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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

OMB No 1545 0047

2008

Open to Public Inspection

No statute issue

043686224 1MARQ2'13

For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 9/30 , 2009

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions

Danbury Hospital Development Fund WEST
24 Hospital Avenue
Danbury, CT 06810

D Employer Identification Number 23-7425557

E Telephone number 203-739-7227

G Gross receipts $ 13,172,636.

F Name and address of principal officer Catherine Halkett
Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.danburyhospital.org

H(c) Group exemption number ►

K Type of organization [ ] Corporation [ ] Trust [ ] Association [X] Other ► L Year of Formation 1975 M State of legal domicile CT

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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MAR 18 2013
OGDEN, UT
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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,167,700.	7,599,785.
9	Program service revenue (Part VIII, line 2g)		101,640.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,533,535.	-2,194,221.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,443.	110,886.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,712,678.	5,618,090.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,892,765.	6,093,594.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	962,197	1,301,478.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		27,206.
b	Total fundraising expenses (Part IX, column (D), line 25) ► 601,712.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	878,070	864,446.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,733,032	8,286,724.
19	Revenue less expenses. Subtract line 18 from line 12	5,979,646	-2,668,634.

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		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	75,237,264.	75,228,269.
21	Total liabilities (Part X, line 26)	2,489,260.	788,596
22	Net assets or fund balances. Subtract line 21 from line 20	72,748,004.	74,439,673.

Part II Signature Block

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

Sign Here

► [signature] 3/14/2013
Signature of officer Date

► Donna Kaplanis, Controller
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► [signature]	Date 02/25/2013	Check if self employed ► [ ]	Preparer's identifying number (see instructions) P01255855
Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG US LLP, 111 Monument Circle, Suite 2600, Indianapolis, IN 46204		EIN ► 34-656559	Phone no ► 317-681-7000

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

SCANNED MAR 26 2013

91-010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

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

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

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

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

If 'Yes,' describe these changes on Schedule O

4 Describe the 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 [redacted]) (Expenses $ 7,228,949. including grants of $ 6,093,594.) (Revenue $)

Danbury Hospital Development Fund is a not-for-profit corporation located in Danbury,Connecticut. It was organized as a non-stock corporation under the laws of Connecticut for the purpose of soliciting, receiving, holding, investing and administering contributions on behalf of the Danbury Hospital. The Development Fund has been recognized as exempt from federal income taxes under section 501 (c) 3 and public charity under sections 509 (a) (1) and 170 (b) (A) (vi).

4b (Code [redacted]) (Expenses $ including grants of $) (Revenue $)

4c (Code [redacted]) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► $ 7,228,949. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes ' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees or agents outside of the U S ?	14a		X
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		X
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		X
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		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17	X	
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	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
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	X	
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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		X
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		X
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		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a 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		X
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
	c 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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
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	X	
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	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 39		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	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		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property did the organization file Form 8899 as required?	7g		
h	For all 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 section 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.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If 'Yes,' enter the amount of tax exempt interest received or accrued during the year	12b		

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

Section 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, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 21		
b	Enter the number of voting members that are independent	1b 19		
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? See Schedule O	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders? See Schedule O	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O	7a	X	
b	Are any decisions of the governing body subject to approval by members stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	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 See Schedule O	10	X	
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		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers of key employees of the organization? See Schedule O	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▸ None

18 Section 6104 requires an organization to make its Forms 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

☐ Own 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 Schedule O

20 State the name, physical address and telephone number of the person who possesses the books and records of the organization

▸ Jenny Coleman 24 Hospital Avenue Danbury,CT 06810 203-739-7662

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) or more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth Allen Director	1	X						0.	0	0.
Joseph Platano Director	1	X						0.	0.	0.
Humberto Bauta Director	1	X						0.	4,400.	0.
Paul Dinto Director	1	X						0.	0.	0.
Isabelle Farrington Director	1	X						0.	0.	0.
Richard Jabara Chairman	1	X		X				0.	0.	0.
John F. Pezzimenti Director	1	X						0.	592,222.	27,571
Neil Marcus Director	1	X						0	0.	0.
Ralph McIntosh Secretary	1	X						0.	0	0.
Paul McNamara Director	1	X						0.	0.	0.
Marilyn Polite Director	1	X						0.	0.	0.
Robert Reby Director	1	X						0.	0.	0.
Ronald Tietjen Director	1	X						0.	51,600.	0.
Noel Roy Director	1	X						0.	0.	0.
Cecelia Ruggles Director	1	X						0.	0.	0.
Pierre Saldinger Director	1	X						0.	600,497	38,296
Harold Spratt Director	1	X						0.	0.	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
William Totten Director	1	X						0	0.	0.
Pat Weeden Director	1	X						0.	0.	0.
Frank Kelly President & CEO	1			X				0.	6,926,088.	25,302.
Grace Linhard Vice President	40			X				161,468.	0.	8,261.
Catherine Halkett President	40			X				324,421.	0.	34,705.
Donna Kaplanis Controller	1			X				0.	234,656.	38,845.
Judith Ward CMO	1			X				0.	276,186.	34,049.
William Roe CFO	1			X				0.	0.	0.
Christopher J. Couri Chair, Assoc Bd	1	X						0.	0.	0.
Jerry Walton Director	1	X						0.	0.	0.
Susan Kania Dir Dev Fund	40					X		130,984.	0	17,350.
Holly Lemoine Dir Annual Gvng	40					X		105,260.	0.	5,987.
Gerard Robilotti President							X	138,000.	0.	0.
1b Total ►								860,133.	13,199,318.	240,208.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 5

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	482,586.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants and similar amounts not included above	1f	7,117,199.			
	g Noncash contribns included in lns 1a-1f $					
	h **Total.** Add lines 1a-1f		7,599,785.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Rental income from DH	531120	101,640.	101,640.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a 2f		101,640.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		-643,544.			-643,544.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		162,233.			162,233.
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,757,231.	82,416.			
	b Less cost or other basis and sales expenses	7,390,324.				
	c Gain or (loss)	-1633093.	82,416.			
	d Net gain or (loss)		-1,550,677.			-1,550,677.
	8a Gross income from fundraising events (not including $ 482,586. of contributions reported on line 1c) See Part IV, line 18	a 112,875.				
	b Less direct expenses	b 164,222.				
	c Net income or (loss) from fundraising events		-51,347.			-51,347.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,618,090	101,640.	0.	-2,083,335.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,093,594.	6,093,594.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	524,120.	524,120.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	590,803.	199,838.		390,965.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	41,400.	28,767.		12,633.
9 Other employee benefits	79,976.	8,275.		71,701.
10 Payroll taxes	65,179.	25,643.		39,536.
11 Fees for services (non-employees)				
a Management				
b Legal	1,021.		1,021.	
c Accounting	3,500.		3,500.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17	27,206.			27,206.
f Investment management fees	197,650.		197,650	
g Other	125,008.	70,372.	54,636.	
12 Advertising and promotion				
13 Office expenses	109,556.	109,556.		
14 Information technology	34,494.		34,494.	
15 Royalties				
16 Occupancy	84,961.		84,961.	
17 Travel	26,184.		26,184.	
18 Payments of travel or entertainment expenses for any federal, state or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,958		45,958.	
23 Insurance	2,127.		2,127.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Annuity expense	87,061.	87,061.		
b Printing and Publications	67,538	67,538.		
c Donor relations	31,764			31,764.
d President Club expense	12,065.			12,065.
e Credit card expense	7,777.			7,777.
f All other expenses	27,782.	14,185.	5,532	8,065
25 Total functional expenses Add lines 1 through 24f	8,286,724.	7,228,949.	456,063.	601,712.
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		767,293.	1	832,992.
	2	Savings and temporary cash investments		5,517.	2	3,156,410.
	3	Pledges and grants receivable, net		4,400,288.	3	4,048,903.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			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		157,884.	7	75,468.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,191.	9	5,350.
	10a	Land, buildings, and equipment cost basis	10a 1,472,265.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 228,682.	1,257,963.	10c	1,243,583.
	11	Investments – publicly-traded securities		34,642,375.	11	34,092,295.
	12	Investments – other securities See Part IV, line 11		29,632,112.	12	28,972,861.
	13	Investments – program related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,362,641.	15	2,800,407.
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		75,237,264.	16	75,228,269.
LIABILITIES	17	Accounts payable and accrued expenses		733,429.	17	597,377.
	18	Grants payable			18	
	19	Deferred revenue		156,136.	19	68,150
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		1,599,695.	25	123,069.
	26	**Total liabilities.** Add lines 17 through 25		2,489,260.	26	788,596.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		44,827,004.	27	18,780,953.
	28	Temporarily restricted net assets		11,956,452.	28	28,552,625.
	29	Permanently restricted net assets		15,964,548.	29	27,106,095.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal or current funds			30	
	31	Paid-in or capital surplus, or land, building and equipment fund			31	
	32	Retained earnings, endowment accumulated income, or other funds			32	
	33	**Total net assets or fund balances.**		72,748,004.	33	74,439,673.
	34	Total liabilities and net assets/fund balances		75,237,264.	34	75,228,269.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

SCHEDULE A (Form 990 or 990-EZ)

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.**

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Danbury Hospital Development Fund	23-7425557

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

The organization is not a private foundation because it is (Please check only **one** organization.).

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)	
(ii)	a family member of a person described in (i) above?	11g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar 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 'unusual grants ')	6,048,910.	3,615,192.	5,029,918.	7,167,700.	7,599,785.	29,461,505.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1-3	6,048,910.	3,615,192.	5,029,918.	7,167,700.	7,599,785.	29,461,505.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,885,220.
6 **Public support.** Subtract line 5 from line 4						24,576,285

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6,048,910.	3,615,192.	5,029,918.	7,167,700.	7,599,785.	29,461,505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,700,874.	2,217,226.	8,007,646.	4,540,913.	1,255,916.	17,722,575.
9 Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.
11 **Total support.** Add lines 7 through 10						47,184,080.

12 Gross receipts from related activities, etc (see instructions)	12	0.

13 **First five years.** If the Form 990 is for the organization's first second third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6 column (f) divided by line 11, column (f)	14	52.1 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	33.6 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2007** If the organization did not check a box on line 13, or 16a, and line 15 is 33 1/3% or more check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the 'facts and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a 16b, or 17a and line 15 is 10% or more and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation** If the organization did not check a box on line, 13 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Amounts included on lines 1, 2 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 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 lns 9 10c 11 and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth or fifth tax year as a section 501(c)(3) organization check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13 column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV A, line 27h	18	%

19a **33-1/3 support 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 ► ☐

b **33-1/3 support tests – 2007** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3% check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

Danbury Hospital Development Fund

Employer identification number

23-7425557

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

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

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

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

2 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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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

b 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 the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990 Part X ► $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	53,485,439.				
b Contributions	544,672.				
c Investment earnings or losses	1,589,161.				
d Grants or scholarships	2,448,465.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	53,170,807.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi endowment ► 23.50 %
- b Permanent endowment ► 45.70 %
- c Term endowment ► 30.80 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If 'Yes' to 3a(ii) are the related organizations listed as required on Schedule R?		X

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		471,593.		471,593.
b Buildings		848,407.	165,371.	683,036.
c Leasehold improvements		11,638.	2,376.	9,262.
d Equipment		140,627.	60,935	79,692
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990 Part X, column (B), line 10(c).)*			►	1,243,583.

Part VII Investments—Other Securities See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Partnerships	28,972,861.	End of Year Market Value
Total (Column (b) should equal Form 990 Part X, col (B) line 12) ►	28,972,861.	

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15) N/A

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col (B), line 15) ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to Danbury Hospital	123,066.
Rounding	3.
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25) ►	123,069.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements N/A

1	Total revenue (Form 990, Part VIII,column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	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 VIII, line 12, but not on line **1**			
a	Investments expenses not included on Form 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, Part I, line 12)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990 Part IX line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 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	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 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 should equal Form 990, Part I, line 18)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part V, Line 4 - Intended Uses Of Endowment Fund

The intended use of the endowment funds are to provide supplemental/sole financial support for a variety of Danbury Hospital programs and services.

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Danbury Hospital Development Fund

Employer identification number
23-7425557

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17

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

- [X] Mail solicitations
- [X] Email solicitations
- [X] Phone solicitations
- [X] In person solicitations
- [X] Solicitation of non-government grants
- [ ] Solicitation of government grants
- [X] Special fundraising events

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

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Graham Pelton	Consulting		X		27,206.	
Total					27,206.	0.

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

CT NY

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Event (event type)	(b) Event #2 Annual Ball (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	290,183.	273,450	31,828.	595,461.
	2 Less Charitable contributions .	235,183.	215,575.	31,828.	482,586.
	3 Gross revenue (line 1 minus line 2)	55,000.	57,875.		112,875.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	69,776.	94,446.		164,222.
	8 Direct expense summary Add lines 4 through 7 in column (d)			►	164,222.
	9 Net income summary Combine lines 3 and 8 in column (d)			►	-51,347.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	

		YES	NO
9	Enter the state(s) in which the organization operates gaming activities _____		
	a Is the organization licensed to operate gaming activities in each of these states?	9a		
	b If 'No,' Explain			
10a	Were any of the organization's gaming licenses revoked suspended or terminated during the tax year?	10a		
	b If 'Yes,' Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a %		
b An outside facility	13b %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ►			
Address ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____			
c If 'Yes ' enter name and address			
Name ►			
Address ►			
16 Gaming manager information			
Name ►			
Gaming manager compensation ► $ _____			
Description of services provided ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $			

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

Danbury Hospital Development Fund

Employer identification number

23-7425557

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book FMV, appraisal other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Danbury Hospital 24 Hospital Avenue Danbury , CT 06810	06-0646597	501 (c) (3)	5,827,550	0			Financial support to the Hospital
Danbury Office of Physician Services 95 Locust Avenue Danbury, CT 06810	06-1137531	501 (c) (3)	266,044.	0.			To provide financial support

2 Enter total number of section 501(c)(3) and government organizations ► 2

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number o recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2 and any other additional information.

Part I, Line 2 - Grantmaker's Description of How Grants are Used

Purpose of grant funds are reviewed and approved by Development Fund officers to assure compliance with donor intentions and/or Board approvals.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Danbury Hospital Development Fund

Employer identification number

23-7425557

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain — 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? — 2		
3	Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment? — 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? — 4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? — 4c		X
	If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III See Part III		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization? — 5a		X
b	Any related organization? — 5b		X
	If 'Yes' to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? — 6a	X	
b	Any related organization? — 6b	X	
	If 'Yes' to line 6a or 6b describe in Part III See Part III		
7	For person listed in Form 990, Part VII Section A, line 1a, did the organization provide any non fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III — 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III — 8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
John F Pezzimen	(i)	0.	0	0.	0.	0.	0.	0.
	(ii)	361,829.	180,000.	50,393.	6,900.	20,671.	619,793.	0.
Pierre Saldinger	(i)	0.	0.	0.	0.	0.	0.	0
	(ii)	471,173.	115,000.	14,324.	6,900.	31,396.	638,793.	0.
Frank Kelly	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	554,322.	6,342,042.	29,724.	8,740.	16,562.	6,951,390.	0.
Grace Linhard	(i)	132,234.	13,504.	15,730.	6,900.	1,361.	169,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Catherine Halket	(i)	225,825.	97,250.	1,346.	6,900.	27,805	359,126.	0.
	(ii)	0	0.	0.	0.	0.	0.	0.
Donna Kaplanis	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	155,366	65,044.	14,246.	6,900.	31,945.	273,501.	0.
Judith Ward	(i)	0.	0	0.	0.	0.	0.	0.
	(ii)	209,635	50,000.	16,551.	6,900.	27,149.	310,235.	0.
Gerard Robilotti	(i)	138,000.	0.	0.	0.	0.	138,000.	103,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Arthur Tedesco	(i)	0	0.	0.	0.	0.	0.	0.
	(ii)	22,107.	4,470,558.	21,004.	8,740.	1,102.	4,523,511.	0.
	(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

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

The following individuals 2008 W-2 wages reflected the following SERP payments:

Frank J. Kelly $5,912,042

Arthur Tedesco $4,235,801

Due to a cap in the defined pension plan of $150,000, the SERP is intended to give supplemental retirement benefits to key members of 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 vs. the time retirement payments are made.

The SERP is unfunded and is subject to FAS-87 reporting requirements.

The expenses for the SERP costs are recognized each accounting period in three segments. These are:

Prior Service Costs

The actual present value of SERP benefits for members of the SERP group as computed on the date the SERP is

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

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

implemented. The intangible asset is amortized over the estimated working life of the executives in the SERP plan

Current Service Costs

The current service cost (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 accounting 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 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

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

Summary of Executive Incentive Plan (Excerpts From)

The Plan will be administered subject to the Board policy on Executive Compensation by the Committee on Governance serving as the Executive Compensation Committee (the Committee) of the Board of Directors of Danbury Health Systems. The Committee may in its sole discretion interpret the Plan, prescribe any rules and regulations necessary or appropriate for administration of the Plan, and make such other determinations and take such action as it deems necessary or advisable.

The Plan year will begin October 1, 2008, and end September 30, 2009. The measurement period for award purposes will be the same.

Eligibility to participate in the Plan will be limited to those who are in positions in which their decisions, actions and counsel significantly affect the operations of Danbury Health System and its subsidiaries, as determined by the Committee and with input provided by Senior management.

Prior to the start of each Plan year, or as soon as practicable thereafter, the Committee, with input provided by senior management, will determine which eligible individuals will participate in the Plan with respect to such Plan year. The individuals participating in the Plan during the 2009 fiscal year are listed

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

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

in Exhibit 1.

In determining which eligible individuals will participate, the Committee will take into account the extent to which eligible individuals are in positions in which their decisions, actions and counsel significantly affect the overall performance of Danbury Health System and its affiliates.

To be considered for participation, an individual must be in an incentive eligible position for no less than 6 months of the respective Plan year. Incentive awards will be prorated as appropriate to reflect partial Plan year participation. Eligible individuals must be employed by Danbury Health Systems at the time of executive incentive award distribution.

The Committee will establish the target award opportunity (expressed as a percentage of base salary) for each participant in the Plan.

The target award is the amount paid to participants for actual performance that meets expectations. To recognize a range of performance above and below the "target" level, participants may earn one-half to one and one-half times the target award opportunities based on actual performance. A threshold of performance must be achieved in order for participants to earn awards. The resulting award opportunity ranges are

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

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

presented in Exhibit 2.

Prior to the beginning of each Plan year, or as soon thereafter as practicable, weightings for the performance measures included in the Plan will be determined for each participant in accordance with the nature of each participant's stated goals and responsibilities (i.e., organizational, functional/individual, etc.).

Prior to the beginning of each Plan year, or as soon thereafter as practicable, performance measures and performance levels will be established for each participant in the Plan.

Incentive awards will be modified or eliminated if at the level of performance specified in the circuit breaker is not achieved. If EBITDA is less than basic, could result in as much as 50% reduction in overall award. If EBITDA is less than 8%, full elimination of incentive award.

Notwithstanding any other provision of the Plan, incentive awards can be affected by an individual modifier (based on individual executive performance) at the level specified in Exhibit 6.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the Organization

Danbury Hospital Development Fund

Employer identification number

23-7425557

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Arthur Tedesco CFO							X	0.	4,513,669.	9,842.

SCHEDULE O (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 Development Fund

Employer identification number: 23-7425557

FORM 990, PART VII (ADD'TL INFORMATION)

FOR ALL OFFICERS AND THE TOP 5 EMPLOYEES, ALTHOUGH ONLY 40 HOURS IS NOTED TO REFLECT PAID HOURS, ACTUALLY WORKED HOURS EXCEEDED THIS AMOUNT.

For 2008 the following individual's W-2 earnings were paid by a related organization:

Danbury Hospital:

Frank Kelly 39 Average hours

Donna Kaplanis 39 Average hours

Judith Ward 39 Average hours

Danbury Office of Physicians:

John F. Pezzimenti 39 Average hours

Pierre Saldinger 39 Average hours

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

Form 990, Page #4, Part IV, Line #12

The organization is part of a consolidated audit report, related to this question and Part XI, question #2.

Summary of Changes Due to W-2C Issued

As a result of a W-2C being issued in FYE2011 correcting FYE2009 earnings the following changes were made to the 2008 return:

For the following individuals column D and F of Part VII and and all columns for

Name of the organization: Danbury Hospital Development Fund

Employer identification number: 23-7425557

(continued)

Schedule J, page #2 changed:

Frank J. Kelly

Arthur Tedesco

For Schedule J, Part III, the supplemental information was changed to reflect changes in SERP payments for Frank J. Kelly.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Richard Jabara has a business relationship with Paul McNamara, another director. Both directors are involved in real estate.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Corporation will be a membership corporation, having a single class of membership, consisting of a Sole Member, whose term shall be unlimited. The Sole Member shall be Danbury Health Systems, Inc., a Connecticut nonstock corporation, its successors or assigns. The final authority over the affairs, property and business of the Corporation is vested in the Sole Member.

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

The rights of the Sole Member shall include, among others, the following:

a) Electing, at the annual meeting of the membership, the members of the Board of Directors of the Corporation to serve in accordance with the provisions of the Bylaws.

b) Filling vacancies on the Board of Directors which occur between elections.

c) Reviewing and approving changes in the Bylaws, or the adoption of new Bylaws.

d) Insuring that the objectives, purposes and goals of this Corporation as stated in its Certificate of Incorporation are properly and effectively carried out by the Board of Directors.

Name of the organization: Danbury Hospital Development Fund

Employer identification number: 23-7425557

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

e) Delegating, as appropriate, to the Board of Directors, policy-making functions, the supervision of the Corporation's operations and the control over the Corporation's assets.

Form 990, Part VI, Line 10 - Form 990 Review Process

William Roe, CFO, will review the 990 prior to it being sent to the IRS. 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 IRS, the Board will get a full and accurate copy on a secured website for their review.

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

Board members and senior management are cognizant of the importance of disclosure of potential conflicts of interest and will question possible conflicts in various Board meetings. The Chief Compliance Officer is part of the routine contracts review process and watches for potential conflicts with Board, Management and staff.

The Compliance Officer will continually request the information until all responses are received.

The Audit Committee reviews and evaluates each disclosure to determine if there is a conflict. A summary report is shared with the full Board. The COI policy below notes what is to occur, when there is a clear conflict.

CONFLICT OF INTEREST POLICY

FOR DIRECTORS AND OFFICERS

Name of the organization: Danbury Hospital Development Fund

Employer identification number: 23-7425557

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

PURPOSE

The purpose of this Policy is to ensure that the directors and officers of Danbury Health Systems, Inc. (together the "Representatives" and individually a "Representative") are not prevented from performing services on behalf of Danbury Health Systems, Inc. ("DHS") solely because of possible conflicts of interest on their part, and that the Representatives will be able to govern and serve the best interests of DHS by exercising their best care, skill and honest judgment on its behalf.

This Policy recognizes that (1) members of the Board of Directors are often chosen because of their experience in matters relevant to the operation of DHS and (2) that directors and officers may be asked by DHS to participate on behalf of DHS as a director or officer of another organization, trade association, joint venture and network. Accordingly, another objective of this Policy is to ensure that members of the Board of Directors and officers are not disqualified from participation in DHS governance by virtue of their affiliations with other institutions or entities.

Notwithstanding the above, it is possible that a Representative may have an actual or potential conflict of interest (1) based on personal interests or transactions or (2) by virtue of his or her relationship as an owner, creditor, agent, officer, director or employee of another entity. The objectives identified above will be promoted by:

(1) full disclosure by directors and officers of all personal and outside interests that may affect or be affected by DHS's operations or by decisions that the

Name of the organization: Danbury Hospital Development Fund

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

Representative makes on DHS's behalf and

(2) establishment of guidelines for determining when actual and potential conflicts of interest occur and of principles and procedures for addressing actual and potential conflicts.

Each actual or potential conflict of interest that is disclosed should be carefully examined and appropriate measures put into place to maintain the balance between ensuring fair and honest deliberations and encouraging participation of qualified Representatives in DHS.

The Board of Directors of DHS recognizes the importance to DHS of having a consistent policy applicable to the directors and officers of all corporations within its system. This Policy therefore applies to the directors and officers of DHS as well as the directors and officers of Danbury Hospital, Danbury Hospital Development Fund. The Danbury Visiting Nurse Association, Regional Hospice of Western Connecticut, Danbury Health Care Affiliates, and Business Systems, Inc. and the Board of each such corporation shall take whatever action as may be necessary to insure the effectiveness of this Policy.

Voting. No director having a conflict of interest on any matter shall vote on that matter or 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 its

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

sole discretion, determines that any Representative has conflicts of interest sufficient in number and/or importance that the effectiveness of such Representative on behalf of DHS may be significantly impaired, the Board may ask the representative to resign.

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

The Danbury Hospital Development Fund's compensation review process is covered by the following Danbury Hospital policy. During FYE 2009 the Development Fund had no key employees that would be covered by this policy:

The Executive Compensation process at Danbury Hospital is administered by a Committee of Independent Trustees. These Trustees are guided by a charter that is approved by the Board, and a documented executive compensation philosophy.

The charter empowers the Governance Committee to administer the executive compensation program and process on behalf of the full Board of Trustees. Overall, this philosophy is intended to reward talented executives at a level that is commensurate with their performance relative to high performance expectations, and to retain key management talent.

Danbury Hospital's executive compensation philosophy defines the market for administering compensation as a comparable set of not-for-profit health care delivery systems. To fulfill their responsibility to look at relevant market data, and due to the scale and complexity of the organization, the Committee reviews information from multiple sources of market data. They use this information to support their decisions regarding on-going administration of the program.

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

Danbury Hospital provides compensation to its senior executives in the form of base salary, an annual incentive program, and executive benefits.

The Governance Committee is comprised of approximately nine independent members of the Board. They meet approximately eight times per year and make all critical decisions in executive session. The Committee is empowered to engage outside counsel and consulting support, which they do.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Conflicts of interest, financial statements and governing documents are all available upon request.

The information that has been posted on DHS internet for 2009 include:

1) The 2009 audited financial statements for Danbury Hospital and Subsidiary.

2) The 2009 audited Danbury Hospital & Danbury Hospital Development Fund.

3) The 2009 audited financial statement for Danbury Health System and Subsidiaries.

4) The 2009 audited financial statement for VNA.

5) The 2009 audited financial statement for Regional Hospice of Western Ct.

6) The 2008, 2007, and 2006 Return of Organization Exempt from Income Tax

Also included is the Code of Business Ethics, Information about our Compliance Program, and a copy of our policy regarding Preventing of Fraud, Waste and Abuse.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Danbury Hospital Development Fund

Employer identification number
23-7425557

Part I Identification of Disregarded Entities

(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 section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Danbury Hospital 24 Hospital Avenue Danbury, CT 06810 06-0646597	Provide medical care and diagnosis	CT	501 (c) 3	3	N/A
Danbury Healthcare Affiliates 24 Hospital Avenue Danbury, CT 06810 22-2594968	Provide outpatient healthcare services	CT	501 (c) 3	9	N/A
Danbury Health Systems, Inc 24 Hospital Avenue Danbury, CT 06810 22-2594977	Further the programs of the hospital	CT	501 c (3)	11 Type II	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) Disproportionate allocations? No	(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Business Systems, Inc. 95 Locust Avenue Danbury, CT 06810 06-1119262	Retail phar	CT	N/A	C corp	0.	0.	

Part V Transactions With Related Organizations

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

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Danbury Hospital	a	101,640.
(2) Danbury Hospital	b	1,399,675.
(3) Danbury Hospital	j	83,475.
(4) Danbury Hospital	o	5,011,336.
(5) Danbury Hospital	q	1,505,978.
(6) Danbury Hospital	r	3,621,531.

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 asset or gross revenue) that was not a related organization See Instructions regarding exclusion for certain investment partnerships

(A) Name, address and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct controlling Entity
Danbury Office of Physician Services 95 Locust Avenue Danbury, CT 06810 06-1137531	Provide physician services to Danbury Hospital	CT	501 (c) (3)	9	N/A
Danbury Visiting Nurse Assoc, Inc 4 Locust Avenue Danbury, CT 06810 06-0655138	Provide home health care	CT	501 (c) (3)	9	N/A
Regional Hospice of Western CT, Inc. 405 Main Street Danbury, CT 06810 06-1178847	Provide home health care to cancer patients	CT	501 (c) (3)	7	N/A

Schedule D, Part XI, Line 8
Other Changes In Net Assets Or Fund Balances

Book Tax Difference K-1's	$ -1,828,372.
Change in Trusts held by Others	-56,256.
Total	$ -1,884,628