$25,000)
- (j) To approve and any instrument or evidence of indebtedness that exceeds Ten Thousand Dollars (\$10,000);
- (k) To approve incurring any obligations or operating expenses, outside of approved budget, that exceed Twenty-Five Thousand Dollars (\$25,000);
- (l) To approve the compromise or settlement of any claims;
- (m) To approve the filing of or response to a bankruptcy petition;
- (n) To approve the creation or acquisition of any subsidiary of the Corporation.
- (o) To approve the merger, consolidation, or transfer of governance control to any other person or entity; to approve associating, affiliating and/or partnering in any significant manner with other entities or persons; or selling, leasing, exchanging or disposing of substantially all Medical Group assets;

(p) To amend, alter, modify or repeal the Corporation's Certificate of Incorporation as provided in Article Ten hereof;

(q) To dissolve the Corporation in conformity with the Certificate of Incorporation, these Bylaws, the Code, and applicable law; and

(r) Except as otherwise specifically provided herein, to exercise any and all powers held by the Corporation as a shareholder or reserved or delegated to the Board of Trustees of the Corporation by the Certificate of Incorporation or bylaws of any entity of which the Corporation holds governance control through the appointment of a majority of the governing body or otherwise.

Notwithstanding any other provision of these Bylaws or the CRNC, the powers granted by the Corporation to DKH pursuant to this Section 2.02 or pursuant to any other section of these Bylaws may not be unilaterally altered, amended or rescinded by the Corporation.

Section 2.03 Conflicting Provisions. To the extent any of the provisions of these Bylaws conflicts with any powers delegated to DKH pursuant to Section 2.02 of these Bylaws, the terms of Section 2.02 shall control.

Section 2.04 Honorary Titles. The Corporation may create such classes of "memberships," such as contributing members or honorary members, as the Board of Trustees sees fit, but such persons shall not have the rights of members under the CRNC.

ARTICLE THREE

Trustees

Section 3.01 Exercise of Powers. Subject to the power and authority of DKH, the business, property and affairs of the Corporation shall be exercised by, or under the authority of, a Board of Trustees. Trustees shall be deemed to stand in a fiduciary relation to the Corporation, and shall discharge the duties of their position with that diligence, care and skill which ordinarily prudent persons would exercise under similar circumstances.

Section 3.02 Number and Qualifications. The Board of Trustees shall consist of at least seven (7) persons but not more than fifteen (15) persons who shall be natural persons at least twenty-one (21) years of age.

Section 3.03 Election and Tenure. The initial Trustees designated by DKH shall serve for an initial three (3) year term and until their successors shall have been duly elected and qualified. Trustees shall subsequently be elected as follows:

(a) First, those persons holding the positions as Chairperson of the Board, CEO and Vice President of Medical Affairs of DKH shall be ex-officio voting members of the Board of Trustees of the Medical Group;

(b) Second, the Chairperson of the Board of DKH shall appoint four persons to serve on the Board of Trustees of the Medical Group. Appointments by the Chairperson must result in there being an equal or greater number of employees of DKH who are licensed physicians than employees of DKH who are not physicians when taken together with the ex-officio appointments set forth above.

(c) Third, the Board of Directors of DKH shall elect, by majority vote, all remaining persons to the Board of Trustees of the Medical Group, provided that the total number of Directors, when taken together with the foregoing appointments, does not exceed fifteen (15) persons; provided further, however, that appointments by the Board of DKH must result in there being (i) an equal or greater number of employees of DKH who are licensed physicians than employees of DKH who are not physicians when taken together with the ex-officio appointments and the appointments by the Chairperson set forth above, and (ii) no more than seven (7) persons who are employees of DKH in any capacity.

(d) There shall be no limit as to the number of persons who may serve on the Board of Trustees of the Medical Group who are not employees of DKH, provided that the total number of Directors serving at any time does not exceed fifteen (15) persons.

(e) For purposes of this Section, the term "provider" shall have the same meaning as provided in the medical foundation statute under Title 33, Chapter 594B of the Connecticut General Statutes .

(f) Appointments and elections hereunder shall occur at the Annual Meeting of the Board of Directors of DKH as provided in its Bylaws.

(g) Trustees shall serve for a three (3) year term and until their successors shall have been duly elected and qualified, or until their earlier death, resignation or removal from office; provided however, in the event that the term of any Trustee of the Corporation shall expire without his being appointed for another term, no successor to such Trustee need be appointed so long as the total number of Trustees does not fall below the minimum required number. With the exception of ex-officio appointments, no person shall be elected or appointed as a Trustee for more than three (3) successive terms. However, such person may become eligible again for election or appointment after the lapse of one (1) year.

Section 3.04 Resignation or Removal of Trustee.

(a) Resignation: Any Trustee may resign at any time. Such resignation shall be made in writing to the Board of Directors of DKH and shall take effect at the time specified therein, or if no time be specified, at the time of its receipt by the Board of Trustees. The acceptance of a resignation shall not be necessary to make effective.

(b) Removal of a Trustee: The Board of Directors of DKH shall have the sole power to remove any Trustee of the Corporation from office with or without cause, such

removal to be effective upon a two-thirds vote the Directors of DKH present and voting, a quorum being present, at a meeting specially noticed for that purpose.

Section 3.05 Vacancies. Any vacancy on the Board of Trustees occurring during the year, including a vacancy created by an increase in the number of Trustees, may be filled in accordance with the provisions of Section 3.03(b) or (c) hereof, under which the Trustee whose position has become vacant was originally appointed or elected.

Section 3.06 Compensation of Trustees. Trustees shall not receive any stated salary for their services as such. Nothing herein contained shall be construed to preclude any Trustee from serving the Corporation in any other capacity and receiving reasonable compensation therefor.

Section 3.07 Meetings of the Board of Trustees.

(a) Annual Meeting: An annual meeting of the Board of Trustees shall be held in each calendar year, at such time and place as the Chairperson of the Board shall determine, for the transaction of such business as may properly come before the meeting. No notice of the annual meeting need be given.

(b) Regular Meetings: Regular Meetings of the Board of Trustees shall be held monthly, or at such other regular intervals as the Board shall determine to be appropriate.

(c) Special Meetings: Special Meetings of the Board of Trustees may be called at any time by the Chairperson of the Board of Trustees. The Chairperson shall call a special meeting within thirty (30) days of the written request of any five (5) Directors, provided that the request state the purpose of the meeting requested.

(d) Executive Session: The President may be excused from Board Meetings on matters relating to the evaluation of performance and compensation of the President.

Section 3.08 Place of Meeting of Trustees. Each regular and special meeting of Trustee shall be held at such place, within or without the State of Connecticut, as the Board of Trustees may from time to time designate or as may be designated in the notice of the meeting.

Section 3.09 Notice of Trustees' Meetings. Written notice of all meetings shall be given to each Trustee personally or sent by mail, other delivery service, or electronic transmission, including facsimile and e-mail, at least seven (7) days prior to the date of the meeting. A written waiver of notice signed by the Trustees entitled to such notice, whether before or after the time stated therein, shall be equivalent to the giving of such notice. The Secretary shall cause any such waiver to be filed with the minutes of the meeting. The attendance of a Trustee at a meeting without protesting, prior to or at the commencement of the meeting, the lack of proper notice shall be deemed a waiver of notice of such meeting.

Section 3.10 Quorum. A majority of the whole number of those who are at the time the Trustees of the Corporation shall be necessary to constitute a quorum for the transaction of business; provided, however, the presence of the Chairperson and the President (in the event the President is also a Trustee) shall be required for a quorum. The acts of a majority of the Trustees present at a meeting at which a quorum is present shall, unless otherwise specifically provided by law or by the Certificate of Incorporation, be the acts of the Board of Trustees.

Section 3.11 Presiding Officer and Order of Business. At all meetings of the Board of Trustees, the Chairperson shall preside. In the Chairperson's absence, the Vice-Chairperson shall preside; and in the Vice-Chairperson's absence, a chairman chosen by the Directors shall preside. The Chairperson of DKH, an ex-officio member of the Board of Trustees of the Medical Group, shall serve as the Chairperson of the Board of Trustees of the Medical Group.

Section 3.12 Failure to Object. A Trustee of the Corporation who is present at a meeting of the Board of Trustees at which action on any corporate matter is taken shall be presumed to have assented to the action taken unless such Trustee's dissent shall be entered in the minutes of the meeting or unless such Trustee shall file a written dissent to such action with the person acting as the Secretary of the meeting before the adjournment of the meeting. Such right to dissent shall not apply to a Trustee who has voted in favor of such action.

Section 3.13 Action by the Trustees

(a) Trustees' Action upon General Matters: Action upon general matters before the Board of Trustees may be taken or authorized by an affirmative majority vote of the Trustees who are present and qualified to vote on such matters, taken at a meeting duly called and at which a quorum is present. Such a vote shall hereinafter be referred to as "a Trustees' Resolution".

(b) Trustees' Action upon Special Matters: A Trustees' Resolution shall not be sufficient when the concurrence of a greater proportion of the Trustees is required for such action by the laws of the State of Connecticut, the Certificate of Incorporation, or other provisions of these Bylaws.

(c) Reserved Powers of DKH: Notwithstanding any other provision of this Section, the actions specified in Section 2.02 may be considered and undertaken only by DKH or as delegated by DKH.

(d) Proxy Voting by Trustees: No Trustees shall be permitted to vote by proxy vote.

(e) Trustees' Action Without a Meeting by Unanimous Written Consent: Any action to be taken by the Trustees may be taken without a meeting if all then serving Trustees consent to the action in writing, said consent to be filed with the records of the meetings of the Trustees.

(i) Electronic Transmissions: An electronic transmission consenting to an action to be taken and transmitted by a Trustee, or by a person or persons authorized to act for a Trustee, shall be deemed to be written, signed and dated for the purposes of Section 3.13(d), provided that any such electronic transmission sets forth or is delivered with information from which the Corporation can determine (i) that the electronic transmission was transmitted by the Trustee or by a person or persons authorized to act for the Trustee and (ii) the date on which such Trustee or authorized person or persons transmitted such electronic transmission. The date on which such electronic transmission is transmitted shall be deemed to be the date on which such consent was signed. No consent given by electronic transmission shall be deemed to have been delivered until such consent is reproduced in paper form and until such paper form shall be delivered to the Corporation by delivery to its registered office in Connecticut, its principal place of business or an Officer or agent of the Corporation having custody of the book in which proceedings of meetings of members are recorded. Delivery made to the Corporation's registered office shall be made by hand or by certified or registered mail, return receipt requested. Notwithstanding the foregoing limitations on delivery, consents given by electronic transmission may be otherwise delivered to the principal place of business of the Corporation or to an Officer or agent of the Corporation having custody of the book in which proceedings of meetings of members are recorded if, to the extent and in the manner provided by resolution of the Board of Trustees of the Corporation.

(ii) Any copy, facsimile or other reliable reproduction of a consent in writing may be substituted or used in lieu of the original writing for any and all purposes for which the original writing could be used, provided that such copy, facsimile or other reproduction shall be a complete reproduction of the entire original writing.

Section 3.14 Telephonic Meetings. One or more Trustees may participate in a meeting of the Board of Trustees by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section shall constitute presence in person at the meeting.

Section 3.15 Contracts. In the absence of fraud, no contract or other transaction between the Corporation and any other organization shall be affected by the fact a Trustee of the Corporation is a Trustee, employee or agent of such other organization, if such contract or transaction shall be approved or ratified by the affirmative vote of a majority of the Trustees present at a meeting of the Board of Trustees or of the committee of the Corporation having authority in the premises, and if all relevant provisions of the Conflict of Interest Policy of the Corporation have been fully complied with. Any Trustee individually, or any organization of which any Trustee is a partner or shareholder, may be a party to or may be interested in any contract or transaction of the Corporation; provided, that such contract or transaction shall be approved or ratified by the affirmative vote of at least a majority of the Trustees present at a

meeting of the Board of Trustees or of the committee of the Corporation having authority in the premises, who are not so interested. No Trustee shall be liable to account to the Corporation for any profit realized by such Trustee from or through any such transaction or contract of the Corporation, ratified or approved as aforesaid, by reason of such Trustee's interest in such transaction or contract. Trustees so interested may be counted when present at meetings of the Board of Trustees or of such committee for the purpose of determining the existence of the quorum.

Section 3.16 Liability. Any Trustee of the Corporation shall not be personally liable for monetary damages for any action taken, or any failure to take any action, unless the Trustee has breached or failed to perform the duties of the Trustee's office and the breach or failure to perform constitutes self-dealing, willful misconduct or recklessness. Any repeal, amendment, or modification of this Section shall be prospective only and shall not increase, but may decrease a Trustee's liability with respect to actions or failures to act occurring prior to such change.

ARTICLE FOUR **Committees**

Section 4.01 Standing Committees: The following committees shall be the Standing Committees of the Board: (i) Medical Leadership Committee; (ii) Physician User Group/EMR Committee; (iii) Quality/Medical Home Committee; (iv) Operations Committee; and (a) Finance/Committee.

(b) The President of the Corporation shall be an ex officio member of all committees and shall be entitled to a vote on any matter before any committee.

(c) Except as hereinafter specified, the members and chairpersons of all Standing Committees shall be appointed by the Board of Directors at the annual meeting.

Section 4.02 Medical Leadership Committee ("MLC").

(a) Composition. The Medical Leadership Committee shall be composed of voting members which shall include (i) Division Medical Directors; (ii) the President and CEO of DKH; (iii) the Chief Medical Officer of DKH, and (iv) the Chairpersons of each of the other Standing Committees of the Corporation as set forth in this Article. No person should have more than one vote. In addition, the Chairperson of the Corporation may appoint non-voting members to the Medical Leadership Committee as he or she shall from time to time deem necessary or advisable.

(b) Chairperson. The DKMG Chief Medical Officer shall serve as the Chairperson of the Medical Leadership Committee and recommend to DKMG Board candidates for position of Division Medical Directors and which Directors shall take office on approval of Board on an annual basis.

(c) Powers and Functions. The Medical Leadership Committee shall be responsible for reviewing the performance, financial and clinical quality of all practices. In addition, this Committee shall receive, review and, in its discretion, act upon recommendations from the other Standing Committees and may recommend major changes of policy to the DKMG Board.

Section 4.03 Physician User Group/EMR Committee.

(a) Composition. The Physician User Group/EMR Committee shall be composed of at least ten (10) voting members consisting of physicians who show an interest in the field of electronic medical records and are representative of the various practices. The Board of the Corporation shall make all appointments of voting members, in addition, the Chairperson of the Corporation may appoint non-voting members to this Committee as he or she shall from time to time deem necessary or advisable.

(b) Chairperson. The Treasurer of the Corporation shall serve as the Chairperson of the Physician User Group/EMR Committee.

(c) Powers and Functions. The Physician User Group/EMR Committee shall be responsible for the development of templates, workflow and documentation responsibilities as necessitated by software. In addition, this Committee shall review and make recommendations concerning necessary changes to the electronic medical records. Recommendations of the Committee shall be forwarded to the MLC for review and implementation in the discretion of the MLC.

Section 4.04 Quality/Medical Home Committee.

(a) Composition. The Quality/Medical Home Committee shall be composed of at least six (6) voting members consisting of interested physicians that are representative of each primary care field. The Board of the Corporation shall make all appointments of voting members, in addition, the Chairperson of the Corporation may appoint non-voting members to this Committee as he or she shall from time to time deem necessary or advisable.

(b) Chairperson. The Vice President of the Corporation shall serve as the Chairperson of the Quality/Medical Home Committee.

(c) Powers and Functions. The Quality/Medical Home Committee shall be responsible for improving and maximizing the quality of care delivered to patients in those physician practices that are integrated with the Corporation and Day Kimball Healthcare. Recommendations of the Committee shall be forwarded to the MLC for review and implementation in the discretion of the MLC.

(d) Each Division of the Medical Group shall have a Peer Review Committee, who's function shall be to improve the quality of care provided by the members of the Division, pursuant to Connecticut General Statutes, Chapter 368a, Section 19a-17b. Each

Peer Review Committee shall be chaired by the Division Medical Director, or their appointed designee, and shall consist of no less than three (3) Division members. Each Peer Review Committee shall adhere to the guidelines set forth by the Quality/Medical Home Committee to define and construct the specific format for case reviews and quality oversight of Division members, and shall report to the Quality/Medical Home Committee. The Day Kimball Hospital medical staff committee, Medical Care Evaluation Committee, shall serve as the Peer Review Committee for the Adult Hospitalist Division. Operations Committee.

Section 4.05 Operations Committee

(a) Composition. The Operations Committee shall be composed of at least twelve (12) voting members which shall include a physician representative from each practice. The Board of the Corporation shall make all appointments of voting members, in addition, the Chairperson of the Corporation may appoint non-voting members to this Committee as he or she shall from time to time deem necessary or advisable.

(b) Chairperson. The Secretary of the Corporation shall serve as the Chairperson of the Operations Committee.

(c) Powers and Functions. The Operations Committee shall be responsible for supporting the larger organization by (i) providing timely coordination and communication among members; (ii) addressing daily issues; (iii) maximizing patient care and member satisfaction; and (iv) promoting the financial success of the organization. Recommendations of the Committee shall be forwarded to the MLC for review and implementation in the discretion of the MLC.

Section 4.06 Finance/Committee: The Finance/Operations Committee

(a) Composition. The Finance/Committee shall be composed of at least nine (9) voting members which shall include four (4) physicians three (3) of which are employed and the Treasurer as well as the Chief Financial Officer and Vice President of Physician Services of the Corporation. The Board of the Corporation shall make all appointments of voting members, in addition, the Chairperson of the Corporation may appoint non-voting members to this committee as he or she shall from time to time deem necessary or advisable.

(b) Chairperson. The Chairperson of the DKMG Corporation shall appoint the Chairperson of the Finance Committee.

(c) Committee. The Committee shall report to the Board of the Corporation.

(d) Powers and Functions. The Finance/Committee shall be responsible for recommending initiatives and modifications to the DKMG budget.

Section 4.07 Additional Committees. In addition to the Standing Committees, the Board of Trustees may appoint one or more committees of Officers, Directors, and/or other persons to act in an advisory capacity to the whole Board. Such committee or committees shall have such name or names as may be determined from time to time by resolution adopted by the Board of Trustees. The committees shall keep regular minutes of their proceedings and report the same to the Board when required.

Section 4.08 Limitation on Powers of Committees. Any committee shall have and may exercise all of the powers and authority delegated to it by the Board of Trustees or these Bylaws, except that a committee shall not have any power or authority (i) to amend or repeal any resolution of the Board; (ii) to take action on any matter committed by resolution of the Board to another committee of the Board; (iii) to take any action requiring Board action or (iv) to take any action with regard to a matter reserved to the Board of Directors of DKH pursuant to Section 2.02 hereof.

Section 4.09 Quorum. A majority of the individuals appointed to a committee shall constitute a quorum for the transaction of business.

Section 4.10 Meetings and Notices. A committee may, by resolution, fix regular meeting dates of which no notice need be given to the members of the committee. Special meetings of a committee may be held at the call of the chair of the committee upon such notice as is provided in Section 3.07(c) of these Bylaws for special meetings of the Board of Trustees.

Section 4.11 Reports to the Board of Trustees. All action taken by a committee shall be reported to the Board of Trustees not later than the next succeeding regular meeting of the Board.

ARTICLE FIVE

Officers of the Corporation

Section 5.01 Number and Qualifications. The Officers of the Corporation shall be a President, a Secretary, a Treasurer and such other Officers and assistant Officers, including one or more Vice Presidents, as the Board may deem appropriate. Any two or more offices may be held by the same person. The Officers need not be Directors.

Section 5.02 Election and Term. The Officers and assistant Officers, if any, shall be elected by the Board of Directors of DKH at its annual meeting and shall hold office until the next annual meeting of DKH and until their successors are elected or until their earlier death, disability, resignation, or removal by the Board of Directors of DKH. No Secretary Treasurer or Assistant of the same shall be elected for more than three (3) successive years. However, such an officer may become eligible again for election after the lapse of one (1) year.

Section 5.03 President.

(a) The President shall be selected and employed by the Board of Directors of DKH and supervised by the Chairperson. The President shall generally supervise the

business of the Corporation; and shall execute documents on behalf of the Corporation. The President shall be an ex-officio member of every Corporation committee.

Section 5.04 Vice President. The Vice President, if any, shall have such powers and perform such duties as the President may from time to time delegate to the Vice President. At the request of the President, the Vice President may, in the case of the absence or inability to act by the President, temporarily act in the President's place. In the case of the death or inability to act of the President, the Vice President shall perform the duties of the President except as shall be otherwise designated by the Board of Trustees.

Section 5.05 Secretary. The Secretary of the Corporation shall have charge of such books, documents, and papers as the Board of Trustees may determine and shall have the custody of the Seal of the Corporation. The Secretary shall attend and keep the minutes of all meetings of the Board of Trustees and shall receive from the Chairperson of each standing and ad hoc committee of the Board of Trustees a written record of the proceedings thereof. The President and staff shall assist the Secretary and Chairperson in the preparation, distribution and preservation of such records which shall be kept in the permanent files of the Corporation. The Secretary shall keep separate logs showing the home addresses of all Trustees, which logs shall be open for inspection as prescribed by law. The Secretary shall, in general, perform all the duties incident to the office of Secretary, subject to the control of the Board of Trustees, and shall do and perform such other duties as may be assigned to him/her from time to time by the Board of Trustees.

Section 5.06 Treasurer. The Treasurer shall assure that accurate accounts of the receipts and disbursements of the Corporation are maintained; shall cause financial reports to be provided to the Board as requested, but not less than once a year; and shall perform such other duties as may be prescribed by the Board or by the President.

Section 5.07 Assistant Officers. Any assistant officer authorized by the Board of Trustees shall perform such duties as may be delegated to him or her by the officer to whom he or she is an assistant, and in the absence or disability of such officer may perform the duties of his or her office.

ARTICLE SIX

Indemnification

Section 6.01 Reliance Upon Information. In performing his or her duties, a Trustee may rely in good faith upon information, opinions, reports or statements, including financial statements and other financial data, prepared or presented by (i) one or more Officers or employees of the Corporation whom the Trustee reasonably believes to be reliable and competent in the matters presented, (ii) counsel, public accountants or other persons as to matters which the Trustee reasonably believes to be within the professional or expert competence of such person, or (iii) a committee of the Board of Trustees upon which the Trustee does not serve, duly designated in accordance with law, as to matters within its designated authority, which committee the Trustee reasonably believes to merit confidence. A Trustee shall not be

considered to be acting in good faith, however, if such Trustee has knowledge concerning a matter which would cause his reliance on any of the foregoing to be unwarranted.

Section 6.02 Indemnification. The Corporation shall indemnify its Trustees and officers as provided in the Corporation's Certificate of Incorporation and § 33-1116 to § 33-1124 inclusive of the Connecticut General Statutes.

ARTICLE SEVEN
Transaction of Business

Section 7.01 Income from Activities. Whenever the lawful activities involve, among other things, the charging of fees or prices for its services or products, the Corporation shall have the right to receive such income and, in so doing, may make an incidental profit. All such incidental profits shall be applied to the maintenance and operation of the lawful activities , and in no case shall such income be divided or distributed in any manner whatsoever among the Trustees or Officers; provided, however, that such income may be utilized to provide all or any part of the reasonable compensation of any such Officer.

Section 7.02 Negotiable Instruments. In addition to the provisions of Section 4.06 hereof, the Board of Trustees may from time to time designate the Officers or agents of the Corporation who shall have power, in its name, to sign and endorse checks and other negotiable instruments and to borrow money for the Corporation, and in its name, to make notes or other evidences of indebtedness.

Section 7.03 Other Documents. Unless otherwise authorized by the Board of Trustees, all contracts, leases, deeds, deeds of trust, mortgages, and all other documents requiring the seal of the Corporation shall be executed for and on behalf of the Corporation by the President, or a Vice President, and shall be attested by the Secretary.

Section 7.04 Acceptance of Gifts and Contributions. The Board of Trustees may accept on behalf of the Corporation any contribution, gift, bequest or devise for general purposes or for any special purpose of the Corporation.

ARTICLE EIGHT
Miscellaneous

Section 8.01 Conflicts of Interest. The Board shall adopt a policy on dealing with conflicts of interest.

Section 8.02 Headings. In interpreting these Bylaws, the headings of articles shall not be controlling.

Section 8.03 Bond. If required by the Board, any person shall give bond for the faithful discharge of his or her duty in such sums and with such sureties as the Board shall determine.

ARTICLE NINE

Dissolution

Section 9.01 Dissolution of Corporation. A vote to pass a resolution to dissolve the Corporation shall require a two-thirds (2/3) or more vote of the members of the Board of Directors of DKH. Such vote may be taken at any Annual Meeting or at any special meeting called for that purpose.

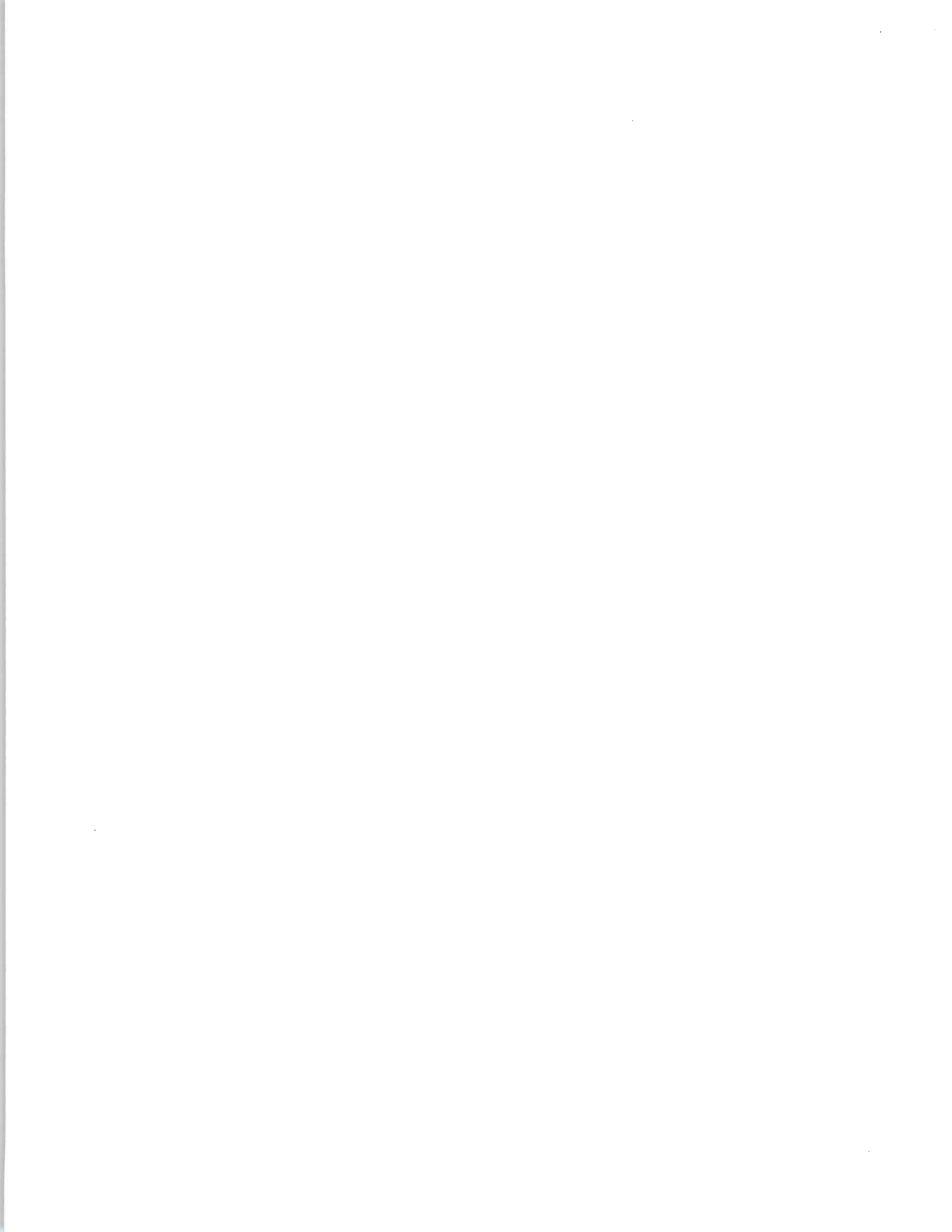
Section 9.02 Distribution of Assets. Upon dissolution of the Corporation or the winding up of its affairs, the Board of Trustees shall, after making provision for the payment of all of the liabilities of the Corporation, transfer the assets of the Corporation to Day Kimball Healthcare, Inc., an organization exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). If Day Kimball Healthcare, Inc. shall not exist or shall no longer qualify as an exempt organization under Section 501(c)(3) of the Code at the time of the dissolution or liquidation of this Corporation, any assets of the Corporation shall be transferred to such organizations which are described in Section 501(c)(3) of the Code or the corresponding provisions of any subsequent United States Internal Revenue law, as the Board of Trustees shall determine. Any assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located to such organizations described in Section 501(c)(3) of the Code or in accordance with the corresponding provisions of any subsequent United States Internal Revenue law, as such court shall determine.

ARTICLE TEN

Amendments

Section 10.01 Amendments to Bylaws. These Bylaws may be altered or amended by a vote of a majority of Board of Trustees of the Corporation at any regular or special meeting duly convened after notice of that purpose; provided, however, that any such action has been previously approved by a vote of a majority of the Board of Directors of DKH.

Section 10.02 Amendments to Certificate of Incorporation. The Corporation's Certificate of Incorporation for the Corporation may be altered, amended, modified or repealed by a vote of a majority of the Board of Trustees of the Corporation at any regular or special meeting duly convened after notice of that purpose, provided such action has been previously approved by a vote of a majority of the Board of Directors of DKH.



Day Kimball Healthcare
Day Kimball Medical Group
Board of Directors – 2017

8 BOD Members 16 Total @ Meetings
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Items #2 & 8 – OHCA 2016 Annual Medical Foundation Filing

Chairman:	Jack Burke, Interim Chairman*
President:	Joseph Adiletta, Interim President*
Vice President:	Richard Wilcon, MD
Secretary:	R. David McCallum, MD
Treasurer:	VACANT

Director	Personal Address	Employer / Alternate Address
Board Officers		
Jack Burke*	PO Box 145*** Dayville, CT 06241 Phone: 860-774-6473 Fax: Cell: 860-377-3654 Jeburke0211@sbcglobal.net	None
Joseph Adiletta*	20 Doctor Pike Road PO Box 174 East Woodstock, CT 06244 Phone: 860-928-4369 Cell: 860-576-6248 Fax: josephmadiletta@gmail.com	Day Kimball Healthcare, Inc. 320 Pomfret Street Putnam, CT 06260
John Graham, MD*	33 Anderson Road Pomfret Center, CT 06259 Phone: 860.963.8952 Fax: Cell: 860.208.5110 Email: jngraham@charter.net	Day Kimball Healthcare, Inc. 320 Pomfret Street Putnam, CT 06260 Phone: 860.928.6541 x 6363 Email: jgraham@daykimball.org
Joseph Alessandro, DO* <i>Term Expiring 12/2017</i>	77 Hamlet Hill Road Pomfret Center, CT 06259 Phone: Fax: Cell: 860.455.6410 Email: drjalessandro@gmail.com	Self Employed
Atty. William St. Onge* <i>Term Expiring 12/2017</i>	147 Liberty Highway Putnam, CT 06260 Phone: Fax: Cell: Email: whs@bsblaw.net	St. Onge & Brouillard Attorneys at Law 50 Route 171 Woodstock, CT Phone: 860.928.0481 Fax: Cell: Email: whs@bsblaw.net
Shawn McNerney* <i>Term Expiring 12/2018</i>	10 Cutler Road Woodstock, CT 06281 Phone: 860.315.7341 Fax: Cell: 860.933.8347 Email:	Hometown Bank 182 S Main Street Putnam, CT 06260 Phone: 860.928.8156 Fax: Cell: 860.933.8347 Email: smcnerney@cnbct.com

Committee Chairs – 3 year terms (cannot serve more than 3 consecutive terms)		
Richard Wilcon, MD <i>Quality Home Chair</i> <i>Appointed: 1/1/2013</i>	187 Deerfield Road Pomfret Center, CT 06259 Phone: 860.974.1937 Fax: Cell: 860.450.6991 Email:	Day Kimball Medical Group, Inc. 320 Pomfret Street Putnam, CT 06260 Phone: Fax: Cell: 860.450.6991 Email: rwilcon@daykimball.org
R. David McCallum, MD <i>Operations Chair</i> <i>Appointed: 1/1/2013</i>	12 Indian Point Road Webster, MA 01570 Phone: Fax: Cell: 860.933.0322 Email:	Day Kimball Medical Group, Inc. 346 Pomfret Street Putnam, CT 06260 Phone: 860.928.2552 Fax: 860.928.0317 Cell: 860.933.0322 Email: dmccallum@daykimball.org

Day Kimball Medical Group BOD Meeting Additional Attendees:

Paul Beaudoin, DKH CFO*

Daniel O’Neill, MD DKMG Finance Committee

Timothy Monahan, MD DKMG Finance Committee

Michael Baum, MD DKMG Finance Committee

Kathy Combs, DKMG Director of Professional Revenue Cycle

Donna Manni, DKMG Director of Operations

Rebecca Powell, MSN DKMG Director of Quality

Maria Raszka, Administrative Coordinator to DKMG VP of Operations

****Denotes officer and/or director of Day Kimball Healthcare***



Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 2015

Form header section containing organization name (DAY KIMBALL MEDICAL GROUP, INC.), address (320 POMFRET STREET, PUTNAM, CT 06260), employer ID number (45-4077626), and principal officer (ROBERT SMANIK).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for mission statement, revenue (Total revenue: 20,372,041), expenses (Total expenses: 26,242,064), and net assets (Total assets: 2,625,985).

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.

Signature block area with fields for officer signature and date, and preparer name and title.

Preparer information section including name (BRIAN D TODD), firm name (BKD, LLP), and address (910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE PHYSICIAN SERVICES TO INDIVIDUALS IN NEED OF MEDICAL CARE, INCLUDING PREVENTATIVE CARE, REGARDLESS OF ABILITY TO PAY. SEE SCHEDULE O.

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

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 [X] 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 \$ 20,964,861. including grants of \$) (Revenue \$ 20,367,304.)

DAY KIMBALL MEDICAL GROUP TOGETHER WITH DAY KIMBALL HEALTHCARE PROVIDES A COMPREHENSIVE, INTEGRATED HEALTHCARE NETWORK OFFERING PRIMARY CARE AND OUTPATIENT VISITS AS WELL AS A MULTITUDE OF MEDICAL AND SURGICAL SPECIALTIES ALONG WITH LEADING-EDGE TECHNOLOGY AND SOPHISTICATED DIAGNOSTICS. OUR SERVICE AREA INCLUDES NORTHEAST CONNECTICUT AS WELL AS NEARBY MASSACHUSETTS AND RHODE ISLAND COMMUNITIES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 20,964,861.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and charitable trusts.

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] 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:

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN GRAHAM, MD DIRECTOR	1.00 40.00	X					0	268,662.	418.	
(2) JOSEPH ADILETTA CHAIR BEGINNING 1/15	1.00 1.00	X		X			0	0	0	
(3) JOSEPH ALESSANDRO, DO DIRECTOR	1.00 2.00	X					0	50,968.	0	
(4) WILLIAM ST. ONGE DIRECTOR	1.00 1.00	X					0	0	0	
(5) RICHARD WILCON, MD VICE PRESIDENT	40.00 1.00	X		X			462,406.	9,500.	34,399.	
(6) DAVID MCCALLUM, MD SECRETARY	40.00 1.00	X		X			343,669.	10,000.	16,429.	
(7) SHAWN MCNERNEY DIRECTOR	1.00 1.00	X					0	0	0	
(8) ANTHONY CHIEFFALO, MD DIRECTOR	40.00 1.00	X					314,680.	22,777.	19,024.	
(9) ROBERT E. SMANIK DIRECTOR, PRESIDENT & CEO DKH	1.00 41.00	X		X			0	482,259.	17,582.	
(10) JACK BURKE CHAIR ENDING 12/14	1.00 1.00	X		X			0	0	0	
(11) ROBERT KLEINBAUER VICE PRESIDENT OF OPERATIONS	40.00 0				X		157,219.	0	2,087.	
(12) RONALD KLARE MEDICAL DIRECTOR	40.00 0				X		247,560.	22,407.	5,691.	
(13) MICHAEL BAUM, MD GENERAL SURGEON	40.00 2.00					X	334,349.	10,000.	24,880.	
(14) SHERRY KROLL, MD PHYSICIAN	40.00 0					X	342,579.	0	33,187.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANDREW MACKENZIE, MD ----- MATERNAL FETAL MEDICINE PHYS	40.00 ----- 0					X		445,311.	0	8,353.
(16) STEVEN RAHEB, MD ----- OB/GYN PHYSICIAN	40.00 ----- 0					X		380,161.	0	16,530.
(17) PATHMANATHAN SUBAKEESAN, MD ----- PULMONOLOGIST	40.00 ----- 0					X		342,359.	0	8,454.
----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----										
1b Sub-total								2,202,462.	876,573.	153,697.
c Total from continuation sheets to Part VII, Section A								1,167,831.	0	33,337.
d Total (add lines 1b and 1c)								3,370,293.	876,573.	187,034.

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 ► 52

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MR. KLEAN JANITORIAL SERVICES BROOKLYN, CT 06234	JANITORIAL SVCS	384,727.
NEONATOLOGY ASSOCIATES WORCESTER, MA 01605	HOSPITALIST SVCS	137,500.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns				
		1a				
	b	Membership dues				
		1b				
	c	Fundraising events				
		1c				
	d	Related organizations				
		1d				
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		0			
Program Service Revenue			Business Code			
	2a	PATIENT SERVICE REVENUE	621110	19,152,588.	19,152,588.	
	b	MEANINGFUL USE REVENUE	621110	219,594.	219,594.	
	c	OTHER REVENUE	900099	995,122.	995,122.	
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		20,367,304.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,737.		4,737.
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
			(i) Real (ii) Personal			
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)				
	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			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		20,372,041.	20,367,304.		4,737.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,603,164.	1,603,164.		
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			
7 Other salaries and wages	15,678,700.	12,065,811.	3,612,889.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	234,856.	181,213.	53,643.	
9 Other employee benefits	1,668,179.	1,305,882.	362,297.	
10 Payroll taxes	1,050,568.	829,949.	220,619.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	18,379.		18,379.	
d Lobbying	0			
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.)	1,926,431.	1,537,413.	389,018.	
12 Advertising and promotion	0			
13 Office expenses	462,066.	365,033.	97,033.	
14 Information technology	434,334.	343,124.	91,210.	
15 Royalties	0			
16 Occupancy	1,207,669.	954,059.	253,610.	
17 Travel	8,806.	6,957.	1,849.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	68,218.	53,892.	14,326.	
23 Insurance	724,703.	572,515.	152,188.	
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 <u>MEDICAL SUPPLIES & DRUGS</u>	777,397.	777,397.		
b <u>BAD DEBT</u>	330,300.	330,300.		
c <u>REPAIRS & MAINTENANCE</u>	45,877.	36,243.	9,634.	
d <u>LICENSES, DUES, SUBSCRIPTION</u>	2,417.	1,909.	508.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,242,064.	20,964,861.	5,277,203.	
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)	0			

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows for land/equipment and depreciation.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,372,041.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,242,064.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,870,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-479,627.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,467,809.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	118,159.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DAY KIMBALL MEDICAL GROUP, INC.

Employer identification number

45-4077626

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2013 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2014. 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. 19b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3			

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

DAY KIMBALL MEDICAL GROUP, INC.

45-4077626

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements.

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

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

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2014

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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 in 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	402,865.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	402,865.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements: 26,509,550. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1: 20,372,041. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.): 20,372,041.

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements: 25,911,764. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1: 25,911,764. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.): 26,242,064.

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.

SEE PAGE 5

Series of horizontal dashed lines for supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12:

\$6,467,809 TRANSFER FROM AFFILIATE

(330,300) BAD DEBT

\$6,137,509

SCHEDULE D, PART XII, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1:

\$ 330,300 BAD DEBT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
DAY KIMBALL MEDICAL GROUP, INC.

Employer identification number
45-4077626

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>										
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>		X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	X									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>		X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>		X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 Were any amounts reported in 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</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN GRAHAM, MD DIRECTOR	0	0	0	0	0	0	0
RICHARD WILCON, MD	268,662.	0	0	0	418.	269,080.	0
2 VICE PRESIDENT	385,348.	48,858.	28,200.	7,347.	27,052.	496,805.	0
DAVID MCCALLUM, MD	9,500.	0	0	0	0	9,500.	0
3 SECRETARY	281,578.	51,123.	10,968.	7,800.	8,629.	360,098.	0
ANTHONY CHIEFFALO, MD	10,000.	0	0	0	0	10,000.	0
4 DIRECTOR	246,962.	49,718.	18,000.	0	19,024.	333,704.	0
ROBERT E. SMANIK	22,777.	0	0	0	0	22,777.	0
5 DIRECTOR, PRESIDENT & CEO DRH	0	0	0	0	0	0	0
MICHAEL BAUM, MD	399,128.	12,000.	71,131.	7,500.	10,082.	499,841.	58,095.
6 GENERAL SURGEON	253,059.	81,290.	0	7,800.	17,080.	359,229.	0
SHERRY KROLL, MD	10,000.	0	0	0	0	10,000.	0
7 PHYSICIAN	230,242.	108,491.	3,846.	6,000.	27,187.	375,766.	0
ANDREW MACKENZIE, MD	0	0	0	0	0	0	0
8 MATERNAL FETAL MEDICINE PHYS	400,426.	29,500.	15,385.	7,800.	553.	453,664.	0
STEVEN RAHEB, MD	0	0	0	0	0	0	0
9 OB/GYN PHYSICIAN	343,282.	35,106.	1,773.	7,800.	8,730.	396,691.	0
10 PATHMANATHAN SUBAKEESAN PULMONOLOGIST	0	0	0	0	0	0	0
ROBERT KLEINBAUER	327,568.	14,791.	0	7,800.	654.	350,813.	0
11 VICE PRESIDENT OF OPERATIONS	0	0	0	0	0	0	0
RONALD KLARE	157,219.	0	0	0	2,087.	159,306.	0
12 MEDICAL DIRECTOR	0	0	0	0	0	0	0
	220,427.	27,133.	0	5,440.	251.	253,251.	0
	22,407.	0	0	0	0	22,407.	0
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 3

COMPENSATION DETERMINATION:

DAY KIMBALL HOSPITAL, A RELATED ORGANIZATION, USES A WRITTEN EMPLOYMENT CONTRACT AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE IN DETERMINING THE COMPENSATION OF THE CEO.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

ROBERT SMANIK PARTICIPATES IN A 457(F) NONQUALIFIED RETIREMENT PLAN WITH DAY KIMBALL HEALTHCARE, INC.

SMANIK RECEIVED A 457(F) DISTRIBUTION OF \$58,095, WHICH HAS BEEN REPORTED AS DEFERRED COMPENSATION ON A PRIOR FORM 990.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

DAY KIMBALL MEDICAL GROUP, INC.

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.

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

45-4077626

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACTIVITY:

PRACTICE AREAS REPRESENTED BY PHYSICIANS OF THE MEDICAL GROUP ENCOMPASS:

- PEDIATRICS
- INTERNAL MEDICINE
- FAMILY MEDICINE
- DERMATOLOGY
- DIABETES MANAGEMENT
- GENERAL SURGERY
- GERIATRICS
- INFECTIOUS DISEASE
- MENTAL HEALTH
- OB/GYN
- OCCUPATIONAL HEALTH
- PULMONARY DISEASE
- SPORTS MEDICINE

FORM 990, PART VI, SECTION A, LINE 3

MANAGEMENT DUTIES:

THE ORGANIZATION HAS ENTERED INTO A CONTRACT WITH DAY KIMBALL HEALTHCARE
TO PROVIDE DAY-TO-DAY MANAGEMENT AND ADMINISTRATIVE DUTIES INCLUDING BUT
NOT LIMITED TO PROVIDING FACILITIES, PERSONNEL, DIRECTION AND ADVICE,
EQUIPMENT, FURNISHINGS AND SUPPLIES.

Name of the organization DAY KIMBALL MEDICAL GROUP, INC.	Employer identification number 45-4077626
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FORM 990, PART VI, SECTION A, LINE 6

MEMBERS:

DAY KIMBALL HEALTHCARE, INC. IS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION.

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

POWER TO ELECT THE GOVERNING BODY:

DAY KIMBALL HEALTHCARE HAS THE AUTHORITY TO APPOINT AND REMOVE MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES AND OFFICERS.

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

GOVERNANCE DECISIONS SUBJECT TO APPROVAL OUTSIDE OF THE GOVERNING BODY:

DAY KIMBALL HEALTHCARE, AS THE SOLE CORPORATE MEMBER, HAS THE AUTHORITY TO DETERMINE THE MISSION AND PURPOSE, APPROVE BUDGETS, HIRE AND TERMINATE PHYSICIAN EMPLOYEES, APPROVE THIRD PARTY CONTRACTS AND FINANCIAL COMMITMENTS IN EXCESS OF SPECIFIED AMOUNTS, APPROVE CHANGES TO THE BYLAWS OR ORGANIZING DOCUMENTS, APPROVE ANY MERGER, ACQUISITION, JOINT VENTURE OR DISSOLUTION AND OTHER POWERS AS LISTED IN THE BYLAWS OF THE ORGANIZATION.

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

REVIEW OF FORM 990:

THE FORM 990 IS REVIEWED BY PAUL A. BEAUDOIN, CFO, DAY KIMBALL HOSPITAL, PRIOR TO FILING. A COPY OF THE 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS.

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

CONFLICT OF INTEREST POLICY:

Name of the organization DAY KIMBALL MEDICAL GROUP, INC.	Employer identification number 45-4077626
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THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING BOARD MEMBERS, ADMINISTRATION, THE MEDICAL STAFF, AND ALL OTHER EMPLOYEES TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY.

IN THE EVENT A POTENTIAL CONFLICT OF INTEREST HAS A DIRECT IMPLICATION FOR PATIENT CARE, THE INSTITUTION MAY CONVENE AN ETHICS COMMITTEE MEETING TO ASSIST IN THE RESOLUTION OF THE ISSUE.

IF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS DISCLOSED, THE AFFECTED EMPLOYEE WILL REFRAIN FROM FURTHER PARTICIPATION IN MATTERS TO WHICH THE CONFLICT RELATES UNTIL THE QUESTION OF CONFLICT HAS BEEN RESOLVED.

FORM 990, PART VI, SECTION B, LINES 15 A&B

COMPENSATION DETERMINATION:

DAY KIMBALL HEALTHCARE PARTNERS WITH AN EXTERNAL CONSULTANT TO ANALYZE ALL LEVELS OF COMPENSATION WITHIN THE ORGANIZATION. THIS ENABLES THEM TO ENSURE THAT THERE IS A SOLID FRAMEWORK TO MAKE EFFECTIVE CONSISTENT, STRATEGIC AND OPERATIONAL COMPENSATION DECISIONS THAT IMPACT OUR EMPLOYEES FOR THE SUPPORT PROVIDED TO THE OVERALL MISSION AND STRATEGY OF DAY KIMBALL MEDICAL GROUP. ANY CHANGES THAT INVOLVE SIGNIFICANT FINANCIAL ADJUSTMENTS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT DISCLOSURE:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization DAY KIMBALL MEDICAL GROUP, INC.	Employer identification number 45-4077626
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POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A

COMPENSATION OF BOARD OF DIRECTORS:

NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS DIRECTORS.

DIRECTORS WITH COMPENSATION LISTED ON PART VII ARE EITHER EMPLOYEES OF THE FILING ORGANIZATION, OR EMPLOYEES AND/OR INDEPENDENT CONTRACTORS OF A RELATED ORGANIZATION, DAY KIMBALL HOSPITAL. THEY ARE COMPENSATED FOR THEIR DUTIES IN THAT CAPACITY.

FORM 990, PART XI, LINE 9

CHANGES IN NET ASSETS:

\$ 6,467,809 TRANSFER FROM AFFILIATE

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Open to Public
Inspection

Name of the organization

DAY KIMBALL MEDICAL GROUP, INC.

Employer identification number

45-4077626

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	DAY KIMBALL HOME MAKERS 320 POMFRET STREET PUTNAM, CT 06260 06-1136893	HOMEMAKER	CT	501 (C) (3)	9	DK HLTHCR		X
(2)	DAY KIMBALL HEALTHCARE, INC. 320 POMFRET STREET PUTNAM, CT 06260 06-0646599	HOSPITAL	CT	501 (C) (3)	3	N/A		X
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Table with 16 rows and 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V - UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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