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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 10-01-2008	and ending 09-30-2009			·
B Che	eck ıf a	pplicable	Please	C Name of organization			D Employer i	identification number
	tress ch		use IRS	Danbury Hospital			06-0646	597
┌ Nar	me cha	nae	label or print or	Doing Business As			E Telephone	number
_	ıal retu	-	type. See Specific			.1-	(203) 739	9-8110
_			Instruc-	Number and street (or P O box if mail is 24 Hospital Avenue	not delivered to street address	s) Room/suit	G Gross receip	ots \$ 491,773,128
_	mınatıd		tions.	<u> </u>				
	ended			City or town, state or country, and ZIP + Danbury, CT 06810	4			
☐ App	olication	n pending		,,				
				ne and address of principal officer		H(a) Is t	— hıs a group retu	
				murphy md pital avenue		affıl	ates?	ΓYes Γ Nο
				y,CT 068106099		H(h) Are:	all affiliates inclu	uded?
								st (see instructions)
I Ta	x-exen	npt status	▽ 501(c)	(3) ◀ (Insert no)	527		up exemption r	
	ebsite	e: ⊨ ww	w danburyh	ospital org		(-)		
						T		
_				ion		L Year of	formation 1885	M State of legal domicile CT
Pa	rt I		•					
	1			e organization's mission or most sig ROUGH MEDICAL CARE, EDUCAT:		IE HEALTH	I AND WELL BE	EING OF OUR
Ψ.				N PARTNERSHIP WITH THOSE WE				
≧ E								
Ĕ								
Governance	2	Chack	this hov	if the organization discontinued its	onerations or disposed o	of more tha	n 25% of its as	cats
	3		,	nembers of the governing body (Part				3 16
න් ග	4							4 15
Activities	-			dent voting members of the governi			•	
*	5			nployees (Part V, line 2a)				
ă	6			lunteers (estimate if necessary) .				6 411 7a 6,038,768
		-		ted business revenue from Part VIII		•		·
	D	Net um	erated busi	ness taxable income from Form 990	-1, lifte 34	T		7b -4,325,731
		C +				PI	ior Year	Current Year
<u>a</u>	8			d grants (Part VIII, line 1h)			6,767,737	
Rayenue	9			revenue (Part VIII, line 2g)		430,505,968	<u> </u>	
ã	10			ne (Part VIII, column (A), lines 3, 4 art VIII, column (A), lines 5, 6d, 8c			10,132,590	<u> </u>
	11			art v 111, column (A), lines 5, 60, 80 dd lines 8 through 11 (must equal Pa			-4,415,428	1,392,951
	12						442,990,867	478,464,929
	13			ar amounts paid (Part IX, column (A)			0	0
	14	Benefi	ts paid to o	r for members (Part IX, column (A),	line 4)		0	0
	15	Saları	es, other co	ompensation, employee benefits (Pai	rt IX, column (A), lines 5-	-		
Expenses		10)			204,122,715	234,082,048		
क्	16a	Profes	sional fund	raising fees (Part IX, column (A), lin	e 11e)		0	0
ਡੋ	b	Total fu	ındraısıng exp	enses (Part IX, column (D), line 25) 🕒				
_	17	Other	expenses (Part IX, column (A), lines 11a-11d	,11f-24f)		213,876,624	208,724,558
	18	Total	expenses A	Add lines 13–17 (must equal Part I)	(, column (A), line 25)		417,999,339	442,806,606
	19	Reven	ue less exp	enses Subtract line 18 from line 12	2		24,991,528	35,658,323
Net Assets or Fund Balances						Begin	ning of Year	End of Year
eren Tara	20	Total	assets (Par	t X, line 16)			549,659,429	559,454,847
A.S.	21			Part X, line 26)			173,257,243	
<u> 55</u>	22		•	d balances Subtract line 21 from lir			376,402,186	<u> </u>
	i II		ature Blo				3, 0,102,100	300,000,500
Pal	(11			rjury, I declare that I have examined this re	turn including accompanying s	chedules and	statements and t	to the hest of my knowledge
				correct, and complete Declaration of prepare				
Sign	1					201	0-08-12	
Here		Sign	ature of office	er		Dat	e	
			n Murphy Pres					
		Тур	e or print nam	e and title				
		Preparer				neck if		ntifying number
Paid		signatur	e 🗗		se er	lf- npolyed ▶ Г	_ (see instruction	ons)
	arer's	Firm's na	ame (or yours	S L ERNST & YOUNG US LLP		. 1		
Use (ıf self-er	mployed), and ZIP + 4	111 MONUMENT CIRCLE SUITE 2600			- EIN ▶	
	-	auuiess,	, anu ZIF + 4				Phone no	(317) 681-7000
		<u> </u>		INDIANAPOLIS, IN 46204				
Mayt	the IR	S discus	ss this retu	rn with the preparer shown above? (s	see instructions)			ΓYes ΓNο

Part III Statement of Program Service Accomplishments (see instructions.)

1	Briefly describe the organization's mission
	ENHANCE THROUGH MEDICAL CARE, EDUCATION AND RESEARCH THE HEALTH AND WELL BEING OF OUR COMMUNITIES IN TNERSHIP WITH THOSE WE SERVE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 45,808,467 including grants of \$) (Revenue \$ 29,068,688)
	CHARITY CARE AND MEANS TESTED GOV'T PROGRAMS DURING FYE 2009, 71,867 WERE SERVED IT IS THE POLICY OF THE HOSPITAL TO PROVIDE NECESSARY CARE TO ALL PERSONS SEEKING TREATMENT WITHOUT DISCRIMINATION ON THE GROUNDS OF AGE, RACE, CREED, NATIONAL ORIGIN OR ANY OTHER GROUNDS UNRELATED TO AN INDIVIDUAL'S NEED FOR THE SERVICE OR THE AVAILABILITY OF THE NEEDED SERVICE AT THE HOSPITAL A PATIENT IS CLASSIFIED AS A CHARITY CARE PATIENT BY REFERENCE TO ESTABLISHED POLICIES OF THE HOSPITAL ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME GUIDELINES, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO A RESPONSIBLE PARTY'S INCOME THOSE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES
	(Code) (Expenses \$ 17,358,994 including grants of \$) (Revenue \$ 3,477,847)
70	HEALTH PROFESSION EDUCATION DANBURY HOSPITAL PROVIDES A DYNAMIC ENVIRONMENT FOR TEACHING AND RESEARCH FOR OUR GRADUATE MEDICAL EDUCATION PROGRAMS THE HOSPITAL RECEIVED ACCREDIATION WITH COMMENDATION FROM THE JOINT COMMISSION ON ACCREDIATION OF HEALTHCARE ORGANIZATIONS, AND IS APPROVED TO SPONSOR RESIDENCY PROGRAMS BY THE ACCREDIATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION DURING THE YEAR 4,520 PERSONS WERE SERVED
	(Code) (Expenses \$ 2,329,080 including grants of \$) (Revenue \$ 1,204,436)
4c	(Code) (Expenses \$ 2,329,080 including grants of \$) (Revenue \$ 1,204,436) COMMUNITY BUILDING BENEFITS THROUGHOUT THE COMMUNITIES, SERVICES WERE PROVIDED TO PEOPLE IN NEED THROUGH SCORES OF OUTREACH PROGRAMS, EDUCATIONAL FORUMS, AND HEALTH FAIRS APPROXIMATELY 60,000 INDIVIDUALS WERE SERVED IN THE COMMUNITY DURING THE YEAR
	TROUBLED CONTROL ORONG, AND HEALTH FAIRS ALL ROMENTEEL OU,000 INDIVIDORES WERE SERVED IN THE COMMONTH DORMAC THE TEAR
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 313,279,801 including grants of \$) (Revenue \$ 422,093,905)
4e	Total program service expenses▶\$ 378.776.342 (Must equal Part IX, Line 25, column (B).)

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		N o
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			res	I NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	1990 (2008)			Page:
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1-	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
1a	of U.S. Information Returns. Enter -0- if not applicable			
	1a 615			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
L	return?	3a 3b	Yes	
- Б 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	162	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	V	
Ь	account)?	a	Yes	
	If "Yes," enter the name of the foreign country ▶ ^{CJ} See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		No.
	\$75?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Č	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting			
	organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," optor the amount of tax, exempt interest received or asserted during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

(203) 739-8110

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	about policies not required by the Internal Revenue Code.)			
Se	ection A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		Νο
Se	ection B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
ь	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ CT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply on website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the MARY JO PAWLAK 24 HOSPITAL AVENUE Danbury, CT 06810	ie orga	ınızatıor	ı ►

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee											
		(C) Position (check all that apply)					(1)	(5)	(F) Estimated		
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations	
FRANK J KELLY PRESIDENT/CEO	40 0	Х		х				6,483,468	0	38,497	
Neil Culligan MD DIRECTOR	1 0	Х						0	0	0	
DAVID KRAMER MD DIRECTOR	1 0	Х						0	0	0	
David Cyganowski DIRECTOR	1 0	Х						0	0	0	
KARL H EPPLE DIRECTOR	1 0	Х						0	0	0	
Richard G Jabara DIRECTOR	1 0	Х						0	0	0	
MICHAEL B HAMMOND DIRECTOR	1 0	Х						0	0	0	
Joseph D Skrzypczak DIRECTOR	1 0	Х						0	0	0	
NEIL R MARCUS ESQ DIRECTOR	1 0	Х						0	0	0	
JOHN J MARTOCCI CHAIRMAN	3 0	Х						0	0	0	
JOHN R PATRICK DIRECTOR	1 0	Х						0	0	0	
Brian C White DIRECTOR	1 0	Х						0	0	0	
DAVID N VERNER DIRECTOR	1 0	Х						0	0	0	
ROBERT WENICK MD DIRECTOR	1 0	Х						0	0	0	
JAMES KENNEDY DIRECTOR	1 0	Х						0	0	0	
JOHN C KLINE DIRECTOR	1 0	Х						0	0	0	
JOHN M MURPHY MD exec vice president	40 0			х				123,813	0	19,910	

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

		(C) Position (check all that apply)					(D)	(E)	(F) Estimated	
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
JUDITH WARD VP Plan & Mktg	40 0			х				276,186	0	34,04
Michael Daglio VP, Operations	40 0			х				246,656	0	33,97
MATTHEW A MILLER MD CHIEF MED OFFICER	16 0			х				3,491,081	504,371	27,69
PHYLLIS F ZAPPALA VP HUMAN RES	40 0			х				2,129,486	0	24,20
Lisa Messina VP, Operations	40 0			х				230,372	0	19,54
DONNA KAPLANIS controller/sec	40 0			х				234,656	0	38,84
MOREEN O DONAHUE VP & Nurse Exec	40 0			х				372,403	0	38,92
MORRIS GROSS vice president	40 0			х				317,908	0	37,66
William Roe effective 2909 SR VP/Treas/CFO	40 0			х				0	0	- 1
Peter Courtway Chief Infor Off	40 0				х			329,268	0	21,12
Joseph A Campbell Compliance Officer	40 0				х			217,842	0	38,73
Wıllıam Maldarellı admın dır-perfu	40 0					х		253,271	0	32,57
William Delaney MD Exec Medical Dir	40 0					х		214,497	0	34,41
Vladmır Monastyrenko MD Rad Physicist, Sr	40 0					х		214,324	0	29,24
Casey Ott MD Staff Physician	40 0					х		284,885	0	33,90
Ian Crooks MD Chief Physicist	40 0					х		251,215	0	34,41
Carl D Peterson VP of Public Relations							х	29,000	0	ı
ARTHUR N TEDESCO to 12908 TREAS/CFO/SEC							х	4,278,912	0	10,28
KEITH A HOVAN ex VP & oper							х	414,790	0	25,38.
Gerard Robilotti secretary							х	138,000	0	
1b Total					•			20,532,033	504,371	573,389

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Name and business address	Description of services	Compensation
VITALIZE CONSULTING 110 EAST STATE STREET SUITE 9 KENNETT SQUARE, PA 19348	CONSULTING	1,587,582
Danbury Radiological Assoc PO Box 10068 LANCASTESR, PA 17605	RADIOLOGY SVCS	1,027,072
TOWERS PERRIN PO BOX 8500 s-6110 PHILADELPHIA, PA 19178	INVEST CONSULTING	800,900
ALLSCRIPTS 2297 PAYSPHERE CIRCLE CHICAGO, IL 60674	TRANSCRIPTION	771,156
DANAHER LAGNESE SACCO PC 21 OAK STREET HARTFORD, CT 061068000	ATTORNEYS	748,585
7 Total number of independent contractors (including those in 1) who rec	eived more than \$100,000 in compensation	

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ats	1a	Federated campaigns 1	a				
contributions, girts, grants and other similar amounts	b	Membership dues 11	b				
	c	Fundraising events 10	c				
# E	d	Related organizations 10	5,827,550				
s, g miji	e	Government grants (contributions)	1,839,460				
왕	f	All other contributions, gifts, grants, and					
5 2	•	similar amounts not included above					
	g	Noncash contributions included in					
o E	h	lines 1a-1f \$ Total. Add lines 1a-1f	<u>.</u>	7,965,762			
) a	"						
e H			Business Code				
ven.	2a	ANCILLARY SERVICE	621,400	251,780,013	251,780,013		
æ	Ь	CONTRACT LAB	621,500	7,214,998		7,214,998	
93	С	ROUTINE PATIENT	621,990	32,406,554	32,406,554		
er w	d	MEDICARE/MEDICAID PAYMENTS	621,990	168,694,357	168,694,357		
۶ (۱	e	RENTAL INC-AFFL EXEMPT	532,000	1,947,259	1,754,838		192,421
Jrar	f	All other program service revenue					
Program Serwoe Revenue							
	g	Total. Add lines 2a-2f		462,043,181			
	3	Investment income (including divider		0.334.635			8,224,635
		and other similar amounts)		8,224,635			8,224,635
	4	Income from investment of tax-exempt bond		0			
	5	Royalties		0			
		(I) Real Gross Rents 801,362	(II) Personal				
	6a	Gross Rents 801,362 Less rental 49,380					
	b	expenses					
	С	Rental income 751,982 or (loss)					
	d	Net rental income or (loss)		751,982	149,725	565,561	36,696
		(ı) Securities	(II) O ther				
	7a	Gross amount 10,157,805 from sales of	9,600				
		assets other					
	b	than inventory Less cost or 11,329,005					
		other basis and sales expenses					
	С	Gain or (loss) -1,171,200	9,600				
	d	Net gain or (loss)	<u></u> ►	-1,161,600			-1,161,600
	8a	Gross income from fundraising					
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
<u>ម</u>	b	Less direct expenses b					
5	С	Net income or (loss) from fundraising	events 🛌	0			
	9a	Gross income from gaming activities See Part IV, line 19					
	b c	Less direct expenses b		0			
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold b Net income or (loss) from sales of inv	1,580,365 1,929,814	-349,449			-349,449
	_	Miscellaneous Revenue	Business Code	,			,
	11a	CAFETERIA INCOME	561,000	851,447			851,447
	b		900,099	210,265			210,265
		OTHER REVENUE	300,033	-71,294	1,059,389	-1,741,791	611,108
	С.	ALL OTHER REVENUE		-71,294	1,009,369	-1,/41,/91	011,108
	d	All other revenue		000 440			
	e	Total. Add lines 11a-11d		990,418 478,464,929	455,844,876	6,038,768	8,615,523
	12	Total Revenue. Add lines 1h, 2g, 3, 4 9c, 10c, and 11e		4/0,404,929	433,844,876	0,038,768	0,015,523

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			'D)	
Do no	ot include amounts reported on lines 6b, p, 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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S 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	10,352,096	8,833,444	1,518,652	
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	172,072,948	146,829,847	25,243,101	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,022,856	8,552,503	1,470,353	
9	Other employee benefits	28,465,567	24,289,668	4,175,899	
10	Payroll taxes	13,168,581	11,236,750	1,931,831	
11	Fees for services (non-employees)				
а	Management	228,487	194,968	33,519	
b	Legal	950,945		950,945	
C	Accounting	472,468		472,468	
d	Lobbying	46,883	40,005	6,878	
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	800,900		800,900	
g	Other	51,257,265	43,737,824	7,519,441	
12	Advertising and promotion	2,436,092	2,078,717	357,375	
13	Office expenses	74,529,397	63,595,934	10,933,463	
14	Information technology	10,790,304	9,207,366	1,582,938	
15	Royalties	0			
16	Occupancy	8,574,845	7,316,915	1,257,930	
17	Travel	276,237	235,713	40,524	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	184,158	157,142	27,016	
20	Interest	4,707,179	4,016,636	690,543	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,125,624	19,733,095	3,392,529	
23 24	Insurance	574,033		574,033	
а	BAD DEBT	16,695,481	16,695,481		
ь	EQUIPMENT RENT & MAINT	6,305,686	5,380,642	925,044	
с	MALPRACTICE	5,917,298	5,917,298		_
d	PROFESSIONAL MEMBERSHIP	851,276	726,394	124,882	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	442,806,606	378,776,342	64,030,264	0
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational			-	
	campaign and fundraising solicitation	1	<u> </u>	<u> </u>	

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of	=
	1	Cash—non-interest-bearing	i			1		
	2	Savings and temporary cash investments				2	38	3,767,807
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			47,038,786	4	41	1,637,724
	5	Receivables from current and former officers, directors, trustee other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		employees or		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L				6		
	7	Notes and loans receivable, net			4,950,426	7	3	3,599,661
ets	8	Inventories for sale or use			7,241,633	8	7	7,249,038
Assets	9	Prepaid expenses and deferred charges			50,445,212	9	34	4,879,093
⋖	10a	Land, buildings, and equipment cost basis	10a	422,885,655				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	251,993,763	167,250,391	10c	17(0,891,892
	11	Investments—publicly traded securities	-		112,945,833	11	144	4,833,506
	12	Investments—other securities See Part IV, line 11				12		
	13	'				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11	129,835,836	15	117	7,596,126		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			549,659,429	16		9,454,847
	17				32,991,793	17		7,381,134
	18	Grants payable				18		
	19	Deferred revenue			224,587	19		79,030
	20				119,560,000	20	117	7,135,000
S.	21	·			110,000,000	21		,,,,,,,,,
Liabilities	22							
<u> </u>		persons Complete Part II of Schedule L				22		
_	23	3 Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25					25	24	4,192,695
	26	·			173,257,243	26	178	B,787,859
		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	plete l	ines 27				
Balance	27	Unrestricted net assets			348,481,186	27	325	5,008,268
<u> 88</u>	28	Temporarily restricted net assets			11,956,452	28	28	B,552,625
	29	Permanently restricted net assets			15,964,548	29		7,106,095
Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	nd com	plete				<u>· · · · · · · · · · · · · · · · · · · </u>
٥	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
SS	32	Retained earnings, endowment, accumulated income, or other fi				32		
	33	Total net assets or fund balances	anus		376,402,186	33	380,666,988	
Ņ	34	-				34		9,454,847
Pa	rt XI				549,659,429	34		
	/	· mandar statements and Reporting					Yes	No
1	Acco	ounting method used to prepare the Form 990 Cash	Accr	ual Γ Other			Tes	
2a	Were	the organization's financial statements compiled or reviewed by	an ind	dependent accoun	tant?	2a		Νo
b	Were	the organization's financial statements audited by an independe	nt acc	ountant?		2b		Νο
c		es" to 2a or 2b, does the organization have a committee that ass , review, or compilation of its financial statements and selection				2c		
3a		result of a federal award, was the organization required to underge Audit Act and OMB Circular A-133?			set forth in the	3a		N o
b	If "Y€	es," did the organization undergo the required audit or audits? $ oldsymbol{.} $				3b		

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As Filed Data -

DLN: 93493228007080

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter thospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general production of the section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the puone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the puone or more publicly supported organizatio	e
The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(ii). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). (Altach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). (Compital Section 170(b)(1)(A)(iii). (Compital Section 170(b)(1)(A)(iv). (Complete Part II) A reganization operated for the benefit of a college or university owned or operated by a governmental unit described Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general processive of in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% or its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the puone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)	e
A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(iii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter thospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general production of the section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% o its support from gorss investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the puone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a) An organization received a written determination from the IRS that it is a Type II or Type III supporting organization and complete function organizations described in section 509 section 509(a)(2). If the organization received a written determination from the IRS that it is a Typ	e
A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter thospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general production of the section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A norganization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% or its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the puone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). (See Section 509(a) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the puone or more publicly supported organizations described in section 509(a)(2). (See Section 509(a)(2) in the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III - Functionally Integrated d Type	e
A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter thospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general production of the section 170(b)(1)(A)(v) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the put one or more publicly supported organizations described in section 509(a)(2). See Section 509(a) the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III c Type III return that it is a Type I, Type III or Type III supporting organization and complete infectively or indirectly by one or more desqualified other than foundation managers and other than one or more publicly supported organizations described in section 509 section 509(a)(2) If the organization received a written determination from the	e
A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter thospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general production of the section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A norganization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions acquired by the organization organized exclusively for the benefit of, to perform the functions of, or to carry out the purple one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a) Type III b Type II c Type III - Functionally Integrated d Type III - By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified prother than foundation managers and other than one or more publicly supported organizations described in section 509 (a)(2) If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization and complete intensity is personal to the	е
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(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)	es No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	
h Provide the following information about the organizations the organization supports	
	A mount of
Organization above or IRC section col (i) listed in in col (i) of your col (i) organized support? in the U.S.?	A mount of
document?	
Yes No Yes No	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)			
	Facts and Circumstances Test			

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

	e organization answered "Ye ction 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr zations complete Part III	оху Тах)		·				
Na	me of the organization	·		Employer iden	tification number				
	,			06-0646597					
Par		oy all organizations exempt e the instructions for Schedule (n 501(c) and section	527				
1	•	ganızatıon's dırect and ındırect politi	•	ivities in Part IV					
2	Political expenditures				\$				
3	Volunteer hours								
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempt etails.)	under section	1 501(c)(3). (See the	instructions				
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$				
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	n 4955	\$				
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes ┌ No				
4a	Was a correction made?				┌ Yes ┌ No				
ь	If "Yes," describe in Part IV								
Par		by all organizations exempt for Schedule C for details.)	under section	1 501(c), except sect	ion 501(c)(3).				
1	·				\$				
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orga	nizations for section	\$				
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	s 1 and 2 and ent	er here and on Form	\$				
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes				
5	were made Enter the amount political contributions received	nd Employer Identification Number (Epaid and indicate if the amount was pod and promptly and directly delivered action committee (PAC) If additiona	aid from the filing I to a separate po	i organization's own interna ditical organization, such a	l funds or were s a separate				
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line d, column (e))							
f	Grassroots lobbying expenditures							

Pa	To be completed by organizations exempt under section 501(c)(3) the 5768 (election under section 501(h)). (See the instructions for Schedule C			ed Form
		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		58
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		Νο	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		86,75
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1:			86,81
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.) Dues, assessments and similar amounts from members 1 \$

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation					

Part IV Supplemental I		
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493228007080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Danbury Hospital 06-0646597 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

▶ \$

Part	III Organi	izations Maintaining Co	llections of Art,	, His	<u>tori</u>	<u>cal Tre</u>	eas	ures, or C)the	r Similar	Asse	ets (co	ntınued)
3	Using the orga	nızatıon's accessıon and othe II that apply)	r records, check any	ofth	e foll	owing th	nat a	re a signific	ant u	ise of its co	llectio	n	
а	Public exh	ıbıtıon		d	\sqcap	Loan o	rexo	hange prog	rams	:			
b	Scholarly i	research		e	Γ	Other							
c	┌ Preservati	on for future generations											
4	Provide a desc Part XIV	ription of the organization's co	ollections and explai	n hov	v they	/ further	the	organızatıor	n's ex	empt purpo	ose in		
5		r, did the organization solicit of old to raise funds rather than t								nılar	Г	Yes	Г No
Par		Escrow and Custodial A , line 9, or reported an an						anızatıon a	nsw	ered "Yes	" to F	orm 9	90,
1a		ition an agent, trustee, custod rm 990, Part X?	lian or other interme	dıary	for c	ontribut	ions	or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," expla	ın why ın Part XIV and comple	ete the following tabl	e				_					
											A mou	ınt	
C	Beginning bala	nce							1c				
d	Additions durii	ng the year						<u> </u>	1d				
e	Distributions d	luring the year							1e				
f	Ending balance	e							1f				
2a	Did the organiz	ation include an amount on Fo	orm 990, Part X, line	21?							Г	Yes	┌ No
b	If "Yes," explai	n the arrangement in Part XIV	/										
Par	t V Endow	ment Funds. Complete											
_			(a)Current Year	(b)	Prior Y	'ear	(c)T\	wo Years Back	(d)	Three Years B	Back (e	Four Ye	ears Back
1a	Beginning of ye												
b	Contributions								+				
с		rnings or losses							_				
d		olarships							+				
e	•	tures for facilities											
f		expenses							+				
g	End of year bal	lance											
2	Provide the est	timated percentage of the yea	r end balance held a	s									
а		ed or quasi-endowment 🕨											
b	Permanent end	•											
c	Term endowme												
		wment funds not in the posse:	ssion of the organiza	ition t	hat a	re held	and	administere	d for	the			
	organization by	-										Yes	No
	(i) unrelated or	rganızatıons			•		•				3a(i)		
	. ,	anızatıons					•		•		3a(ii)	<u> </u>	
	-	ii), are the related organizatio	•				•		•	• • •	3b		
4		rt XIV the intended uses of th					\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Name V. Juan	10				
Раг	t VI Invest	tments—Land, Buildings	s, and Equipmei	nt. S									
	Desc	cription of investment				Cost or oth (investme		(b)Cost or ot basis (othe		(c) Deprecia	ation	(d) Boo	ok value
1 a L	and							3,590	,056				3,590,056
b B	Buildings			.				223,364	,653	124,36	0,646	9	9,004,007
c L	easehold ımpro	vements		.				3,515	,448	2,78	6,591		728,857
d E	quipment .			.				179,865	,397	124,84	6,526	5	5,018,871
e 0	Other			.				12,550	,101			1.	2,550,101

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category (including name of security)	(b) Book value		l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		1 - 6 1 1
(a) Description of investment type	(b) Book value		l of valuation year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	ption		(b) Book value
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2			117,596,126
Part X Other Liabilities. See Form 990, Part >	(b) A mount		
Federal Income Taxes	(D) Amount		
ASSET RETIREMENT OBLIGATION	726,537		
DUE TO 3RD PARTIES	8,646,835		
INTEREST PAYABLE	1,057,389		
MALPRACTICE TRUST FUND RESERVE	9,700,000		
RESERVE FOR WORKERS COMPENSATION	4,061,934		
	1,002,001		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	24,192,695		

Fin 48 Footnote

Par	t XII Reconciliation of Change in	Net Assets from Forr	m 990 to Financial Statement	S	
1	Total revenue (Form 990, Part VIII, colum	ın (A), lıne 12)		1	
2	Total expenses (Form 990, Part IX, colum	n (A), line 25)		2	
3	Excess or (deficit) for the year Subtract lii	ne 2 from line 1		3	
4	Net unrealized gains (losses) on investme	nts		4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 - 8			9	
10	Excess or (deficit) for the year per financia	l statements Combine line	nc 3 and 0	10	
			Statements With Revenue pe		turn
1	Total revenue, gains, and other support p			1	
2	A mounts included on line 1 but not on Fo				
а	Net unrealized gains on investments .		2a		
ь	Donated services and use of facilities .		. 2b		
c	Recoveries of prior year grants		. 2c		
d	Other (Describe in Part XIV)		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VII	I, line 12, but not on line 1			
а	Investment expenses not included on For	m 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		. 4b		
c	Add lines 4a and 4b			4c	
5	Total Revenue Add lines 3 and 4c. (This	should equal Form 990, Par	rt I, line 12)	5	
art	XIII Reconciliation of Expenses	per Audited Financia	al Statements With Expenses p	er R	leturn
1	Total expenses and losses per audited fir	iancial statements		1	
2	A mounts included on line 1 but not on Fo	rm 990, Part IX, line 25			
а	Donated services and use of facilities .		2a		
b	Prior year adjustments		2b		
С	Losses reported on Form 990, Part IX, lir	ie 25	2c		
d	Other (Describe in Part XIV)		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	A mounts included on Form 990, Part IX,	line 25, but not on line 1:			
а	Investment expenses not included on For	m 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This		art I, line 18)	5	
	t XIV Supplemental Information				
	nplete this part to provide the descriptions re : V , line 4 , Part X , Part XI , line 8 , Part XII , l			: IV , lı	nes 1b and 2b,
. uit		Return Reference	Explanation		
	Tuenthiel I k	TOTAL IL MOLETELING	LAPIANALION	•	

The organization adopted Fin 48 last year and it had no impact

on our financial statements

Additional Data

Software ID: Software Version:

EIN: 06-0646597

Name: Danbury Hospital

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

(a) Description	(b) Book value
BOND ISSUANCE COST	3,274,927
BULK ACCOUNTS NET OF RESERVE	44,481
CASH VALUE LIFE INSURANCE	587,373
DUE FROM RELATED PARTIES	16,755,442
OTHER RECEIVABLES	75,168
BOND ESCROW FUND	1,756,854
INTEREST IN DEV FUND	74,439,678
INVESTMENT IN DHSIC	20,662,202
ROUNDING	1

DLN: 93493228007080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

Hospitals

Name of the organization Danbury Hospital

Employer identification number

06-0646597 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Part I Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a **1**a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% T 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? Does the organization budget amounts for free or discounted care provided under its charity care policy? 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5с **6a** Does the organization prepare an annual community benefit report? . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served total expense benefit expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups

(from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . .

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsett revenue	(e) Net communit building expense		(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members								
Coalition buildingCommunity health improvement								
advocacy								
Workforce development Other								
9 Other								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio	t cost)	anents that describes reported on lines 5 6 7 be treated as commine 6 and indicates Other Cother Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale s which of the to be followed for	9a 9b		
Management Com (a) Name of entity		Doint Ventu Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physion of it % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility Information (Required for 2008) General ER-24 hours Children's hospital Teaching hospital ER-other Licensed hospital Research facility Critical access hospital Name and address Other (Describe) medical Qо. eur groat Danbury Hospital 24 Hospital Avenue Х Χ Х Х diagnostic/dialysis Danbury, CT 06810 Center for Child & Adol Treatment 152 West STreet Χ Danbury, CT 06810 Comm Ctr for Behavior Health 152 West Street psychiatric Danbury, CT 06810 The Pediatric Health Center 70 Main Street Χ Danbury, CT 06810 Southbury Geriatric Center 22 Old Waterbury Road Χ Southbury, CT 06810 Seifert & Ford Comm Health Ctr 70 Main Street Х Danbury, CT 06810

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
2	Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
_	
3	Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
_	
4	Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_	
_	
7	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
	Francisco de la communicació de
_	
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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As Filed Data -

DLN: 93493228007080

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Compensation Information

Open to Public Inspection

Dar	ibury Hospital						
-	O sellere Berediter Commence			06-0646597			
Pa	rt I Questions Regarding Compensation					,,	T
1a	Check the approplate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					Yes	No
	First class or charter travel	, pio	Housing allowance or residence for				
	Travel for companions	<u>'</u> —	Payments for business use of person	•			
	Tax idemnification and gross-up payments	Ë					
	Discretionary spending account	Ė	Personal services (e.g., maid, chau				
		•	, <u>,</u>				
Ь	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,"			ment or	1b		
2	Did the organization require substantiation prior to reir officers, directors, trustees, and the CEO/Executive D		· · · · · · · · · · · · · · · · · · ·		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee	арр	•	е			
	✓ Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	~	Approval by the board or compensa	ation committee			
4	During the year, did any person listed in Form 990, Pai		•				
а	Receive a severance payment or change of control pay				4a		Νo
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-base				4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde t	he applicable amounts for each item	ın Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	alat a	lines E 9				
5	For persons listed in form 990, Part VII, Section A, lin			inv			
	compensation contingent on the revenues of		, , ,	•			
а	The organization?				5a		Νο
ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue a	iny			
а	The organization?				6a	Yes	
b	Any related organization?				6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pair	dor	accured pursuant to a contract that v				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Reference	Explanation
Supplemental Information	Part I, Line 4	Received Severance, Supplemental NQ Retirement, Equity-Based Compensation The following individuals 2008 w-2 wages reflected the following SERP payments. Frank J Kelly - \$5,469,421 Matthew A Miller, MD - \$3,474,506 Phillis F Zappala - \$1,604,086 Arthur Tedesco - \$4,235,801 Due to a cap in the defined pension plan of \$15,000. The SERP is intended to give supplemental retirement between the executive group, whose salary exceeds this amount. The SERP is designed to vest key executives with an incentive to remain with the System until they reach retirement age. The SERP is not a qualified retirement plan and therefore is subject to certain tax implications upon vesting vis the time retirement payments are made. The SERP is unfolded and is subject to fAS-87 reporting requirements. The expenses for the SERP costs are recognized each accounting period in three segments. These are. Pror Service Costs. The actual present value of SERP benefits for members of the SERP group is accompated on the date the SERP is implemented. The intrangible asset is amortized over the estimated working life of the executives in the SERP plan. Current Service Costs. The current service costs (CSO) is the amount of benefits earned by the employee during the current period. The CSO is calculated as the difference in the actuarial present value of a life annuity, starting on the projected date of retirement, discounted to the beginning of the present accounting period, and the same annuity discounted to the end of the present period. Interest Component Each year the beginning balance in the Unfunded Benefit Obligation is charged a discounted interest rate. The interest cost (implied) is the increase in the benefit obligation due to the passage of time. Part I, Line 6 Compensation of Directors of Danbury Health Systems. The Committee on the same surround is the same serving as the Executive Compensation Committee of Directors of Danbury Health Systems. The Committee and its sold discounted interests rate. The interest cost (implied) is the inc
	1	
	1	

Software ID: **Software Version:**

> **EIN:** 06-0646597 Name: Danbury Hospital

Form 990, Schedule J,	Part I	II - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	}	
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
FRANK J KELLY	(ı) (ıı)		5,899,421 0	38,998 0	6,900 0	31,597 0	6,521,965 0	0
JUDITH WARD	(I) (II)		50,000	16,551 0	6,900 0	27,149 0	310,235 0	0
ARTHUR N TEDESCO to 12908	(I) (II)	23,647 0	4,235,801 0	19,464 0	6,900 0	3,388 0	4,289,200 0	0
Michael Daglio	(ı) (ıı)		40,111	15,852 0	6,900 0	27,074 0	280,630 0	0
KEITH A HOVAN	(ı) (ıı)		150,000	1,195	6,900	18,485	440,175 0	0
MATTHEW A MILLER MD	(I) (II)	15,469 372,407	3,474,506 90,000		0 6,900	121 20,675	3,491,202 531,946	0
PHYLLIS F ZAPPALA	(I) (II)		1,854,086	23,899	6,900 0	17,306 0	2,153,692 0	0
Lisa Messina	(I) (II)	174,543 0	40,022	15,807 0	6,900 0	12,641 0	249,913 0	0
DONNA KAPLANIS	(I) (II)		65,044 0	14,246 0	6,900 0	31,945 0	273,501 0	0
MOREEN O DONAHUE	(I) (II)		120,405	25,271 0	6,900 0	32,020 0	411,323 0	0
Peter Courtway	(I) (II)	201,962 0	90,000	37,306 0	6,900 0	14,227 0	350,395 0	0
MORRIS GROSS	(I) (II)		95,000	23,092	6,900 0	30,764 0	355,572 0	0
Joseph A Campbell	(I) (II)	173,240 0	40,000	4,602	6,900 0	31,832 0	256,574 0	0
Gerard Robilotti	(ı) (ıı)		0	0	o 0	0	138,000	103,500 0
Wıllıam Maldarellı	(ı) (ıı)		24,000	28,325 0	6,900 0	25,679 0	285,850 0	0 0
William Delaney MD	(ı) (ıı)	197,336 0		17,161 0	6,900 0	27,511 0		0
V ladmır Monastyrenko MD	(1) (11)		44,559 0	3,159 0	6,900 0	22,348 0	243,572 0	0
Casey Ott MD	(I) (II)	284,063 0	0	822 0	6,900 0	27,003 0	318,788 0	0
Ian Crooks MD	(I) (II)		52,914 0	18,485 0	6,900 0	27,51 4 0	285,629 0	0
Carl D Peterson	(ı) (ıı)	29,000 0		0	0	0	29,000	11,500 0

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

DLN: 93493228007080

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Employer identification number

	bury Hospital									Employer	identinca	tion num	DCI	
Dan	bury nospital									06-0646	597			
Pä	art I Bond Issues (Required	d for 2008)						_		•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued (e) Iss		(e) Issue	(e) Issue Price (f) Description of		cription of P	urpose	(g) De	efeased	Beh	On alfof suer
											Yes	No	Yes	No
A	CHEFA REV BONDS SERIES H	06-0806186	2077 4 ucl7	03-16-	2006	40,	924,665	Series H Se	e Schedule ()		x		×
В	CHEFA REV BONDS SERIES I	06-0806186	20774ucm5	03-01-	2006	40,	000,000	Series I See	Schedule O)		х		×
c	CHEFA REV BONDS SERIES J	06-0806186	20774ua96	06-27-	2008	35,	580,000	Series J See	Schedule O	1		х		х
Pa	rt III Proceeds (Optional for	2008)		-		_								
1	1 Total Proceeds of Issue				A	<u> </u>	В	•	С	D	E			
2	2 Gross Proceeds in Reserve Funds													
3	3 Proceeds in Refunding or Defeasance Escrows													
4	4 Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion													,
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is:	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	12 Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	t IIII Private Business Use	(Optional for 2008)	,										
					A		B 	-	c	D			E	
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	<u>s</u>	No
2	which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements with respect to the financed property which may result in private business use?													

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	В		С		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	В		C D		<u> </u>	E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493228007080

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of Danbury I	f the organization Hospital					E	nploy	er ide	ntifica	tion nu	ımber			
•	·					0.0	5-064	6597	7					
Part I														
	To be completed by organization	ns that ans	wered "Yes	s" on Form 990, Part I\	/, line 2	25a or 25b	o, or F	orm 9	90-EZ					
1	(a) Name of disqualifie	d person		(b) Des	criptio	n of transa	ransaction					(c) Corrected?		
				(-,							Yes	No		
										_				
										_				
	er the amount of tax imposed on	_		= :			earu	nder						
	tion 4958								\$ —					
	er the amount of tax, if any, on lir			<u> </u>			• •	<u> </u>	\$_ <u></u>					
Part II														
	To be completed by organiza	tions that a	nswered "Y	es" on Form 990, Part T	IV, lın	e 26, or Fo	orm 9	90-E			: 38a T			
		(b) Loan t					(e) In		Appr		(a)\//	rittan		
(a) N	ame of interested person and	from th		(c)Original principal	(d)Ba	lance due	1		by board or		(g) Writtei r agreement			
	purpose	organızatı	ony	amount	-,				comm	ıttee?	tee?			
		То	From				Yes	No	Yes	No	Yes	No		
Total .														
Part III					100 D	and TV lin	. 27							
	To be completed by organ					arciv, III I	ie z/							
(:	a) Name of interested person	(b)R		o between interested pe the organization	erson	(c) A m	ount c	of grai	nt or ty	pe of a	ssista	nce		
				tile organization										

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	naring of zation's nues?
	organization			Yes	No
Precyse Solutions	See Schedule O	123,063	conduct coding reviews		Νο
Marcus Dairy	See Schedule O	131,620	provides dairy product		Νο

DLN: 93493228007080

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Danbury Hospital Employer identification number

06-0646597

ldentifier	Return Reference	Explanation
Supplemental Information	Part III, Line 4d	Other program services description During fiscal year 2009, Danbury Hospital serviced 20,499 inpatients and cared for 161,315 outpatients. In addition 69,582 patients came through our Emergency Department and 7,902 one-day surgery procedures were performed. The American College of Surgeon's National Surgical Quality improvement program recognized Danbury Hospital as 1 of only 25 hospitals in their data base nationwide to achieve exemplary outcomes for surgical patient care. Healthgrades designated Danbury Hospital 1 of only 114 hospitals nationally (and the only Connecticut hospital) to be named "Distinguished Hospital for Clinical Excellence" five years in a row. Healthgrade's also ranked the Hospital. "In the top 5% nationally for Cordiac surgery in the top 5% nationally for overall cardiac services (2 years in a row.) "in the top 5% nationally for Gliservice (2 years in a row.)." In the top 5% nationally for overall cardiac services (2 years in a row.) "in the top 5% nationally for overall cardiac services (2 years in a row.)." In the top 5% nationally for Gliservice (2 years in a row.) "in the top 5% nationally for overall cardiac services (2 years in a row.)." In the top 5% nationally for overall cardiac services (2 years in a row.). In the top 5% nationally for Gliservice (2 years in a row.) are to see the service of the following surgery. The top 5% nationally for Gliservice (2 years in a row.). In the top 5% nationally for Gliservice (2 years in a row.). In the top 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 years in a row.). In the 5% nationally for Gliservice (2 yea

ldentifier	Return Reference	Explanation
Form 990, part IV, line 12	Receipt of Audited Financial Statements	The organization is part of a consolidated audit report, related to this question and Part XI, Question #2 Form 990, part VI, line 2 Business or Family Relationship of Officers, Directors, Eld. John Murphy, MD, an officer of Danbury Hospital and John C Kline, a director of Danbury Hospital have a business relationship Form 990, Part VI, Line 6 Danbury Health Systems, inc. is the sole member of Danbury Hospital Form 990, Part VI, Line 7a The Sole Member shall be responsible for electing, at the annual meeting of the membership, the members of the Board of Directors of the Hospital to serve for three year terms and until their successors are elected and have qualified Form 990, Part VI, Line 7b The duties and responsibilities of the Sole Member shall include, among others, the following Electing at the annual meeting of the membership, the members of the Board of Directors of the Hospital to serve for three year terms and until their successors are elected and have qualified. Filling vacancies on the Board of Directors which cocure between elections, reviewing, making, and approving changes in the Bylaws, insuring that the objectives, purposes and goals of Danbury Hospital as stated in the Charter of The Danbury Hospital, line are properly and effectively carried out by the Board of Directors, delegating, as appropriate, to the Board of Directors policy-making functions, the supervision of the Hospital's operations and the control over the Hospital's assets Form 990, Part VI, Line 10 Form 990 Review Process William Roc, CFC, will review the 990 port to being sent to the RNS. A preliminary 990 is presented to the Audit Committee in June, who reviews it on behalf of the Board E&Y is on hand to review the 990 with the Audit Committee and answer any questions. Prior to the 990 being filed with the RNS, the Board William Formation and Enforcement of Conflicts Board members and senior management are cognizant of the importance of disclosure of potential conflicts of interest and will question possible conflicts in vari

ldentifier	Return Reference	Explanation
Voting No director having a conflict of interest on any matter shall	vote on that matter on be counted in determining the quorum for the	meeting at which the vote is taken, even when permitted by law. No Representative having a conflict of interest on any matter shall use his or her personal influence on the matter. Need for Resignation or Decision not to appoint if the Board of Directors, in it sold discretion, determines that any Representative having a conflict of interest sufficient in number and/or importance that the effectiveness of such Representative on behalf of IDHS may be significantly married, the Board of Divor Porton of the Porton of Porton

DLN: 93493228007080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Internal Revenue Service Name of the organization Employer identification number

Danbury Hospital				Linployer iden	th cation number				
				06-0646597					
Part I Identification of Disregarded Entities	1								
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity				
Part II Identification of Related Tax-Exempt Organizations									
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) Public charity state (if section 501(c)	atus (F) Direct controlling entity				
Danbury Health Care Affiliates Inc									
95 locust avenue danbury, CT06810 22-2594968	OP hither sve	СТ	501(C)(3)	9					
Danbury Health Systems inc 95 locust avenue danbury, CT06810 22-2594977	program devel	СТ	501(C)(3)	11 type 2					
danbury hospital development fund 24 hospital avenue danbury, CT06810 23-7425557	admın contrib	СТ	501(C)(3)	7					
danbury visiting nurse association inc 4 liberty street danbury, CT06810 06-0655138	home hithcare	СТ	501(C)(3)	9					
regional hospice of western connecticut 405 main street danbury, CT068104710 06-1178847	patient care	СТ	501(C)(3)	7					
danbury office of physician services 95 locust avenue danbury, CT06810 06-1137531	physician svc	СТ	501(c)(3)	9					

(A) Name, address, and EIN of related organization	(B) Primary act		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disproj alloca	1) prtionate tions?	Code V—UBI on Box 20 of		(J) Genera mana partn	alo gıng
								Yes	No	1		Yes	No
Part IV Identification of Re		anizations	Taxable a	(C)	(D)	(E)	(F)			(G)	(+	1)	
Name, address, and EIN of related org	janization	Primary activ	ity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total inco	ome	Sh end-	are of of-year ssets	Perce owne	ntage	
Business Systems Inc 95 locust avenue danbury, CT06810 06-1119262		pharmacy		СТ	dhs	c corp		0		0	100 %	0	
danbury health systems insurance co 10 main street po box 1051 GT grand cayman CJ 98-0438151		malpractice		CJ	danbury hosp	c corp		0		0	100 %	0	
								_					
								_					
							1						

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV		,	Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	.a `	Yes	
b Gift, grant, or capital contribution to other organization(s)	1	b		No
c Gift, grant, or capital contribution from other organization(s)	1	.c	Yes	
d Loans or loan guarantees to or for other organization(s)	1	.d		No
e Loans or loan guarantees by other organization(s)	1	.e		No
f Sale of assets to other organization(s)	1	.f		No
g Purchase of assets from other organization(s)	1	.g		No
h Exchange of assets	1	.h	Yes	
i Lease of facilities, equipment, or other assets to other organization(s)	1	Li '	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1	Lj '	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	<u> </u>	_	Yes	
Performance of services or membership or fundraising solicitations by other organization(s)	1	LI ,	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1	.m		No
n Sharing of paid employees	1	.n	Yes	
	<u> </u>			
o Reimbursement paid to other organization for expenses	1	ю.	Yes	
p Reimbursement paid by other organization for expenses	1	р	Yes	
q Other transfer of cash or property to other organization(s)	1	.q	Yes	
r Other transfer of cash or property from other organization(s)	1	Lr '	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved				
(1)						
See Additional Data Table						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations?		partners section end-of-year assets parizations?		ate	amount on Box ma 20 of K-1 pa		(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No	
Schedule P (Form 990) 2008											

Software ID: Software Version:

EIN: 06-0646597

Name: Danbury Hospital

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Danbury Health Care Affiliates Inc					
95 locust avenue danbury, CT06810 _22-2594968	OP hither sve	СТ	501(C)(3)	9	
Danbury Health Systems inc					
95 locust avenue danbury, CT06810 22-2594977	program devel	СТ	501(C)(3)	11 type 2	
danbury hospital development fund					
24 hospital avenue danbury, CT06810 23-7425557	admın contrıb	СТ	501(C)(3)	7	
danbury visiting nurse association inc					
4 liberty street danbury, CT06810 _06-0655138	home hithcare	СТ	501(C)(3)	9	
regional hospice of western connecticut					
405 main street danbury, CT068104710 _06-1178847	patient care	СТ	501(C)(3)	7	
danbury office of physician services					
95 locust avenue danbury, CT06810 06-1137531	physician svc	СТ	501(c)(3)	9	

Form 990, Schedule R, Part V - Transactions with Related Organizations (B) (C) Name of other organization Amount Involved Transaction type(a-r) (\$) (1) Danbury Health Care Affiliates Inc 121,929 Danbury Health Care Affiliates Inc (2) h 55,598 (3) Danbury Health Care Affiliates Inc k 186,771 (4) Danbury Health Care Affiliates Inc Ī 492,390 (5) Danbury Health Care Affiliates Inc 4,585,712 (6) Danbury Health Care Affiliates Inc q 4,638,649 (7) Danbury Hospital Development Fund 83,475 а (8) Danbury Hospital Development Fund С 1,399,675 (9) Danbury Hospital Development Fund 101,640 J (10) Danbury Hospital Development Fund 5,011,336 р (11) Danbury Hospital Development Fund 3,621,531 q (12) Danbury Hospital Development Fund 1,505,978 r (13) Danbury Visiting Nurse Association Inc n 69,372 (14) Danbury Visiting Nurse Association Inc 795,564 р (15) Danbury Visiting Nurse Association Inc 740,862 q (16) regional hospice of western connecticut k 92,531 (17) regional hospice of western connecticut 183,389 n (18) regional hospice of western connecticut 339,492 р (19) regional hospice of western connecticut 63,491 q (20) danbury office of physician services а 1,841,662 (21) danbury office of physician services 99,556 ī (22) danbury office of physician services 736,625 (23) danbury office of physician services 31,251,157 (24) danbury office of physician services n 1,658,278 (25) danbury office of physician services р 7,191,321 (26) danbury office of physician services 32,131,803 q (27) business systems inc а 276,065 (28) business systems inc 12,350,719 р (29) business systems inc 11,902,948 (30) danbury health systems insurance co 11,349,072

Form 990, Schedule R, Part V - Transactions with Related Organizations		
(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(31) danbury health systems insurance co	р	7,538,703
(32) danbury health systems insurance co	q	6,644,141

Additional Data

Software ID: Software Version:

EIN: 06-0646597

Name: Danbury Hospital

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ANCILLARY SERVICE	621,400	251,780,013	251,780,013		
CONTRACT LAB	621,500	7,214,998		7,214,998	
ROUTINE PATIENT	621,990	32,406,554	32,406,554		
MEDICARE/MEDICAID PAYMENTS	621,990	168,694,357	168,694,357		
RENTAL INC-AFFL EXEMPT	532,000	1,947,259	1,754,838		192,421