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|  |  |   |
|--|--|---|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2010</div> <div>Open to Public Inspection</div> </div> |
|  | ▶ The organization may have to use a copy of this return to satisfy state reporting requirements   |   |








|  |   |   |   |
|--|---|---|---|
| <b>A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011</b>  |   |   |   |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Danbury Hospital   |   | <b>D</b> Employer identification number<br>06-0646597 |
|  | Doing Business As   |   | <b>E</b> Telephone number<br>(203) 739-8110           |
|  | Number and street (or P O box if mail is not delivered to street address)<br>24 Hospital Avenue                   | Room/suite                                  | <b>G</b> Gross receipts \$ 666,468,618                |
|  | City or town, state or country, and ZIP + 4<br>Danbury, CT 068106099  |   |   |
|  | <b>F</b> Name and address of principal officer<br>john m murphy md<br>24 hospital avenue<br>danbury, CT 068106099 |   |   |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   | <b>J</b> Website: ▶ www.danburyhospital.org |   |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation 1885             | <b>M</b> State of legal domicile CT                   |

|               |                |
|---------------|----------------|
| <b>Part I</b> | <b>Summary</b> |
|---------------|----------------|

|  |   |             |                           |
|--|---|-------------|---------------------------|
| Activities & Governance  | <b>1</b> Briefly describe the organization's mission or most significant activities TO ENHANCE THROUGH MEDICAL CARE, EDUCATION AND RESEARCH THE HEALTH AND WELL BEING OF INDIVIDUALS IN DANBURY, CONNECTICUT AND SURROUNDING COMMUNITIES IN PARTNERSHIP WITH THOSE WE SERVE |             |                           |
|  |   |             |                           |
|  |   |             |                           |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |             |                           |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .  | <b>3</b>    | 15                        |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | <b>4</b>    | 12                        |
|  | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .   | <b>5</b>    | 3,431                     |
| <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                    | <b>6</b>  | 390         |                           |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . | <b>7a</b>   | 620,446     |                           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .        | <b>7b</b>   | -3,227,712  |                           |
| Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .  | Prior Year  | Current Year              |
|  | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .   | 9,050,280   | 14,967,415                |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .  | 475,132,255 | 502,670,162               |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 3,955,300   | 12,095,360                |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  | 3,018,711   | -2,692,603                |
|  |   | 491,156,546 | 527,040,334               |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .   | 0           | 0                         |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .   | 0           | 0                         |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 249,811,299 | 262,300,141               |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  | 0           | 0                         |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0   |             |                           |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .  | 210,669,186 | 233,705,886               |
|  | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  | 460,480,485 | 496,006,027               |
|  | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .   | 30,676,061  | 31,034,307                |
|  | Net Assets or Fund Balances   |             | Beginning of Current Year |
| <b>20</b> Total assets (Part X, line 16) . . . . .                                       |   | 603,421,824 | 715,105,959               |
| <b>21</b> Total liabilities (Part X, line 26) . . . . .                                  |   | 179,416,697 | 326,864,381               |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .            |   | 424,005,127 | 388,241,578               |

|                |                        |
|----------------|------------------------|
| <b>Part II</b> | <b>Signature Block</b> |
|----------------|------------------------|

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.

|   |  |  |                      |            |   |
|---|--|--|----------------------|------------|---|
| <b>Sign Here</b>  |   |  |                      | 2012-08-13 |   |
|   |  Steven H Rosenberg Chief Financial Officer<br>Type or print name and title |  |                      | Date       |   |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name   |  | Preparer's signature |            | Date  |
|   | Firm's name  ERNST & YOUNG US LLP   |  |                      |            | Check if self-employed  <input type="checkbox"/> |
|   | Firm's address  111 MONUMENT CIRCLE STE 2600<br>INDIANAPOLIS, IN 46204      |  |                      |            | PTIN<br>Firm's EIN                               |
| Phone no  (317) 681-7000 |  |  |                      |            |   |

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1 Briefly describe the organization's mission

To improve the health and well being of those we serve

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ 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 ) (Expenses \$ 399,064,005 including grants of \$ ) (Revenue \$ 499,069,773 ) |
| IN OCTOBER, 2010 DANBURY HOSPITAL, NEW MILFORD HOSPITAL AND THEIR AFFILIATED ORGANIZATIONS JOINED TO BECOME ONE NETWORK, THE WESTERN CONNECTICUT HEALTH NETWORK THIS NETWORK OF PROVIDERS, SERVICES AND LOCATIONS BRINGS TOGETHER THE BEST PEOPLE, TECHNOLOGY AND PROCESSES TO DELIVER THE TIMELY CONVENIENT AND APPROPRIATE CARE FOR EACH AND EVERY PATIENT WE HAVE EXPERIENCED A YEAR OF UNPRECEDENTED GROWTH AND CHANGE SOME HIGHLIGHTS AT DANBURY HOSPITAL -THE GRAND OPENING OF OUR BIOMEDICAL RESEARCH CENTER -THE COMPLETION OF OUR WORLD-CLASS NEONATAL INTENSIVE CARE UNIT -THE GROUNDBREAKING FOR THE NEW TOWER/EXPANSION PROJECT -CRITICAL CARE UNIT TEAM EARNS BEACON AWARD FOR CRITICAL CARE EXCELLENCE -RECEIVES 2011 CRIMSON PHYSICIAN PARTNERSHIP AWARD -CERTIFICATION OF THREE OF OUR PRIMARY CARE PRACTICES AS PATIENT-CENTERED MEDICAL HOMES-AN IMPORTANT PART OF OUR NEW APPROACH TO MEETING THE DEMANDS OF HEALTHCARE REFORM - CONTINUED EXPANSION OF OUR NETWORK THROUGH THE ADDITION OF SEVERAL PRIMARY CARE AND SPECIALTY PRACTICES IN ADDITION, THE FOLLOWING ACHIEVEMENTS OCCURRED, -TREATED 1000TH OPEN HEART SURGERY PATIENT -PERFORMED FIRST HYBRID ABLATION FOR ATRIAL FIBRILLATION -DANBURY HOSPITAL'S CARDIOLOGY TEAM GOES TO KENYA W/HEARTS AROUND THE WORLD TO SAVE LIVES -EARNS AMERICAN COLLEGE OF RADIOLOGY GOLD STANDARD OF ACCREDITATION -LAUNCHES CO-GENERATION PLANT-GOES OFF THE GRID -LAUNCHES PRIMARY CARE RESIDENCY PROGRAM WITH COMMUNITY FQHC -HOLDS THE THE 14TH ANNUAL NATIONAL CANCER SURVIVORS DAY -PRAXAIR CANCER CENTER AT DANBURY HOSPITAL PROMOTES SKIN CANCER PREVENTION AND EARLY DETECTION SCREENING -DESIGNATED AN AETNA- INSTITUTE OF QUALITY/INSTITUTE OF EXCELLENCE -RECOGNIZED FOR EXEMPLARY OUTCOMES BY AMERICAN COLLEGE OF SURGEONS -EARNS NATIONAL HONORS FROM INSTITUTE FOR HEALTHCARE IMPROVEMENT FOR EFFORTS TO IMPROVE SURGICAL CARE |   |

|  |  |
|--|--|
| 4b   | (Code ) (Expenses \$ 20,195,412 including grants of \$ ) (Revenue \$ 4,014,636 ) |
| DANBURY HOSPITAL PROVIDES A DYNAMIC ENVIRONMENT FOR TEACHING AND RESEARCH FOR OUR GRADUATE MEDICAL EDUCATION PROGRAMS THE HOSPITAL RECEIVED ACCREDITATION WITH COMMENDATION FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, AND IS APPROVED TO SPONSER RESIDENCY PROGRAMS BY THE ACCREDIATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION AS A LEADING UNIVERSITY TEACHING INSTITUTION, DANBURY HOSPITAL ESTABLISHED A NEW SURGICAL RESIDENCY PROGRAM-THE STATE'S FIRST NATIONALLY ACCREDITED PROGRAM IN DECADES DURING THE YEAR 1,451 PERSONS PARTICIPATED |  |






















|  |  |
|--|--|
| 4c   | (Code ) (Expenses \$ 489,064 including grants of \$ ) (Revenue \$ 11,256 ) |
| RESEARCH THE DANBURY HOSPITAL RESEARCH INSTITUTE HERALDS A NEW ERA OF PERSONALIZED MEDICINE THAT HOLDS GREAT PROMISE FOR THE DEVELOPMENT OF TARGETED THERAPIES AS WE GAIN A DEEPER UNDERSTANDING OF THE GENETIC BASIS OF DISEASE THE INSTITUTE WILL ENABLE US TO STAY ON THE FOREFRONT OF THE EVOLVING WORLD OF MOLECULAR MEDICINE AND TO DELIVER THE BENEFITS OF THIS WORK TO PATIENTS AT THEIR BEDSIDE |  |

|              |  |
|--------------|--|
| 4d           | Other program services (Describe in Schedule O ) |
| (Expenses \$ | including grants of \$ ) (Revenue \$ )           |

|    |                                |                |
|----|--------------------------------|----------------|
| 4e | Total program service expenses | \$ 419,748,481 |
|----|--------------------------------|----------------|

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)? <i>If "Yes," complete Schedule A.</i>    | 1   | Yes |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?   | 2   | Yes |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>   | 3   | No  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>    | 4   | Yes |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>   | 5   |     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>   | 6   | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                      | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>    | 8   | No  |
| 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? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9   | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   | 10  | Yes |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |     |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>    | 11a | Yes |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>    | 11b | No  |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>   | 11c | No  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>   | 11d | Yes |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>    | 11e | Yes |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>     | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>    | 12a | No  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>              | 12b | Yes |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>   | 13  | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | Yes |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>                  | 14b | Yes |
| 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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>                                     | 15  | No  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   | 16  | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>  | 17  | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>  | 18  | No  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>  | 19  | No  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>    | 20a | Yes |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).   | 20b | Yes |

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .            | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | 24b |     | No |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | 24c |     | No |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | 24d |     | No |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | 25a | Yes |    |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | 25b |     | No |
| 26  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .  | 35  | Yes |    |
| a   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |     |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 38  | Yes |    |

|   |  |            |           |
|---|--|------------|-----------|
| <b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>                  |  |            |           |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |  |            |           |
|   |  | <b>Yes</b> | <b>No</b> |
| <b>1a</b>   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | <b>1a</b>  | 563       |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | <b>1b</b>  | 0         |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | <b>1c</b>  | Yes       |
| <b>2a</b>   | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.   | <b>2a</b>  | 3,431     |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                      | <b>2b</b>  | Yes       |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | Yes       |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  | <b>3b</b>  | Yes       |
| <b>4a</b>   | 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)?                                   | <b>4a</b>  | Yes       |
| <b>b</b>  | If "Yes," enter the name of the foreign country <b>CJ</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |           |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | No        |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | No        |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |           |
| <b>6a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | <b>6a</b>  | No        |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |           |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |           |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  | No        |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |           |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  | No        |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year.   | <b>7d</b>  |           |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | No        |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  | No        |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |           |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |           |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   |           |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |           |
| <b>a</b>  | Did the organization make any taxable distributions under section 4966?  | <b>9a</b>  |           |
| <b>b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   | <b>9b</b>  |           |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter  |            |           |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12.  | <b>10a</b> |           |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   | <b>10b</b> |           |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter   |            |           |
| <b>a</b>  | Gross income from members or shareholders.   | <b>11a</b> |           |
| <b>b</b>  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   | <b>11b</b> |           |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |           |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   | <b>12b</b> |           |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |           |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |           |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   | <b>13b</b> |           |
| <b>c</b>  | Enter the amount of reserves on hand.  | <b>13c</b> |           |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | No        |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | <b>14b</b> |           |

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

|    |   |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed  |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.  |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>MARY JO PAWLAK<br>24 HOSPITAL AVENUE<br>Danbury, CT 06810<br>(203) 739-8110  |

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

Check if Schedule O contains a response to any question in this Part VII ☒

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

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

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

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

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

[illegible]

Part VII

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| See Additional Data Table   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
|   |  |  |                       |         |              |                              |        |  |   |   |
| 1b Sub-Total . . . . .  |  |  |                       |         |              |                              |        |  |   |   |
| c Total from continuation sheets to Part VII, Section A . . . . . |  |  |                       |         |              |                              |        |  |   |   |
| d Total (add lines 1b and 1c) . . . . .                           |  |  |                       |         |              |                              |        | 6,459,040  | 1,077,936   | 1,198,622   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶475

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* . . . . .

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* . . . . .

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

YesNo

3Yes

4Yes

5No

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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| SLAM COLLABORATIVE<br>PO BOX 12<br>BRATTLEBOR, VT 053020012                | ARCHITECTS                     | 5,212,999           |
| PRICE WATERHOUSE COOPERS LLP<br>PO BOX 7247-8001<br>PHILADELPHIA, PA 19170 | CONSULTANTS                    | 1,449,368           |
| DANBURY RADIOLOGICAL ASSOCIATES<br>PO BOX 10068<br>LANCASTER, PA 17605     | RADIOLOGY SERVICES             | 1,191,587           |
| TOWERS WATSON PENNSLYVANIA INC<br>PO BOX 8500<br>PHILADELPHIA, PA 19178    | INVEST CONSULTANTS             | 962,670             |
| ROBINSON COLE LLP<br>280 TRUMBULL STREET<br>HARTFORD, CT 06103             | ATTORNEYS                      | 769,256             |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶42

Form 990 (2010)

Part VIII

Statement of Revenue

|   |   |  | (A)  | (B)   | (C)                              | (D)   |           |
|---|---|--|--|---|----------------------------------|---|-----------|
|   |   |  | Total revenue  | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded<br>from<br>tax<br>under<br>sections<br>512,<br>513, or<br>514 |           |
| Contributions, gifts, grants<br>and other similar amounts | 1a  | Federated campaigns . . . . .  | 1a   |   |                                  |   |           |
|   | b   | Membership dues . . . . .  | 1b   |   |                                  |   |           |
|   | c   | Fundraising events . . . . .   | 1c   |   |                                  |   |           |
|   | d   | Related organizations . . . . .  | 1d   | 11,970,631                                  |                                  |   |           |
|   | e   | Government grants (contributions)  | 1e   | 2,381,680                                   |                                  |   |           |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above  | 1f   | 615,104                                     |                                  |   |           |
|   | g   | Noncash contributions included in lines 1a-1f \$   |  |   |                                  |   |           |
|   | h   | Total. Add lines 1a-1f . . . . .   |  | 14,967,415                                  |                                  |   |           |
|   | Program Service Revenue                   | 2a   |  | Business Code                               |                                  |   |           |
|   |   | ANCILLARY SERVICE  | 621400   | 266,385,814                                 | 266,385,814                      |   |           |
| b   |   | MEDICARE/MEDICAID PAY'TS   | 621990   | 189,571,887                                 | 189,571,887                      |   |           |
| c   |   | ROUTINE PATIENT  | 621990   | 35,919,789                                  | 35,919,789                       |   |           |
| d   |   | CONTRACT LAB   | 621500   | 5,843,001                                   |                                  | 5,843,001   |           |
| e   |   | MEANINGFUL USE INCENTIVE   | 621990   | 3,152,712                                   | 3,152,712                        |   |           |
| f   |   | All other program service revenue  |  | 1,796,959                                   | 1,632,159                        | 164,800   |           |
| g   |   | Total. Add lines 2a-2f . . . . .   |  | 502,670,162                                 |                                  |   |           |
| Other Revenue   |   | 3  | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |   | 9,655,444                        |   | 9,655,444 |
|   | 4   | Income from investment of tax-exempt bond proceeds . . . . .   |  | 2,073                                       |                                  | 2,073   |           |
|   | 5   | Royalties . . . . .  |  | 0   |                                  |   |           |
|   | 6a  | Gross Rents  | (i) Real   | (ii) Personal                               |                                  |   |           |
|   | b   | Less rental expenses   | 832,375  |   |                                  |   |           |
|   | c   | Rental income or (loss)  | 43,087   |   |                                  |   |           |
|   | d   | Net rental income or (loss) . . . . .  | 789,288  |   | 176,948                          | 619,562   | -7,222    |
|   | 7a  | Gross amount from sales of assets other than inventory   | (i) Securities   | (ii) Other                                  |                                  |   |           |
|   | b   | Less cost or other basis and sales expenses  | 139,756,131  | 20,600                                      |                                  |   |           |
|   | c   | Gain or (loss)   | 137,212,069  | 126,819                                     |                                  |   |           |
|   | d   | Net gain or (loss) . . . . .   | 2,544,062  | -106,219                                    | 2,437,843                        |   | 2,437,843 |
|   | 8a  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a  |   |                                  |   |           |
|   | b   | Less direct expenses . . . . .   | b  |   |                                  |   |           |
|   | c   | Net income or (loss) from fundraising events . . . . .   |  | 0   |                                  |   |           |
|   | 9a  | Gross income from gaming activities See Part IV, line 19 . . . . .   | a  |   |                                  |   |           |
|   | b   | Less direct expenses . . . . .   | b  |   |                                  |   |           |
|   | c   | Net income or (loss) from gaming activities . . . . .  |  | 0   |                                  |   |           |
|   | 10a                                       | Gross sales of inventory, less returns and allowances . . . . .  | a  |   |                                  |   |           |
|   | b   | Less cost of goods sold . . . . .  | b  | 1,543,363                                   |                                  |   |           |
|   | c   | Net income or (loss) from sales of inventory . . . . .   |  | 2,046,309                                   |                                  |   |           |
|   | Miscellaneous Revenue                     | Business Code  |  |   |                                  |   |           |
| 11a   | ROSS RESEARCH INCOME                      | 900099   | 849,996  |   |                                  | 849,996   |           |
| b   | CAFETERIA INCOME                          | 561000   | 795,552  |   |                                  | 795,552   |           |
| c   | OTHER REVENUE                             | 900099   | 406,105  |   |                                  | 406,105   |           |
| d   | All other revenue . . . . .               |  | -5,030,598   | 248,555                                     | -5,842,117                       | 562,964   |           |
| e   | Total. Add lines 11a-11d . . . . .        |  | -2,978,945   |   |                                  |   |           |
| 12  | Total revenue. See Instructions . . . . . |  | 527,040,334  | 497,087,864                                 | 620,446                          | 14,364,609  |           |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 0                     |                                 |  |                             |
| 2  | Grants and other assistance to individuals in the U S See Part IV, line 22   | 0                     |                                 |  |                             |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  | 0                     |                                 |  |                             |
| 4  | Benefits paid to or for members  | 0                     |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees . . . . .   | 4,698,327             | 1,554,556                       | 3,143,771                              |                             |
| 6  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 69,736                |                                 | 69,736                                 |                             |
| 7  | Other salaries and wages   | 191,956,825           | 163,316,867                     | 28,639,958                             |                             |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 20,780,717            | 17,680,234                      | 3,100,483                              |                             |
| 9  | Other employee benefits . . . . .  | 31,181,630            | 26,529,331                      | 4,652,299                              |                             |
| 10   | Payroll taxes . . . . .  | 13,612,906            | 11,581,860                      | 2,031,046                              |                             |
| a  | Fees for services (non-employees) Management . . . . .   | 0                     |                                 |  |                             |
| b  | Legal . . . . .  | 1,861,275             |                                 | 1,861,275                              |                             |
| c  | Accounting . . . . .   | 739,055               |                                 | 739,055                                |                             |
| d  | Lobbying . . . . .   | 57,250                | 48,708                          | 8,542                                  |                             |
| e  | Professional fundraising services See Part IV, line 17 . . . . .   | 0                     |                                 |  |                             |
| f  | Investment management fees . . . . .   | 938,590               |                                 | 938,590                                |                             |
| g  | Other . . . . .  | 62,495,900            | 53,171,512                      | 9,324,388                              |                             |
| 12   | Advertising and promotion . . . . .  | 1,089,299             | 926,776                         | 162,523                                |                             |
| 13   | Office expenses . . . . .  | 81,131,720            | 69,026,867                      | 12,104,853                             |                             |
| 14   | Information technology . . . . .   | 9,767,851             | 8,310,488                       | 1,457,363                              |                             |
| 15   | Royalties . . . . .  | 0                     |                                 |  |                             |
| 16   | Occupancy . . . . .  | 9,913,388             | 8,434,311                       | 1,479,077                              |                             |
| 17   | Travel . . . . .   | 334,737               | 284,794                         | 49,943                                 |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0                     |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .   | 223,158               | 189,863                         | 33,295                                 |                             |
| 20   | Interest . . . . .   | 4,589,816             | 3,905,015                       | 684,801                                |                             |
| 21   | Payments to affiliates . . . . .   | 0                     |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .  | 27,369,949            | 23,286,353                      | 4,083,596                              |                             |
| 23   | Insurance . . . . .  | 510,194               |                                 | 510,194                                |                             |
| 24   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                       |                                 |  |                             |
| a  | BAD DEBT   | 18,002,493            | 18,002,493                      |  |                             |
| b  | EQUIPMENT RENT & MAINT   | 6,695,836             | 5,696,817                       | 999,019                                |                             |
| c  | MALPRACTICE  | 6,373,521             | 6,373,521                       |  |                             |
| d  | PROFESSIONAL MEMBERSHIP  | 1,231,497             | 1,047,758                       | 183,739                                |                             |
| e  | EXTRAORDINARY LOSS ON REFUND   | 380,357               | 380,357                         |  |                             |
| f  | All other expenses   |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24f   | 496,006,027           | 419,748,481                     | 76,257,546                             | 0                           |
| 26   | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)               |            | (B)         |
|-----------------------------|------------|--|------------|-------------|-------------------|------------|-------------|
|                             |            |  |            |             | Beginning of year |            | End of year |
| Assets                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |            |             | 7,218             | <b>1</b>   | 7,120       |
|                             | <b>2</b>   | Savings and temporary cash investments . . . . .   |            |             | 26,452,669        | <b>2</b>   | 36,720,981  |
|                             | <b>3</b>   | Pledges and grants receivable, net . . . . .   |            |             |                   | <b>3</b>   |             |
|                             | <b>4</b>   | Accounts receivable, net . . . . .   |            |             | 51,429,630        | <b>4</b>   | 53,313,528  |
|                             | <b>5</b>   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  |            |             |                   | <b>5</b>   |             |
|                             | <b>6</b>   | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . . |            |             |                   | <b>6</b>   |             |
|                             | <b>7</b>   | Notes and loans receivable, net . . . . .  |            |             | 2,254,804         | <b>7</b>   | 7,247,050   |
|                             | <b>8</b>   | Inventories for sale or use . . . . .  |            |             | 7,538,558         | <b>8</b>   | 8,853,966   |
|                             | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |            |             | 33,776,862        | <b>9</b>   | 3,607,312   |
|                             | <b>10a</b> | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .  | <b>10a</b> | 520,119,042 |                   |            |             |
|                             | <b>b</b>   | Less: accumulated depreciation . . . . .   | <b>10b</b> | 299,833,683 | 183,176,283       | <b>10c</b> | 220,285,359 |
|                             | <b>11</b>  | Investments—publicly traded securities . . . . .   |            |             | 173,061,358       | <b>11</b>  | 276,647,475 |
|                             | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |            |             |                   | <b>12</b>  |             |
|                             | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |            |             |                   | <b>13</b>  |             |
|                             | <b>14</b>  | Intangible assets . . . . .  |            |             |                   | <b>14</b>  |             |
|                             | <b>15</b>  | Other assets. See Part IV, line 11 . . . . .   |            |             | 125,724,442       | <b>15</b>  | 108,423,168 |
|                             | <b>16</b>  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |            |             | 603,421,824       | <b>16</b>  | 715,105,959 |
| Liabilities                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |            |             | 38,415,871        | <b>17</b>  | 42,887,748  |
|                             | <b>18</b>  | Grants payable . . . . .   |            |             |                   | <b>18</b>  |             |
|                             | <b>19</b>  | Deferred revenue . . . . .   |            |             | 1,760,657         | <b>19</b>  | 3,323,647   |
|                             | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |            |             | 114,675,000       | <b>20</b>  | 254,615,000 |
|                             | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |            |             |                   | <b>21</b>  |             |
|                             | <b>22</b>  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |            |             |                   | <b>22</b>  |             |
|                             | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .   |            |             |                   | <b>23</b>  |             |
|                             | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .   |            |             |                   | <b>24</b>  |             |
|                             | <b>25</b>  | Other liabilities. Complete Part X of Schedule D . . . . .   |            |             | 24,565,169        | <b>25</b>  | 26,037,986  |
|                             | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |            |             | 179,416,697       | <b>26</b>  | 326,864,381 |
| Net Assets or Fund Balances |            | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |            |             |                   |            |             |
|                             | <b>27</b>  | Unrestricted net assets . . . . .  |            |             | 368,034,236       | <b>27</b>  | 332,255,763 |
|                             | <b>28</b>  | Temporarily restricted net assets . . . . .  |            |             | 28,224,289        | <b>28</b>  | 27,787,449  |
|                             | <b>29</b>  | Permanently restricted net assets . . . . .  |            |             | 27,746,611        | <b>29</b>  | 28,198,366  |
|                             |            | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |            |             |                   |            |             |
|                             | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .   |            |             |                   | <b>30</b>  |             |
|                             | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |            |             |                   | <b>31</b>  |             |
|                             | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds . . . . .   |            |             |                   | <b>32</b>  |             |
|                             | <b>33</b>  | <b>Total net assets or fund balances</b> . . . . .   |            |             | 424,005,127       | <b>33</b>  | 388,241,578 |
|                             | <b>34</b>  | <b>Total liabilities and net assets/fund balances</b> . . . . .  |            |             | 603,421,824       | <b>34</b>  | 715,105,959 |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

|          |   |          |             |
|----------|---|----------|-------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 527,040,334 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 496,006,027 |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | 31,034,307  |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 424,005,127 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | -66,797,856 |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 388,241,578 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | 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?   | Yes |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | Yes |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br>Danbury Hospital | Employer identification number<br>06-0646597 |
|--|--|

Part I

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 it 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?  

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support   |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4   |          |          |          |          |          |           |

| Section B. Total Support  |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 Amounts from line 4   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)   |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See instructions )  |          |          |          |          | 12       |           |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage  |  |  |  |  |    |  |
|--|--|--|--|--|----|--|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))  |  |  |  |  | 14 |  |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14   |  |  |  |  | 15 |  |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶   |  |  |  |  |    |  |
| b 33 1/3% support test—2009. If the organization did not check the 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support  |          |          |          |          |          |           |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6 )   |          |          |          |          |          |           |

| Section B. Total Support   |          |          |          |          |          |           |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts from line 6  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| c Add lines 10a and 10b  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12 )  |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>  |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|---|----|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage   |    |  |
|--|----|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))   | 17 |  |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17  | 18 |  |
| 19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization          |    |  |
| b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|  |  |
|--|--|
| Name of the organization<br>Danbury Hospital | Employer identification number<br>06-0646597 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |  |            |
|---|--|------------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV |            |
| 2 | Political expenditures   | ▶ \$ _____ |
| 3 | Volunteer hours  | _____      |

Part I-B Complete if the organization is exempt under section 501(c)(3).

|    |   |  |
|----|---|--|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$ _____   |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____   |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If “Yes,” describe in Part IV   |  |

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

|   |   |  |
|---|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities  | ▶ \$ _____   |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities  | ▶ \$ _____   |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  | ▶ \$ _____   |
| 4 | Did the filing organization file <b>Form 1120-POL</b> for this year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |  |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing<br>Organization's<br>Totals                   | (b) Affiliated<br>Group<br>Totals  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|--|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)  |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)  |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| d Other exempt purpose expenditures  |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)  |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns   |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000   | 20% of the amount on line 1e                      |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000  | \$1,000,000                                       |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)  |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-   |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-   |   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|   |   | (a) |    | (b)     |
|---|---|-----|----|---------|
|   |   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |   |     |    |         |
|   | <b>a</b> Volunteers?  | Yes |    |         |
|   | <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes |    |         |
|   | <b>c</b> Media advertisements?  | Yes |    | 16,418  |
|   | <b>d</b> Mailings to members, legislators, or the public?   | Yes |    | 42      |
|   | <b>e</b> Publications, or published or broadcast statements?  |     | No |         |
|   | <b>f</b> Grants to other organizations for lobbying purposes?   |     | No |         |
|   | <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 127,258 |
|   | <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?    |     | No |         |
|   | <b>i</b> Other activities? If "Yes," describe in Part IV  | Yes |    | 479     |
|   | <b>j</b> Total lines 1c through 1i  |     |    | 144,197 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |   |     | No |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |   |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |   |     |    |         |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV

Supplemental Information

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

| Identifier  | Return Reference | Explanation  |
|---|------------------|--|
| PART II-B, LINE 1I - OTHER ACTIVITIES DESCRIPTION |                  | ONLY STATE AND LOCAL OFFICIALS WERE LOBBIED DURING 2011 AS PART OF THIS MISCELLANEOUS OFFICE EXPENSES SUCH AS POSTAGE, ETC WERE INCURRED AND WERE REFLECTED ON LINE #1I ACCORDINGLY BOARD MEMBERS AND DONORS WERE USED TO INFLUENCE LEGISLATION, NAMELY THE PROPOSED BUDGET AND HOSPITAL TAX NEWSPAPER ADVERTISEMENTS AND MAILINGS WERE USED TO INFLUENCE THE PROPOSED BUDGET AND FIGHT A CRIPPLING HOSPITAL TAX THAT WOULD HAVE FORCED THE CLOSURE OF PROGRAMMING FOR THE UN/UNDER INSURED AND AT-RISK POPULATION |

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**Name of the organization**  
Danbury Hospital

**Employer identification number**  
  
06-0646597

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>  |                              |
| 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 for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> |                              |

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)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

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 |
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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, 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▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the 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 . . . . .                      |               |                   |                     |                    |
| b  | Contributions . . . . .                                  |               |                   |                     |                    |
| c  | Investment earnings or losses . . . . .                  |               |                   |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                   |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            |               |                   |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

3b

Yes

b

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

4

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

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) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      | 3,590,056                      |                              | 3,590,056      |
| b Buildings . . . . .  |                                      | 262,965,028                    | 143,126,604                  | 119,838,424    |
| c Leasehold improvements . . . . .   |                                      | 7,674,644                      | 2,241,914                    | 5,432,730      |
| d Equipment . . . . .  |                                      | 218,310,466                    | 154,465,165                  | 63,845,301     |
| e Other . . . . .  |                                      | 27,578,848                     |                              | 27,578,848     |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ |                                      |                                |                              | 220,285,359    |

Schedule D (Form 990) 2010



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |  |    |  |
|---|--|----|--|
| 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 | Investment 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

|   |   |    |  |
|---|---|----|--|
| 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 | Other losses . . . . .  | 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 | Investment 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. Also complete this part to provide any additional information.

| Identifier                                       | Return Reference | Explanation  |
|--|------------------|--|
| 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 X - FIN 48 FOOTNOTE                         |                  | THERE IS NO FIN 48 (ASC 740) FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS  |



**1**

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

**Part V**   **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| Identifier                          | Return Reference  | Explanation                 |
|-------------------------------------|-------------------|-----------------------------|
| SCHEDULE F SUPPLEMENTAL INFORMATION | PART I, LINE 3(F) | THE AMOUNT IS BASED ON COST |

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**Name of the organization**  
Danbury Hospital

**Employer identification number**  
06-0646597

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|    |  |     |    |
|----|--|-----|----|
|    |  | Yes | No |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  | Yes |    |
| 1b | If "Yes," is it a written policy? . . . . .  | Yes |    |
| 2  | If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospitals<br><input type="checkbox"/> Applied uniformly to most hospitals<br><input type="checkbox"/> Generally tailored to individual hospitals  |     |    |
| 3  | Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year<br><br><b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care<br><br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400. %</u><br><br><b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>600. %</u><br><br><b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care<br><br><b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . . | Yes |    |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  | Yes |    |
| 5b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .   |     | No |
| 5c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .   |     |    |
| 6a | Does the organization prepare a community benefit report during the tax year? . . . . .  | Yes |    |
| 6b | If "Yes," did the organization make it available to the public? . . . . .<br><br>Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H  | Yes |    |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)  |   |                               | 4,613,507                           | 677,558                       | 3,935,949                         | 0 820 %                      |
| <b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)  |   |                               | 55,095,778                          | 35,139,075                    | 19,956,703                        | 4 180 %                      |
| <b>c</b> Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               |                                   |                              |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                           |   |                               | 59,709,285                          | 35,816,633                    | 23,892,652                        | 5 000 %                      |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |   |                               | 256,998                             |                               | 256,998                           | 0 050 %                      |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   |   |                               | 20,195,412                          | 4,014,636                     | 16,180,776                        | 3 390 %                      |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   |   |                               | 1,599,399                           | 1,109,780                     | 489,619                           | 0 100 %                      |
| <b>h</b> Research (from Worksheet 7)   |   |                               | 489,064                             | 11,256                        | 477,808                           | 0 100 %                      |
| <b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .                     |   |                               |                                     |                               |                                   |                              |
| <b>j Total</b> Other Benefits . . . . .  |   |                               | 22,540,873                          | 5,135,672                     | 17,405,201                        | 3 640 %                      |
| <b>k Total.</b> Add lines 7d and 7j . . . . .  |   |                               | 82,250,158                          | 40,952,305                    | 41,297,853                        | 8 640 %                      |

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|    | (a) Number of activities or programs (optional)           | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|----|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1  | Physical improvements and housing                         |                               |                                      |                               |                                    |                              |
| 2  | Economic development                                      |                               |                                      |                               |                                    |                              |
| 3  | Community support   |                               |                                      |                               |                                    |                              |
| 4  | Environmental improvements                                |                               |                                      |                               |                                    |                              |
| 5  | Leadership development and training for community members |                               |                                      |                               |                                    |                              |
| 6  | Coalition building  |                               |                                      |                               |                                    |                              |
| 7  | Community health improvement advocacy                     |                               |                                      |                               |                                    |                              |
| 8  | Workforce development                                     |                               |                                      |                               |                                    |                              |
| 9  | Other   |                               |                                      |                               |                                    |                              |
| 10 | Total   |                               |                                      |                               |                                    |                              |

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

|   |  |     |           |
|---|--|-----|-----------|
|   |  | Yes | No        |
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .  | 1   | Yes       |
| 2 | Enter the amount of the organization's bad debt expense (at cost) . . . . .  | 2   | 7,361,149 |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .   | 3   |           |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit. |     |           |

Section B. Medicare

|   |   |   |             |
|---|---|---|-------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME) . . . . .  | 5 | 161,870,416 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | 6 | 201,806,246 |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .   | 7 | -39,935,830 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |             |

Section C. Collection Practices

|    |   |    |     |
|----|---|----|-----|
| 9a | Does the organization have a written debt collection policy? . . . . .  | 9a | Yes |
| b  | If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . . | 9b | Yes |

Part IV

Management Companies and Joint Ventures

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|---|---|
| 1                  |   |  |   |   |
| 2                  |   |  |   |   |
| 3                  |   |  |   |   |
| 4                  |   |  |   |   |
| 5                  |   |  |   |   |
| 6                  |   |  |   |   |
| 7                  |   |  |   |   |
| 8                  |   |  |   |   |
| 9                  |   |  |   |   |
| 10                 |   |  |   |   |
| 11                 |   |  |   |   |
| 12                 |   |  |   |   |
| 13                 |   |  |   |   |

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

[illegible]

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 16

| Name and address            | Type of Facility (Describe) |
|-----------------------------|-----------------------------|
| 1 See Additional Data Table |                             |

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier                          | ReturnReference | Explanation   |
|-------------------------------------|-----------------|---|
| SCHEDULE H SUPPLEMENTAL INFORMATION |                 | <p>SCHEDULE H, PART I, LINE 7 COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE CHARITY CARE AT COST PERCENTAGE TOTAL GROSS PATIENT CHARGES WRITTEN OFF TO CHARITY (INCOME STATEMENT) * PATIENT COST TO CHARGE % (SEE BELOW) = TOTAL COMMUNITY BENEFIT EXPENSES TOTAL COMMUNITY BENEFIT EXPENSES - REVENUE FROM UNCOMPENSATED CARE POOLS AND PROGRAMS (DHS * % OF COST OF UNCOMPENSATED CARE SHOWN ON THE OCHA SCHEDULE 500) = NET COMMUNITY BENEFITS EXPENSES NET COMMUNITY BENEFITS EXPENSES * TOTAL EXPENSES = % OF TOTAL EXPENSES RATIO COST TO CHARGE CALCULATION TOTAL OPERATING EXPENSES DIVIDED BY ADJUSTED PATIENT CARE COST (BAD DEBT, OTHER OPERATING INCOME AND INTERCOMPANY INCOME ARE REMOVED FROM THE TOTAL OPERATING EXPENSES) ADJUSTED PATIENT CARE COST DIVIDED BY GROSS PATIENT CHARGES SCHEDULE H, PART I, LINE 7F BAD DEBT EXPENSE OF \$18,002,493 WAS EXCLUDED FROM TOTAL FUNCTIONAL EXPENSES IN DETERMINING THE PERCENTAGES PRESENTED IN PART I, LINE #7, COLUMN F SCHEDULE H , PART I, LINE 7G THERE ARE NO PHYSICIAN CLINICS INCLUDED IN THIS AMOUNT PART III, LINE 4 - BAD DEBT EXPENSE IT IS THE POLICY OF THE HOSPITAL TO PROVIDE NECESSARY CARE TO ALL PERSONS SEEKING TREATMENT WITHOUT DISCRIMINATION ON THE GROUNDS OF AGE, RACE, CREED, NATIONAL ORIGIN OR ANY OTHER GROUNDS UNRELATED TO AN INDIVIDUAL'S NEED FOR THE SERVICE OR THE AVAILABILITY OF THE NEEDED SERVICE AT THE HOSPITAL A PATIENT IS CLASSIFIED AS A CHARITY CARE PATIENT BY REFERENCE TO ESTABLISHED POLICIES OF THE HOSPITAL ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME GUIDELINES, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO A RESPONSIBLE PARTY'S INCOME AND THEIR COUNTABLE ASSETS THOSE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT DANBURY HOSPITAL'S MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT AS THE ORGANIZATION STRIVES TO PROVIDE 24/7 COVERAGE, IMPROVED PATIENT ACCESS, HIGHEST CLINICAL QUALITY AS WELL AS ADDRESSING THE NEEDS OF THE COMMUNITY BY OFFERING CRITICAL SERVICES TO OUR GEOGRAPHIC AREA AS A RESULT, THE ORGANIZATION MUST BALANCE THE COST OF THESE PROGRAMS AGAINST THE CONTINUED DECREASING GOVERNMENT REIMBURSEMENT LEVELS, UNINSURED POPULATION AND COMMUNITY NEEDS COSTING METHOD USED IS BASED ON TSI SOURCE SYSTEM MEDICARE PATIENT NET REVENUE LESS COST PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS IT IS THE POLICY OF DANBURY HOSPITAL TO PROVIDE "FINANCIAL ASSISTANCE " (EITHER FREE CARE OR REDUCED PATIENT OBLIGATIONS) TO PERSONS OR FAMILIES WHERE (I) THERE IS LIMITED OR NO HEALTH INSURANCE AVAILABLE, (II) THE PATIENT FAILS TO QUALIFY FOR GOVERNMENTAL ASSISTANCE (FOR EXAMPLE MEDICARE OR MEDICAID), (III) THE PATIENT COOPERATES WITH THE HOSPITAL IN PROVIDING THE REQUESTED INFORMATION, (IV) THE PATIENT DEMONSTRATES FINANCIAL NEED, AND (V) DANBURY HOSPITAL MAKES AN ADMINISTRATIVE DETERMINATION THAT FINANCIAL ASSISTANCE IS APPROPRIATE AFTER THE HOSPITAL DETERMINES THAT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE AVAILABLE TO THE PATIENT BY UTILIZING THE CHARITABLE ASSISTANCE GUIDELINES, WHICH ARE BASED UPON THE MOST RECENT FEDERAL POVERTY GUIDELINES DANBURY HOSPITAL SHALL REGULARLY REVIEW THIS FINANCIAL ASSISTANCE POLICY TO ENSURE THAT AT ALL TIMES IT (I) REFLECTS THE PHILOSOPHY AND MISSION OF THE HOSPITAL, (II) EXPLAINS THE DECISION PROCESSES OF WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND IN WHAT AMOUNTS, AND (III) COMPLIES WITH ALL APPLICABLE STATE AND FEDERAL LAWS, RULES, AND REGULATIONS CONCERNING THE PROVISION OF FINANCIAL ASSISTANCE TO INDIGENT PATIENTS CONSISTENT WITH THIS MISSION, DANBURY HOSPITAL RECOGNIZES ITS OBLIGATION TO THE COMMUNITY IT SERVES TO PROVIDE FINANCIAL ASSISTANCE TO INDIGENT PERSONS WITHIN THE COMMUNITY IN FURTHERANCE OF ITS CHARITABLE MISSION, DANBURY HOSPITAL WILL PROVIDE BOTH (I) EMERGENCY TREATMENT TO ANY PERSON REQUIRING SUCH CARE, AND (II) ESSENTIAL, NON-EMERGENT CARE TO PATIENTS WHO ARE PERMANENT RESIDENTS OF ITS PRIMARY SERVICE AREA WHO MEET THE CONDITIONS AND CRITERIA SET FORTH IN THIS POLICY, WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY FOR SUCH CARE ELECTIVE PROCEDURES GENERALLY WILL NOT BE CONSIDERED ESSENTIAL, NON-EMERGENT CARE AND USUALLY WILL NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE DANBURY HOSPITAL WILL COLLECT FROM INDIVIDUALS ON FINANCIAL ASSISTANCE IF THEY RECEIVED A PARTIAL CHARITABLE DISCOUNT ALL PATIENTS CAN APPLY FOR CHARITABLE CARE ON BALANCES THEY FEEL THAT THEY CANNOT AFFORD PART V - EXPLANATION OF NUMBER OF FACILITY TYPE 8 DIAGNOSTIC CENTERS 6 OUTPATIENT PHYSICIAN CLINICS 1 OUTPATIENT SURGICAL CENTER 1 REHABILITATION CENTER PART VI - NEEDS ASSESSMENT THE ORGANIZATION COLLABORATES AND PARTNERS WITH</p> |

| Identifier                          | ReturnReference | Explanation  |
|-------------------------------------|-----------------|--|
| SCHEDULE H SUPPLEMENTAL INFORMATION |                 | <p>H THE LOCAL UNIVERSITY, UNITED WAY AND VARIOUS COMMUNITY ORGANIZATIONS AND AGENCIES TO PRODUCE A COMMUNITY HEALTH REPORT CARD DATA SETS INCLUDED BASIC DEMOGRAPHICS, ALONG WITH HEALTH ISSUE-SPECIFIC INFORMATION ADDITIONALLY, WE CAPTURE OPINIONS AND CONCERNS FROM OUR CONSUMERS ON AN ONGOING BASIS PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE DANBURY HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL ALSO SIGNS ARE POSTED THROUGHOUT THE HOSPITAL AND COUNSELORS ARE AVAILABLE TO PROVIDE FURTHER ASSISTANCE ALL UNINSURED INPATIENTS ARE INTERVIEWED BY FINANCIAL COUNSELORS AND ASSESSED FOR ELIGIBILITY FOR ASSISTANCE PROGRAMS THE HOSPITAL PROVIDES INFORMATIONAL HANDOUTS TO ALL UNINSURED PATIENTS AT THE TIME OF REGISTRATION WHICH REFERS THEM TO FINANCIAL COUNSELING IF THEY WOULD LIKE ASSISTANCE WITH THEIR BILLS FURTHER, THE HOSPITAL MAILS NOTICES TO ALL SELF-PAY ACCOUNTS REFERRING THEM TO FINANCIAL COUNSELING IF THEY NEED ASSISTANCE THE COLLECTION DEPARTMENT WILL ALSO REFER PATIENTS TO FINANCIAL COUNSELING WHEN A PATIENT INDICATES THAT THEY CANNOT AFFORD THEIR BALANCES, AND FINALLY, SCHEDULERS REFER UNINSURED PATIENTS TO FINANCIAL COUNSELING PRIOR TO THEIR TEST OR PROCEDURE PART VI - COMMUNITY INFORMATION THE HOSPITAL'S PRIMARY SERVICE AREA IS THE CITY OF DANBURY AND SURROUNDING SUBURBAN TOWNS THAT MAKE UP NORTHERN FAIRFIELD COUNTY THE REGION IS VERY DIVERSE, REQUIRING DIVERSE PROGRAMMING AND EDUCATION CONSTITUENTS ARE PREDOMINANTLY EMPLOYED AND ARE FAIRLY WELL-EDUCATED POVERTY LEVELS ARE BELOW OTHER AREAS IN CT THE EXCEPTION TO THIS GENERALIZATION IS THE CITY OF DANBURY AS THE URBAN CORE THAT IS THE MOST DIVERSE COMMUNITY WITH A LARGE UNDOCUMENTED POPULATION NOT CAPTURED ON CENSUS PART VI - COMMUNITY BUILDING ACTIVITIES THE HOSPITAL OFFERS MANY FREE WELLNESS PROMOTIONS HELD THROUGHOUT THE YEAR ALONG WITH SCREENING AND HEALTH EDUCATION OPPORTUNITIES THE HOSPITAL ALSO BELIEVES IN SUPPORTING COMMUNITY ORGANIZATIONS WITH ALIGNED MISSIONS LEADING TO IMPROVED HEALTH OUTCOMES SOME EXAMPLES ARE OUR SENIOR INITIATIVES, PEDIATRIC OBESITY COLLABORATIVE, NURSING EDUCATION PROGRAMS AND OUR COLLABORATION WITH AREA CLINICS AND FQHC PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE IN OCTOBER, 2010 DANBURY HOSPITAL, NEW MILFORD HOSPITAL AND THEIR AFFILIATED ORGANIZATIONS JOINED TO BECOME ONE NETWORK, THE WESTERN CONNECTICUT HEALTH NETWORK THIS NETWORK OF PROVIDERS, SERVICES AND LOCATIONS BRINGS TOGETHER THE BEST PEOPLE, TECHNOLOGY AND PROCESSES TO DELIVER THE TIMELY CONVENIENT AND APPROPRIATE CARE FOR EACH AND EVERY PATIENT WE HAVE EXPERIENCED A YEAR OF UNPRECEDENTED GROWTH AND CHANGE SOME HIGHLIGHTS AT DANBURY HOSPITAL -THE GRAND OPENING OF OUR BIOMEDICAL RESEARCH CENTER -THE COMPLETION OF OUR WORLD-CLASS NEONATAL INTENSIVE CARE UNIT -THE GROUNDBREAKING FOR THE NEW TOWER/EXPANSION PROJECT -CRITICAL CARE UNIT TEAM EARNS BEACON AWARD FOR CRITICAL CARE EXCELLENCE -RECEIVES 2011 CRIMSON PHYSICIAN PARTNERSHIP AWARD - CERTIFICATION OF THREE OF OUR PRIMARY CARE PRACTICES AS PATIENT-CENTERED MEDICAL HOMES-AN IMPORTANT PART OF OUR NEW APPROACH TO MEETING THE DEMANDS OF HEALTHCARE REFORM -CONTINUED EXPANSION OF OUR NETWORK THROUGH THE ADDITION OF SEVERAL PRIMARY CARE AND SPECIALTY PRACTICES IN ADDITION, THE FOLLOWING ACHIEVEMENTS OCCURRED, -TREATED 1,000 TH OPEN HEART SURGERY PATIENT -PERFORMED FIRST HYBRID ABLATION FOR ATRIAL FIBRILLATION -DANBURY HOSPITAL'S CARDIOLOGY TEAM GOES TO KENYA W/HEARTS AROUND THE WORLD TO SAVE LIVES - EARNS AMERICAN COLLEGE OF RADIOLOGY GOLD STANDARD OF ACCREDITATION - LAUNCHES CO-GENERATION PLANT-GOES OFF THE GRID -LAUNCHES PRIMARY CARE RESIDENCY PROGRAM WITH COMMUNITY FQHC - HOLDS THE 14TH ANNUAL NATIONAL CANCER SURVIVORS DAY -PRAXAIR CANCER CENTER AT DANBURY HOSPITAL PROMOTES SKIN CANCER PREVENTION AND EARLY DETECTION SCREENING -DESIGNATED AN AETNA - INSTITUTE OF QUALITY/INSTITUTE OF EXCELLENCE</p> |

Additional Data

Software ID:  
Software Version:  
EIN: 06-0646597  
Name: Danbury Hospital

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

| Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility<br>(list in order of size, measured by total revenue per facility, from largest to smallest) |                                |
|--|--------------------------------|
| How many non-hospital facilities did the organization operate during the tax year? <u>16</u>   |                                |
| Name and address   | Type of Facility<br>(Describe) |
| DANBURY HOSPITAL RIDGEFIELD SURG CTR<br>901 ETHAN ALLEN HIGHWAY<br>RIDGEFIELD,CT 06877   | OUTPATIENT SURGICAL CENTER     |
| MAIN STREET REHABILITATION CENTER<br>235 MAIN STREET<br>DANBURY,CT 06810   | REHABILITATION                 |
| COMM CTR FOR BEHAVIORIAL HEALTH<br>152 WEST STREET<br>DANBURY,CT 06810   | OUTPATIENT - PHYSICIAN CLINIC  |
| THE PEDIATRIC HEALTH CENTER<br>70 MAIN STREET<br>DANBURY,CT 06810  | OUTPATIENT - PHYSICIAN CLINIC  |
| DENTAL SERVICES<br>70 MAIN STREET<br>DANBURY,CT 06810  | OUTPATIENT - PHYSICIAN CLINIC  |
| CENTER FOR CHILD & ADOL TREAT<br>152 WEST STREET<br>DANBURY,CT 06810   | OUTPATIENT - PHYSICIAN CLINIC  |
| DANBURY HOSPITAL LABORATORY<br>79 SANDPIT ROAD<br>DANBURY,CT 06810   | DIAGNOSTIC                     |
| DANBURY HOSPITAL RESEARCH INSTITUTE<br>131 WEST STREET<br>DANBURY,CT 06813   | DIAGNOSTIC                     |
| THE ANTICOAGULATION CENTER<br>41 GERMANTOWN ROAD<br>DANBURY,CT 06810   | DIAGNOSTIC                     |
| SLEEP LAB<br>SOURTHBURY HERITAGE HOTEL<br>SOUTHBURY,CT 06488   | DIAGNOSTIC                     |
| SOUTHBURY CARDIOVASCULAR DIAGNOSTICS<br>22 OLD WATERBURY ROAD<br>SOUTHBURY,CT 06488  | DIAGNOSTIC                     |
| DANBURY HOSPITAL SOUTHBURY LABORTATORY<br>22 OLD WATERBURY ROAD SUITE 101<br>SOUTHBURY,CT 06488  | DIAGNOSTIC                     |
| DANBURY HOSPITAL IN RIDGEFIELD<br>21 SOUTH STREET<br>RIDGEFIELD,CT 06877   | OUTPATIENT - PHYSICIAN CLINIC  |
| CARDIOLOGY TESTING IN BROOKFIELD<br>2 OLD NEW MILFORD ROAD<br>BROOKFIELD,CT 06804  | DIAGNOSTIC                     |
| RIDGEFIELD SPECIMEN COLLECTION FACILITY<br>10 SOUTH STREET<br>RIDGEFIELD,CT 06877  | DIAGNOSTIC                     |
| SIEFERT & FORD COMMUNITY HEALTH CENTER<br>70 MAIN STREET<br>DANBURY,CT 06810   | OUTPATIENT PHYSICIAN CLINIC    |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Danbury Hospital

Employer identification number  
06-0646597

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.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |     |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain   | 1b  | No  |
| 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   | Yes |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>   |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:   |     |     |
| a  | Receive a severance payment or change-of-control payment from the organization or a related organization?   | 4a  | No  |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b  | Yes |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  | 4c  | No  |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  |     |     |
| 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  | No  |
| b  | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III   | 5b  | No  |
| 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  | Yes |
| b  | Any related organization?<br>If "Yes," to line 6a or 6b, describe in Part III   | 6b  | Yes |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  | 7   | No  |
| 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   | No  |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | 9   |     |

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

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

**Note.** The sum of columns (B)(i)-(iii) 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) Retirement and other 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 & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| See Additional Data Table |  |  |                                     |                                     |  |                         |                                 |  |
| ( 2 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 3 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 4 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 5 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 6 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 7 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 8 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 9 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 10 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 11 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 12 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 13 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 14 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 15 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 16 )                    |  |  |                                     |                                     |  |                         |                                 |  |

Part III Supplemental Information

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

| Identifier               | Return Reference | Explanation  |
|--------------------------|------------------|--|
| Supplemental Information |                  | <p>PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS DURING 2010, HOUSING WAS PAID ON BEHALF OF WILLIAM ROE, IN THE AMOUNT OF \$69,736 AND WAS REFLECTED AS TAXABLE COMPENSATION. PART I, LINE 1B - NO WRITTEN POLICY REGARDING HOUSING PAYMENTS THERE IS CURRENTLY NOT A WRITTEN POLICY FOR HOUSING REIMBURSEMENT. THE HOUSING REIMBURSEMENT TO WILLIAM ROE, WAS REFLECTED IN HIS EMPLOYMENT AGREEMENT, WHICH WAS APPROVED BY LEADERSHIP AND GOVERNANCE. PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NO RETIREMENT, EQUITY-BASED COMPENSATION DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2011, DR. JOHN MURPHY, PRESIDENT AND CEO, WAS THE ONLY PARTICIPANT OF A NEW SERP PLAN. NO PAYMENTS WERE MADE TO HIM DUE TO A CAP IN THE DEFINED PENSION PLAN OF \$190,000. 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 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 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 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 WESTERN CONNECTICUT HEALTH NETWORK, INC. 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, 2010, AND END SEPTEMBER 30, 2011. 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 WESTERN CONNECTICUT HEALTH NETWORK, INC. 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 AND THEY WILL BE LISTED ACCORDINGLY. 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 WESTERN CONNECTICUT HEALTH NETWORK, INC. 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 WESTERN CONNECTICUT HEALTH NETWORK, INC. 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 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. 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. THE CIRCUIT BREAKER WILL BE ESTABLISHED BY THE COMMITTEE PRIOR TO THE BEGINNING OF EACH FISCAL YEAR OR AS SOON THEREAFTER AS PRACTICABLE. IF EBITDA IS LESS THAN BASIC, FULL ELIMINATION OF INCENTIVE AWARD WILL OCCUR. 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 THE PLAN. PART III - ADDITIONAL INFORMATION: THE ORGANIZATION RELIED ON A RELATED ORGANIZATION, WESTERN CONNECTICUT HEALTH NETWORK, INC. WHICH USED THE FOLLOWING METHODS DESCRIBED BELOW TO ESTABLISH TOP MANAGEMENT'S COMPENSATION: -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY BOARD OR COMPENSATION COMMITTEE.</p> |

Software ID:  
Software Version:  
EIN: 06-0646597  
Name: Danbury Hospital

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

| (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 & incentive compensation | (iii) Other compensation |                           |                         |                                 |  |
| JOHN M MURPHY MD              | (i)<br>(ii) | 590,628<br>0                                       | 426,415<br>0                        | 4,564<br>0               | 22,040<br>0               | 36,539<br>0             | 1,080,186<br>0                  | 0<br>0   |
| STEVEN H ROSENBERG            | (i)<br>(ii) | 70,340<br>0  | 125,000<br>0                        | 1,022<br>0               | 23,740<br>0               | 5,306<br>0              | 225,408<br>0                    | 0<br>0   |
| DONNA KAPLANIS                | (i)<br>(ii) | 176,420<br>0                                       | 85,000<br>0                         | 1,292<br>0               | 42,540<br>0               | 32,823<br>0             | 338,075<br>0                    | 0<br>0   |
| MICHAEL DAGLIO                | (i)<br>(ii) | 241,499<br>0                                       | 55,000<br>0                         | 651<br>0                 | 38,540<br>0               | 28,899<br>0             | 364,589<br>0                    | 0<br>0   |
| MATTHEW A MILLER MD           | (i)<br>(ii) | 0<br>422,561                                       | 0<br>125,000                        | 0<br>8,241               | 0<br>60,540               | 0<br>21,107             | 0<br>637,449                    | 0<br>0   |
| PHYLLIS F ZAPPALA             | (i)<br>(ii) | 297,052<br>0                                       | 626,397<br>0                        | 5,856<br>0               | 44,040<br>0               | 17,797<br>0             | 991,142<br>0                    | 0<br>0   |
| MOREEN O DONAHUE              | (i)<br>(ii) | 278,246<br>0                                       | 65,000<br>0                         | 5,405<br>0               | 44,040<br>0               | 41,804<br>0             | 434,495<br>0                    | 0<br>0   |
| JUDITH WARD                   | (i)<br>(ii) | 245,850<br>0                                       | 120,000<br>0                        | 1,131<br>0               | 38,540<br>0               | 28,397<br>0             | 433,918<br>0                    | 0<br>0   |
| MORRIS GROSS                  | (i)<br>(ii) | 221,825<br>20,040                                  | 50,000<br>0                         | 4,044<br>0               | 42,710<br>0               | 25,119<br>0             | 343,698<br>20,040               | 0<br>0   |
| FRANK J KELLY                 | (i)<br>(ii) | 300,425<br>0                                       | 346,216<br>0                        | 5,967<br>0               | 44,040<br>0               | 17,646<br>0             | 714,294<br>0                    | 0<br>0   |
| LISA MESSINA                  | (i)<br>(ii) | 192,123<br>0                                       | 85,000<br>0                         | 491<br>0                 | 38,540<br>0               | 4,860<br>0              | 321,014<br>0                    | 0<br>0   |
| WILLIAM ROE                   | (i)<br>(ii) | 240,333<br>0                                       | 20,000<br>0                         | 71,751<br>0              | 22,040<br>0               | 19,202<br>0             | 373,326<br>0                    | 0<br>0   |
| PETER COURTWAY<br>TERM 5/2011 | (i)<br>(ii) | 242,052<br>0                                       | 75,000<br>0                         | 2,913<br>0               | 58,560<br>0               | 12,433<br>0             | 390,958<br>0                    | 0<br>0   |
| JOSEPH CAMPBELL               | (i)<br>(ii) | 191,664<br>0                                       | 52,500<br>0                         | 2,297<br>0               | 34,540<br>0               | 36,796<br>0             | 317,797<br>0                    | 0<br>0   |
| RUTH GREGORY                  | (i)<br>(ii) | 125,706<br>0                                       | 32,000<br>0                         | 1,262<br>0               | 27,180<br>0               | 10,823<br>0             | 196,971<br>0                    | 0<br>0   |
| WILLIAM MALDARELLI            | (i)<br>(ii) | 233,694<br>0                                       | 27,030<br>0                         | 2,533<br>0               | 47,840<br>0               | 18,404<br>0             | 329,501<br>0                    | 0<br>0   |
| DAWN MYLES                    | (i)<br>(ii) | 204,525<br>0                                       | 50,000<br>0                         | 533<br>0                 | 38,540<br>0               | 6,574<br>0              | 300,172<br>0                    | 0<br>0   |
| WILLIAM DELANEY MD            | (i)<br>(ii) | 230,708<br>0                                       | 21,992<br>0                         | 1,688<br>0               | 44,040<br>0               | 28,150<br>0             | 326,578<br>0                    | 0<br>0   |
| KARIM NAZER                   | (i)<br>(ii) | 0<br>136,155                                       | 0<br>0                              | 0<br>570                 | 0<br>15,860               | 0<br>12,639             | 0<br>165,224                    | 0<br>0   |
| JOHN BORRUSO MD               | (i)<br>(ii) | 0<br>358,621                                       | 0<br>2,606                          | 0<br>4,142               | 0<br>60,540               | 0<br>4,854              | 0<br>430,763                    | 0<br>0   |

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Danbury Hospital

Employer identification number  
06-0646597

Part I Bond Issues

| (a) Issuer Name            | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    | (i) Pool financing |    |
|----------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
|                            |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A CHEFA REV BONDS SERIES H | 06-0806186     | 20774UCL7   | 03-16-2006      | 40,924,665      | SEE PART V FOR PURPOSE     |              | X  |                         | X  |                    | X  |
|                            |                |             |                 |                 |                            |              |    |                         |    |                    |    |
|                            |                |             |                 |                 |                            |              |    |                         |    |                    |    |
|                            |                |             |                 |                 |                            |              |    |                         |    |                    |    |

Part II Proceeds

|    |  | A          |    | B   |    | C   |    | D   |    |
|----|--|------------|----|-----|----|-----|----|-----|----|
| 1  | Amount of bonds retired  | 0          |    |     |    |     |    |     |    |
| 2  | Amount of bonds legally defeased   | 0          |    |     |    |     |    |     |    |
| 3  | Total proceeds of issue  | 42,742,900 |    |     |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds  | 0          |    |     |    |     |    |     |    |
| 5  | Capitalized interest from proceeds   | 2,237,472  |    |     |    |     |    |     |    |
| 6  | Proceeds in refunding escrow   | 0          |    |     |    |     |    |     |    |
| 7  | Issuance costs from proceeds   | 1,431,798  |    |     |    |     |    |     |    |
| 8  | Credit enhancement from proceeds   | 0          |    |     |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds   | 0          |    |     |    |     |    |     |    |
| 10 | Capital expenditures from proceeds   | 39,070,172 |    |     |    |     |    |     |    |
| 11 | Other spent proceeds   | 0          |    |     |    |     |    |     |    |
| 12 | Other unspent proceeds   | 0          |    |     |    |     |    |     |    |
| 13 | Year of substantial completion   | 2007       |    |     |    |     |    |     |    |
|    |  | Yes        | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue?  |            | X  |     |    |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue?   |            | X  |     |    |     |    |     |    |
| 16 | Has the final allocation of proceeds been made?  | X          |    |     |    |     |    |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X          |    |     |    |     |    |     |    |

Part III Private Business Use

|   |  |  |  | A   |    | B   |    | C   |    | D   |    |
|---|--|--|--|-----|----|-----|----|-----|----|-----|----|
|   |  |  |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |  |  |     | X  |     |    |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property?                        |  |  | X   |    |     |    |     |    |     |    |

Part III

Private Business Use (Continued)

|    |  | A       |    | B   |    | C   |    | D   |    |
|----|--|---------|----|-----|----|-----|----|-----|----|
|    |  | Yes     | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use?   |         | X  |     |    |     |    |     |    |
| b  | Are there any research agreements that may result in private business use of bond-financed property?   |         | X  |     |    |     |    |     |    |
| c  | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?   | X       |    |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government  | 0 210 % |    |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 %     |    |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5   | 0 210 % |    |     |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  | X       |    |     |    |     |    |     |    |

Part IV

Arbitrage

|    |  | A   |    | B   |    | C   |    | D   |    |
|----|--|-----|----|-----|----|-----|----|-----|----|
|    |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |     | X  |     |    |     |    |     |    |
| 2  | Is the bond issue a variable rate issue?   |     | X  |     |    |     |    |     |    |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     |     | X  |     |    |     |    |     |    |
| b  | Name of provider   |     |    |     |    |     |    |     |    |
| c  | Term of hedge  |     |    |     |    |     |    |     |    |
| d  | Was the hedge superintegrated?   |     |    |     |    |     |    |     |    |
| e  | Was a hedge terminated?  |     |    |     |    |     |    |     |    |
| 4a | Were gross proceeds invested in a GIC?   |     | X  |     |    |     |    |     |    |
| b  | Name of provider   |     |    |     |    |     |    |     |    |
| c  | Term of GIC  |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |     |    |     |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?   |     | X  |     |    |     |    |     |    |
| 6  | Did the bond issue qualify for an exception to rebate?   |     | X  |     |    |     |    |     |    |

Part V

Supplemental Information

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

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
| SERIES H   |                  | PROCEEDS FROM THE SALES OF SERIES H BONDS WERE USED, TOGETHER WITH OTHER MONIES AVAILABLE TO 1) FINANCE A PORTION OF THE COSTS OF THE SERIES H PROJECT, 2) TO FUND CAPITALIZED INTEREST, IF ANY ON THE SERIES H BONDS, AND 3) TO PAY CERTAIN COSTS OF ISSUANCE AND BOND INSURANCE PREMIUMS INCURRED IN CONNECTION WITH THE ISSUANCE OF SERIES H BONDS PART II 3A INCLUDES INVESTMENT EARNINGS OF \$1,818,235 |
|            |                  |  |
|            |                  |  |
|            |                  |  |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>Danbury Hospital | <b>Employer identification number</b><br><br>06-0646597 |
|---|---|

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

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

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   | (1) WILLIAM ROE                 | ADDITIONAL EMBEZZLED FUNDS     |                | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ 0

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ 0

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|---|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|   | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ▶ \$                      |                                       |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|--|--|
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) Precyse Solutions         | SEE PART V  | 128,358                   | CONDUCT CODING REVIEWS         |   | No |
| (2) Marcus Dairy              | SEE PART V  | 87,162                    | PROVIDES DAIRY PRODUCT         |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier               | Return Reference | Explanation  |
|--------------------------|------------------|--|
| SUPPLEMENTAL INFORMATION |                  | DURING THE YEAR THE FOLLOWING TRANSACTIONS ARE AT ARM'S LENGTH, ENTERED INTO IN THE ORDINARY COURSE OF BUSINESS AND IN COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY<br>MICHAEL HAMMOND, A FORMER DIRECTOR AT DANBURY HOSPITAL IS A BOARD MEMBER OF PRECYSE SOLUTIONS, WHICH MEDICAL RECORDS CONTRACTS WITH TO CONDUCT CODING REVIEWS<br>NEIL MARCUS, ESQ , A FORMER DIRECTOR OF DANBURY HOSPITAL AND ATTORNEY, IS AN OFFICER, DIRECTOR AND SHAREHOLDER OF MARCUS DAIRY, INC , A VENDOR OF DANBURY HOSPITAL |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
Danbury Hospital

Employer identification number

06-0646597

| Identifier  | Return Reference          | Explanation  |
|---|---------------------------|--|
| BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC | FORM 990, PART VI, LINE 2 | <p>RICHARD JABARA AND JAMES KENNEDY, BOTH DIRECTORS OF DANBURY HOSPITAL HAVE A BUSINESS RELAT IONSHIP DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 WESTE RN CONNECTICUT HEALTH NETWORK, INC IS THE SOLE MEMBER OF DANBURY HOSPITAL DESCRIPTION OF CLASSES OF PERSONS, NATURE OF RIGHTS, &amp; VOTING RIGHTS FORM 990, PART VI, LINE 7A THE SOLE MEMBER SHALL BE RESPONSIBLE FOR ELECTING, AT THE ANNUAL MEETING OF THE MEMBERSHIP, THE ME MBERS OF THE BOARD OF DIRECTORS OF THE HOSPITAL TO SERVE FOR THREE YEAR TERMS AND UNTIL TH EIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED DECISIONS OF GOVERNING BODY SUBJECT TO APPR OVAL FORM 990, PART VI, LINE 7B THE DUTIES AND RESPONSIBILITIES OF THE SOLE MEMBER SHALL I NCLUDE, AMONG OTHERS, THE FOLLOWING ELECTING AT THE ANNUAL MEETING OF THE MEMBERSHIP, THE MEMBERS OF THE BOARD OF DIRECTORS OF THE HOSPITAL TO SERVE FOR THREE YEAR TERMS AND UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED FILLING VACANCIES ON THE BOARD OF DIRECT ORS, WHICH OCCUR BETWEEN ELECTIONS, REVIEWING, MAKING, AND APPROVING CHANGES IN THE BYLAWS , INSURING THAT THE OBJECTIVE, PURPOSES AND GOALS OF DANBURY HOSPITAL AS STATED IN THE CHA RTER OF THE DANBURY HOSPITAL, INC ARE PROPERLY AND EFFECTIVELY CARRIED OUT BY THE BOARD O F DIRECTORS, DELEGATING AS APPROPRIATE, TO THE BOARD OF DIRECTORS, POLICY-MAKING FUNCTIONS , THE SUPERVISION OF THE HOSPITAL'S OPERATIONS AND THE CONTROL OVER THE HOSPITAL'S ASSETS FORM 990 REVIEW PROCESS FORM 990, PART VI, LINE 11B STEVEN ROSENBERG, CFO, WILL REVIEW TH E 990 PRIOR TO IT BEING SENT TO THE IRS A PRELIMINARY 990, IS PRESENTED TO THE AUDIT COMM ITTEE IN JUNE, WHO REVIEWS IT ON BEHALF OF THE BOARD E&amp;Y IS ON HAND TO REVIEW THE 990 WIT H 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 EXPLAN ATION OF MONITORING AND ENFORCEMENT OF CONFLICTS FORM 990, PART VI, LINE 12C BOARD MEMBERS AND SENIOR MANAGEMENT ARE COGNIZANT OF THE IMPORTANCE OF DISCLOSURE OF POTENTIAL CONFLICT S OF INTEREST AND WILL QUESTION POSSIBLE CONFLICTS IN VARIOUS BOARD MEETINGS THE CHIEF CO MPLIANCE OFFICER IS PART OF THE ROUTINE CONTRACTS REVIEW PROCESS AND WATCHES FOR POTENTIAL CONFLICTS WITH BOARD, MANAGEMENT AND STAFF THE COMPLIANCE OFFICER WILL CONTINUALLY REQUE ST THE INFORMATION UNTIL ALL RESPONSES ARE RECEIVED THE AUDIT COMMITTEE REVIEWS AND EVALU ATES 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 CONFLIC T CONFLICT OF INTEREST POLICY FOR DIRECTORS AND OFFICERS THE PURPOSE OF THIS POLICY IS TO ENSURE THAT THE DIRECTORS AND OFFICERS OF WESTERN CONNECTICUT HEALTH NETWORK, INC (WCHN) (TOGETHER THE "REPRESENTATIVES" AND INDIVIDUALLY A "REPRESENTATIVE") ARE NOT PREVENTED FRO M PERFORMING SERVICES ON BEHALF OF WCHN SOLELY BECAUSE OF POSSIBLE CONFLICTS OF INTEREST O N THEIR PART, AND THAT THE REPRESENTATIVES WILL BE ABLE TO GOVERN AND SERVE THE BEST INTER ESTS OF WCHN 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 T HEIR EXPERIENCE IN MATTERS RELEVANT TO THE OPERATION OF WCHN AND (2) THAT DIRECTORS AND OF FICERS MAY BE ASKED BY WCHN TO PARTICIPATE ON BEHALF OF WCHN AS A DIRECTOR OR OFFICER OF A NOTHER ORGANIZATION, TRADE ASSOCIATION, JOINT VENTURE AND NETWORK ACCORDINGLY , ANOTHER OB JECTIVE OF THIS POLICY IS TO ENSURE THAT MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS AR E NOT DISQUALIFIED FROM PARTICIPATION IN WCHN GOVERNANCE BY VIRTUE OF THEIR AFFILIATIONS W ITH OTHER INSTITUTIONS OR ENTITIES NOTWITHSTANDING THE ABOVE, IT IS POSSIBLE THAT A REPRE SENTATIVE MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST (1) BASED ON PERSONAL INTER ESTS OR TRANSACTIONS OR (2) BY VIRTUE OF HIS OR HER RELATIONSHIP AS AN OWNER, CREDITOR, AG ENT, 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 WCHN'S OPERATIONS OR BY DECISIONS THAT THE RE PRESENTATIVE MAKES ON WCHN'S BEHALF AND (2) ESTABLISHMENT OF GUIDELINES FOR DETERMINING WH EN ACTUAL AND POTENTIAL CONFLICTS OF INTEREST OCCUR AND OF PRINCIPLES AND PROCEDURES FOR A DDRESSING ACTUAL AND POTENTIAL CONFLICTS EACH ACTUAL OR POTENTIAL CONFLICT OF INTEREST TH AT IS DISCLOSED SHOULD BE CAREFULLY EXAMINED AND APPROPRIATE MEASURES PUT INTO PLACE TO MA INTAIN THE BALANCE BETWEEN ENSURING FAIR AND HONEST DELIBERATIONS AND ENCOURAGING PARTICIP ATION OF QUALIFIED REPRESENTATIVES IN WCHN THE BOARD OF DIRECTORS OF WCHN RECOGNIZES THE IMPORTANCE TO WCHN 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 WCHN AS WELL AS THE DIRECTORS AND OFFI</p> |

| Identifier  | Return Reference          | Explanation  |
|---|---------------------------|--|
| BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC | FORM 990, PART VI, LINE 2 | CERS OF DANBURY HOSPITAL, WESTERN CT HEALTH NETWORK FOUNDATION, INC , THE WESTERN CT HOME CARE, INC , REGIONAL HOSPICE OF WESTERN CONNECTICUT, WESTERN CT HEALTH NETWORK AFFILIATES, AND BUSINESS SYSTEMS, INC AND THE BOARD OF EACH SUCH CORPORATION SHALL TAKE WHATEVER ACT ION AS MAY BE NECESSARY TO INSURE THE EFFECTIVENESS OF THIS POLICY VOTING NO DIRECTOR HA VING A CONFLICT OF INTEREST ON ANY MATTER SHALL VOTE ON THAT MATTER OR BE COUNTED IN DETER MINING 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 PERSONA L INFLUENCE ON THE MATTER NEED FOR RESIGNATION OR DECISION NOT TO APPOINT IF THE BOARD O F DIRECTORS, IN ITS SOLE DISCRETION, DETERMINES THAT ANY REPRESENTATIVE HAS CONFLICTS OF I NTEREST SUFFICIENT IN NUMBER AND/OR IMPORTANCE THAT THE EFFECTIVENESS OF SUCH REPRESENTATI VE ON BEHALF OF WCHN MAY BE SIGNIFICANTLY IMPAIRED, THE BOARD MAY ASK THE REPRESENTATIVE T O RESIGN |

| Identifier  | Return Reference            | Explanation   |
|---|-----------------------------|---|
| COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC DIR , OR TOP MGMNT | FORM 990, PART VI, LINE 15A | <p>COMPENSATION OF CEO IN ORDER TO ACHIEVE ITS MISSION AND ITS OVERALL PERFORMANCE OBJECTIVES, WESTERN CONNECTICUT HEALTH NETWORK, INC EMPLOY S A PERFORMANCE-BASED TOTAL COMPENSATION PROGRAM FOR ITS SENIOR EXECUTIVES THAT IS MARKET COMPETITIVE, COMPLIANT WITH REGULATORY GUIDELINES, AND REPRESENTATIVE OF BEST PRACTICES ELIGIBLE EXECUTIVES ARE GENERALLY DIRECT REPORTS OF THE CEO ALONG WITH OTHER EXECUTIVES DESIGNATED BY THE CEO INCENTIVE COMPENSATION IS A CRITICAL ELEMENT OF TOTAL COMPENSATION INCENTIVE COMPENSATION IS INTENDED TO ENCOURAGE AND REWARD EXECUTIVES FOR ACHIEVING OR SURPASSING SPECIFIC SHORT-TERM ORGANIZATIONAL PERFORMANCE OBJECTIVES THE INCENTIVE PLAN SUPPORTS THE ACCOUNTABILITY AND RESULTS-ORIENTED AT WESTERN CONNECTICUT HEALTH NETWORK INC RESULTING CASH COMPENSATION LEVELS WILL BE COMPETITIVE AND WITHIN THE LIMITS CONSIDERED REASONABLE WITH RESPECT TO THE TAXPAYER BILL OF RIGHTS EXECUTIVES PARTICIPATE IN THE STANDARD BENEFIT PACKAGE APPLICABLE TO ALL WESTERN CONNECTICUT HEALTH NETWORK, INC EMPLOYEES THIS BENEFIT PACKAGE IS TARGETED AT THE 50TH PERCENTILE LEVEL FOR ALL EMPLOYERS TO MEET WESTERN CONNECTICUT HEALTH NETWORK INC 'S TOTAL COMPENSATION OBJECTIVES FOR EXECUTIVES, THE FOLLOWING SURVEY SOURCES ARE USED FOR COMPARISON PURPOSES -METROPOLITAN NEW YORK AREA NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS -IF RELEVANT AND RELIABLE METRO NEW YORK SURVEYS ARE NOT AVAILABLE, NATIONAL NOT-FOR-PROFIT HEALTHCARE DATA ARE USED AND A 10% PREMIUM IS APPLIED TO REFLECT THE METROPOLITAN NEW YORK AREA -FOR CROSS-INDUSTRY EXECUTIVE POSITIONS,(EG CFO, CIO, VP ENGINEERING, AND VPHR) NOT-FOR-PROFIT HEALTHCARE AND FOR-PROFIT GENERAL INDUSTRY SURVEYS ARE BLENDED (50-50%) -FOR PHY SICIAN EXECUTIVES, SURVEYS COVERING PHY SICIAN COMPENSATION IN ACCREDITED MEDICAL SCHOOLS ARE USED IN COMBINATION WITH PROPRIETARY SURVEYS COMPILED BY NATIONALLY KNOWN CONSULTING FIRMS AND THE MGMA (ALSO APPLICABLE TO ALL OTHER PHY SICIANS) THE COMPENSATION CONSULTANT BENCHMARKS WESTERN CONNECTICUT HEALTH NETWORK, INC 'S EXECUTIVE POSITIONS BASED ON JOB DUTIES, SCOPE AND REPORTING RELATIONSHIPS PREMIUMS MAY BE APPLIED TO MARKET DATA FOR CERTAIN POSITIONS TO REFLECT RESPONSIBILITIES THAT ARE IN ADDITION TO THOSE INCLUDED IN THE SURVEY POSITION MARKET MATCHES WESTERN CONNECTICUT HEALTH NETWORK, INC TARGETS CASH COMPENSATION AT THE 75TH PERCENTILE, AND EXPECTS EXECUTIVES TO PERFORM AT THE 75TH PERCENTILE BASE SALARY PLUS SHORT-TERM (ANNUAL) INCENTIVE AWARDS (TOTAL CASH) APPROXIMATE THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR TOTAL CASH COMPENSATION EXECUTIVE PERFORMANCE IS EXPECTED TO MEET THE 75TH PERCENTILE ON PREDETERMINED OPERATIONAL AND FINANCIAL METRICS OTHER FACTORS, SUCH AS COMPETITIVE MARKET FORCES, JOB PERFORMANCE, UNIQUE QUALIFICATIONS, AND/OR INDIVIDUAL JOB RESPONSIBILITIES ARE ALSO CONSIDERED IN WESTERN CONNECTICUT HEALTH NETWORK, INC'S EXECUTIVE COMPENSATION DECISIONS ROLES OF THE COMMITTEE ON GOVERNANCE AND KEY EXECUTIVES IN THE EXECUTIVE COMPENSATION PROCESS - THE COMMITTEE ON GOVERNANCE IN CONSULTATION WITH THE CEO AND THE VPHR SELECTS THE OUTSIDE COMPENSATION CONSULTANTS THE CURRENT CONSULTANT IS THE HAY GROUP, WHOSE PURPOSE IS TO PROVIDE A VALID INDEPENDENT ASSESSMENT OF THE RELEVANT MARKET RATES AND PAY PRACTICES - THE COMPENSATION CONSULTING FIRM COMPILES APPROPRIATE MARKET DATA, JOB EVALUATION AND RANKING INFORMATION ONCE THE REPORT IS FINAL IT WILL BE SUPPLIED TO THE COMMITTEE ON GOVERNANCE FOR THEIR CONSIDERATION AND ACCEPTANCE BASED ON THIS REVIEW, THE CEO SUBMITS SALARY RECOMMENDATIONS TO THE COMMITTEE FOR REVIEW AND FINAL APPROVAL -THE COMMITTEE ON GOVERNANCE DETERMINES THE CEO'S SALARY BASED ON OVERAL PERFORMANCE AND MARKET DATA SUPPLIED BY THE OUTSIDE MARKET CONSULTANT THE LAST EXECUTIVE COMPENSATION EVALUATION BY AN OUTSIDE CONSULTANT WAS DONE IN 2011</p> |

| Identifier  | Return Reference            | Explanation  |
|---|-----------------------------|--|
| COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES | FORM 990, PART VI, LINE 15B | <p>COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IN ORDER TO ACHIEVE ITS MISSION AND ITS OVERALL PERFORMANCE OBJECTIVES, WESTERN CONNECTICUT HEALTH NETWORK, INC EMPLOYS A PERFOR MANCE-BASED TOTAL COMPENSATION PROGRAM FOR ITS SENIOR EXECUTIVES THAT IS MARKET COMPETITIV E, COMPLIANT WITH REGULATORY GUIDELINES, AND REPRESENTATIVE OF BEST PRACTICES ELIGIBLE EX ECUTIVES ARE GENERALLY DIRECT REPORTS OF THE CEO ALONG WITH OTHER EXECUTIVES DESIGNATED BY THE CEO INCENTIVE COMPENSATION IS A CRITICAL ELEMENT OF TOTAL COMPENSATION INCENTIVE CO MPENSATION IS INTENDED TO ENCOURAGE AND REWARD EXECUTIVES FOR ACHIEVING OR SURPASSING SPEC IFIC SHORT-TERM ORGANIZATIONAL PERFORMANCE OBJECTIVES THE INCENTIVE PLAN SUPPORTS THE ACC OUNTABILITY AND RESULTS-ORIENTED AT WESTERN CONNECTICUT HEALTH NETWORK INC RESULTING CASH COMPENSATION LEVELS WILL BE COMPETITIVE AND WITHIN THE LIMITS CONSIDERED REASONABLE WITH RESPECT TO THE TAXPAYER BILL OF RIGHTS EXECUTIVES PARTICIPATE IN THE STANDARD BENEFIT PAC KAGE APPLICABLE TO ALL WESTERN CONNECTICUT HEALTH NETWORK, INC EMPLOYEES THIS BENEFIT PA CKAGE IS TARGETED AT THE 50TH PERCENTILE LEVEL FOR ALL EMPLOYERS TO MEET WESTERN CONNECTI CUT HEALTH NETWORK INC 'S TOTAL COMPENSATION OBJECTIVES FOR EXECUTIVES, THE FOLLOWING SURV EY SOURCES ARE USED FOR COMPARISON PURPOSES -METROPOLITAN NEW YORK AREA NOT-FOR-PROFIT HE ALTHCARE ORGANIZATIONS -IF RELEVANT AND RELIABLE METRO NEW YORK SURVEYS ARE NOT AVAILABLE , NATIONAL NOT-FOR-PROFIT HEALTHCARE DATA ARE USED AND A 10% PREMIUM IS APPLIED TO REFLECT THE METROPOLITAN NEW YORK AREA -FOR CROSS-INDUSTRY EXECUTIVE POSITIONS,(EG CFO,CIO,VP EN GINEERING,AND VPHR) NOT-FOR-PROFIT HEALTHCARE AND FOR-PROFIT GENERAL INDUSTRY SURVEYS ARE BLENDED (50-50%) -FOR PHY SICIAN EXECUTIVES, SURVEYS COVERING PHY SICIAN COMPENSATION IN A C CREDITED MEDICAL SCHOOLS ARE USED IN COMBINATION WITH PROPRIETARY SURVEYS COMPILED BY NATI ONALLY KNOWN CONSULTING FIRMS AND THE MGMA (ALSO APPLICABLE TO ALL OTHER PHY SICIANS) THE COMPENSATION CONSULTANT BENCHMARKS WESTERN CONNECTICUT HEALTH NETWORK, INC 'S EXECUTIVE PO SITIONS BASED ON JOB DUTIES, SCOPE AND REPORTING RELATIONSHIPS PREMIUMS MAY BE APPLIED TO MARKET DATA FOR CERTAIN POSITIONS TO REFLECT RESPONSIBILITIES THAT ARE IN ADDITION TO THO SE INCLUDED IN THE SURVEY POSITION MARKET MATCHES WESTERN CONNECTICUT HEALTH NETWORK, INC TARGETS CASH COMPENSATION AT THE 75TH PERCENTILE, AND EXPECTS EXECUTIVES TO PERFORM AT T HE 75TH PERCENTILE BASE SALARY PLUS SHORT-TERM (ANNUAL) INCENTIVE AWARDS (TOTAL CASH) APP ROXIMATE THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR TOTAL CASH COMPENSATION EXECUT IVE PERFORMANCE IS EXPECTED TO MEET THE 75TH PERCENTILE ON PREDETERMINED OPERATIONAL AND F INANCIAL METRICS OTHER FACTORS, SUCH AS COMPETITIVE MARKET FORCES, JOB PERFORMANCE, UNIQ U E QUALIFICATIONS, AND/OR INDIVIDUAL JOB RESPONSIBILITIES ARE ALSO CONSIDERED IN WESTERN CO NNECTICUT HEALTH NETWORK, INC'S EXECUTIVE COMPENSATION DECISIONS ROLES OF THE COMMITTEE O N GOVERNANCE AND KEY EXECUTIVES IN THE EXECUTIVE COMPENSATION PROCESS - THE COMMITTEE ON GOVERNANCE IN CONSULTATION WITH THE CEO AND THE VPHR SELECTS THE OUTSIDE COMPENSATION CONS ULTANTS THE CURRENT CONSULTANT IS THE HAY GROUP, WHOSE PURPOSE IS TO PROVIDE A VALID INDE PENDENT ASSESSMENT OF THE RELEVANT MARKET RATES AND PAY PRACTICES - THE COMPENSATION CONS ULTING FIRM COMPILES APPROPRIATE MARKET DATA, JOB EVALUATION AND RANKING INFORMATION ONCE THE REPORT IS FINAL IT WILL BE SUPPLIED TO THE COMMITTEE ON GOVERNANCE FOR THEIR CONSIDER ATION AND ACCEPTANCE BASED ON THIS REVIEW, THE CEO SUBMITS SALARY RECOMMENDATIONS TO THE COMMITTEE FOR REVIEW AND FINAL APPROVAL -THE COMMITTEE ON GOVERNANCE DETERMINES THE CEO'S SALARY BASED ON OVERALL PERFORMANCE AND MARKET DATA SUPPLIED BY THE OUTSIDE MARKET CONSUL TANT THE LAST EXECUTIVE COMPENSATION EVALUATION BY AN OUTSIDE CONSULTANT WAS DONE IN 2011 OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE FORM 990, PART VI, LINE 19 THE INFORMATI ON THAT HAS BEEN POSTED ON THE WESTERN CONNECTICUT HEALTH NETWORK, INC WEBSITE FOR 2011 I NCLUDES 1) THE 2011 AUDITED FINANCIAL STATEMENT FOR DANBURY HOSPITAL AND SUBSIDIARY 2) T HE 2011 AUDITED FINANCIAL STATEMENT FOR WESTERN CONNECTICUT HEALTH NETWORK, INC AND SUBSI DIARIES 3) THE 2011 AUDITED FINANCIAL STATEMENT FOR WESTERN CONNECTICUT HOME CARE 4) THE 2011 AUDITED FINANCIAL STATEMENT FOR NEW MILFORD HOSPITAL 5) THE 2010, 2009, 2008, AND 2 007 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX ALSO INCLUDED IS THE CODE OF BUSINESS E THICS, INFORMATION ABOUT OUR COMPLIANCE PROGRAM, AND A COPY OF OUR POLICY REGARDING PREVEN TING OF FRAUD, WASTE AND ABUSE ALL GOVERNING DOCUMENTS REQUIRED BY LAW ARE MADE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC FORM 9 90, PART VII (ADDT'L COMPENSATION INFORMATION) FOR ALL OFFICERS AND THE TOP 5 EMPLOYEES, A LTHOUGH ONLY 40 HOURS IS NOTED TO REFLECT PAID HOURS, ACTUALLY WORKED HOURS EXCEEDED THIS AMOUNT NOTE ALL AMOUNTS IN COLUMN F, OF PART VII</p> |

| Identifier  | Return Reference            | Explanation   |
|---|-----------------------------|---|
| COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES | FORM 990, PART VI, LINE 15B | ,"ESTIMATED AMOUNT OF OTHER COMPENSATION", REPRESENT BENEFITS, AND DO NOT REFLECT ANY COMP ENSATION FOR WHICH THE AVERAGE AMOUNT OF TIME WORKED CAN BE REFLECTED HOURS PER WEEK DEVO TED TO RELATED ORGANIZATIONS, FOR WHICH COMPENSATION WAS REPORTED IN COLUMN (E) OR (F) MA TTHEW A MILLER, MD 0 AVERAGE HOURS A RELATED ORGANIZATION PAYS COMPENSATION TO DR MILLER FOR THE SERVICES HE PROVIDES TO DANBURY HOSPITAL AS CHIEF MEDICAL OFFICER OF DANBURY HOS PITAL, DR MILLER'S ACTUAL HOURS WORKED EXCEEDS THE 40 HOURS REFLECTED ON THE 990 AND THE AMOUNT NOTED ABOVE FORM 990, PART IX, COLUMN D ALTHOUGH CONTRIBUTIONS ARE REFLECTED ON LI NE #1 OF PAGE #1 ON FORM 990, ALL FUNDRAISING EXPENSES WERE INCURRED BY THE WESTERN CONNEC TICUT HEALTH NETWORK FOUNDATION, INC OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 99 0, PART XI, LINE 5 CAPTIVE UBI \$5,842,117 CHANGE IN EQUITY INT OF WESTERN CT HEALTH NETWO RK FNDN -4,051,221 CHANGE IN INVESTMENT IN WCHIC -5,068,236 EQUITY TRANSFER TO WCHN - OTHE R -6,105,161 EQUITY TRANSFER TO WCHN - PENSION -26,813,388 EQUITY TRANSFER TO WCHN - W/O O F INTERCOMPANY -5,909,235 INVESTMENT K-1S 2,933,034 NET UNREALIZED GAINS OR LOSSES ON INVE STMENTS -1,979,439 TRANSFERS TO WESTERN CT MEDICAL GROUP -25,646,327 ----- TOTAL -66,797,856 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
Danbury Hospital

Employer identification number  
06-0646597

Part I

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

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

Part II

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

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

Part III

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

| (a)<br>Name, address, and EIN of<br>related organization                               | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                              |                                       | Yes                                    | No |   | Yes                                       | No |                                |
| (1) NEW MILFORD MRI<br><br>21 ELM ST<br>NEW MILFORD, CT06810<br>27-1877801             | IMAGING SERVICES        | CT   | NA                                  | N/A   | 0                            | 0                                     |  | No | 0   |   | No |                                |
| (2) RIDGEFIELD<br>SURGICAL<br><br>901 ETHAN ALLEN<br>RIDGEFIELD, CT06810<br>22-2594977 | HEALTHCARE              | CT   | NA                                  | N/A   | 0                            | 0                                     |  | No | 0   |   | No |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |

Part IV

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| (1) Business Systems Inc<br>95 locust avenue<br>danbury, CT06810<br>06-1119262                              | pharmacy                | CT  | NA                                  | c corp   | 0                            | 0  |                                |
| (2) WESTERN CT HEALTHCARE INSUR CO LTD<br>10 main street po box 1051 GT<br>grand cayman<br>CJ<br>98-0438151 | malpractice             | CJ  | NA                                  | c corp   | 12,289,002                   | 56,572,466                               | 100 000 %                      |
| (3) FOUNDATION FOR COMM HEALTHCARE<br>95 LOCUST AVENUE<br>DANBURY, CT06810<br>06-1437131                    | INACTIVE                | CT  | NA                                  | C CORP   | 0                            | 0  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |
|   |                         |   |                                     |  |                              |  |                                |

Part V

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

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

Yes

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|---|
| (1)                               |                                 |                        |   |
| See Additional Data Table         |                                 |                        |   |
| (2)                               |                                 |                        |   |
| (3)                               |                                 |                        |   |
| (4)                               |                                 |                        |   |
| (5)                               |                                 |                        |   |
| (6)                               |                                 |                        |   |

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

[illegible]

Part VII

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID:  
Software Version:  
EIN: 06-0646597  
Name: Danbury Hospital

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled organization |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| WESTERN CT HEALTH NETWORK AFFILIATES<br><br>95 LOCUST AVENUE<br>DANBURY, CT06810<br>22-2594968     | OP hlthcr SVC           | CT   | 501(C)(3)                  | 9   | WCHN                             |  |    |
| WESTERN CT HEALTH NETWORK INC<br><br>24 HOSPITAL AVENUE<br>DANBURY, CT06810<br>22-2594977          | program devLP           | CT   | 501(C)(3)                  | 11, type 2  | NA                               |  |    |
| WESTERN CT HEALTH NETWORK FOUNDATION<br><br>24 hospital avenue<br>danbury, CT06810<br>23-7425557   | admin contrib           | CT   | 501(C)(3)                  | 7   | WCHN                             |  |    |
| WESTERN CT HOME CARE INC<br><br>4 LIBERTY STREET<br>DANBURY, CT06810<br>06-0655138                 | home hlthcare           | CT   | 501(C)(3)                  | 9   | WCHN                             |  |    |
| REGIONAL HOSPICE OF WESTERN CONNECTICUT<br><br>405 main street<br>DANBURY, CT06810<br>06-1178847   | patient care            | CT   | 501(C)(3)                  | 7   | WCHN                             |  |    |
| WESTERN CT MEDICAL GROUP PC<br><br>14 Research Drive Suite 201A<br>Bethel, CT06801<br>06-1137531   | physician svc           | CT   | 501(C)(3)                  | 9   | WCHN                             |  |    |
| THE NEW MILFORD HOSPITAL INC<br><br>21 ELM STREET<br>NEW MILFORD, CT06776<br>06-0669121            | ACUTE CARE              | CT   | 501(C)(3)                  | 3   | WCHN                             |  |    |
| NEW MILFORD HOSPITAL FOUNDATION<br><br>21 ELM STREET<br>NEW MILFORD, CT06810<br>22-2515011         | ADMIN CONTRIB           | CT   | 501(C)(3)                  | 7   | NMH                              |  |    |
| NEW MILFORD VISITING NURSE ASSN INC<br><br>68 PARK LANE ROAD<br>NEW MILFORD, CT06776<br>06-0653153 | HOME HEALTH             | CT   | 501(C)(3)                  | 9   | NMH                              |  |    |

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

| (a)<br>Name of other organization |  | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount Involved<br>(\$) | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|--|---------------------------------|--------------------------------|---|
| (1)                               | WESTERN CT HEALTH NETWORK AFFILIATES INC | A                               | 92,885                         |   |
| (2)                               | WESTERN CT HEALTH NETWORK AFFILIATES INC | K                               | 273,015                        |   |
| (3)                               | WESTERN CT HEALTH NETWORK AFFILIATES INC | L                               | 515,939                        |   |
| (4)                               | WESTERN CT HEALTH NETWORK AFFILIATES INC | N                               | 66,027                         |   |
| (5)                               | WESTERN CT HEALTH NETWORK AFFILIATES INC | P                               | 5,403,115                      |   |
| (6)                               | WESTERN CT HEALTH NETWORK AFFILIATES INC | Q                               | 5,523,038                      |   |
| (7)                               | WESTERN CT HEALTH NETWORK FOUNDATION INC | A                               | 71,915                         |   |
| (8)                               | WESTERN CT HEALTH NETWORK FOUNDATION INC | C                               | 11,970,631                     |   |
| (9)                               | WESTERN CT HEALTH NETWORK FOUNDATION INC | J                               | 101,640                        |   |
| (10)                              | WESTERN CT HEALTH NETWORK FOUNDATION INC | K                               | 94,267                         |   |
| (11)                              | WESTERN CT HEALTH NETWORK FOUNDATION INC | P                               | 3,138,339                      |   |
| (12)                              | WESTERN CT HEALTH NETWORK FOUNDATION INC | Q                               | 2,040,402                      |   |
| (13)                              | WESTERN CT HOME CARE INC                 | P                               | 967,572                        |   |
| (14)                              | WESTERN CT HOME CARE INC                 | Q                               | 827,256                        |   |
| (15)                              | REGIONAL HOSPICE OF WESTERN CONNECTICUT  | P                               | 100,614                        |   |
| (16)                              | WESTERN CT MEDICAL GROUP PC              | A                               | 1,621,484                      |   |
| (17)                              | WESTERN CT MEDICAL GROUP PC              | B                               | 25,646,327                     |   |
| (18)                              | WESTERN CT MEDICAL GROUP PC              | I                               | 129,996                        |   |
| (19)                              | WESTERN CT MEDICAL GROUP PC              | K                               | 668,473                        |   |
| (20)                              | WESTERN CT MEDICAL GROUP PC              | L                               | 40,419,665                     |   |
| (21)                              | WESTERN CT MEDICAL GROUP PC              | N                               | 2,193,042                      |   |
| (22)                              | WESTERN CT MEDICAL GROUP PC              | P                               | 376,132                        |   |
| (23)                              | WESTERN CT MEDICAL GROUP PC              | Q                               | 46,735,661                     |   |
| (24)                              | THE NEW MILFORD HOSPITAL INC             | D                               | 6,439,583                      |   |
| (25)                              | THE NEW MILFORD HOSPITAL INC             | H                               | 1,783,822                      |   |
| (26)                              | THE NEW MILFORD HOSPITAL INC             | K                               | 539,611                        |   |
| (27)                              | THE NEW MILFORD HOSPITAL INC             | N                               | 1,432,010                      |   |
| (28)                              | THE NEW MILFORD HOSPITAL INC             | P                               | 4,489,945                      |   |
| (29)                              | THE NEW MILFORD HOSPITAL INC             | Q                               | 3,103,999                      |   |
| (30)                              | BUSINESS SYSTEMS INC                     | A                               | 265,365                        |   |

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

| (a)<br>Name of other organization |                                    | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount Involved<br>(\$) | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|------------------------------------|---------------------------------|--------------------------------|---|
| (31)                              | BUSINESS SYSTEMS INC               | N                               | 55,249                         |   |
| (32)                              | BUSINESS SYSTEMS INC               | P                               | 12,039,895                     |   |
| (33)                              | BUSINESS SYSTEMS INC               | Q                               | 12,308,730                     |   |
| (34)                              | WESTERN CT HEALTHCARE INSUR CO LTD | O                               | 11,954,765                     |   |
| (35)                              | WESTERN CT HEALTHCARE INSUR CO LTD | P                               | 3,938,386                      |   |
| (36)                              | WESTERN CT HEALTHCARE INSUR CO LTD | Q                               | 3,958,740                      |   |
| (37)                              | WESTERN CT HEALTHCARE INSUR CO LTD | R                               | 10,000,000                     |   |

Additional Data

Software ID:

Software Version:

EIN: 06-0646597

Name: Danbury Hospital

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JOHN M MURPHY MD<br>PRESIDENT/CEO            | 400                           | X                                      |                       | X       |              |                              |        | 1,021,607  | 0   | 58,579  |
| NEIL CULLIGAN MD<br>DIRECTOR                 | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID KRAMER MD<br>DIRECTOR                  | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DAVID CYGANOWSKI<br>DIRECTOR                 | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ALPHONSE ALTORELLI MD<br>DIRECTOR            | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RICHARD G JABARA<br>DIRECTOR                 | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ANTHEA DISNEY<br>DIRECTOR                    | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOSEPH D SKRZYPCZAK<br>DIRECTOR              | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SPENCER HOULDIN<br>DIRECTOR                  | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN J MARTOCCI<br>CHAIRMAN                  | 30                            | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| JOHN R PATRICK<br>DIRECTOR                   | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BRIAN C WHITE<br>DIRECTOR                    | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JAY LENT<br>DIRECTOR                         | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JAMES KENNEDY<br>VICE CHAIRMAN               | 30                            | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| JOHN C KLINE<br>DIRECTOR                     | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| STEVEN H ROSENBERG<br>CFO                    | 400                           |  |                       | X       |              |                              |        | 196,362  | 0   | 29,046  |
| DONNA KAPLANIS<br>CONTROLLER/SEC             | 400                           |  |                       | X       |              |                              |        | 262,712  | 0   | 75,363  |
| MICHAEL DAGLIO<br>SR VP OF OPERATIONS        | 400                           |  |                       |         | X            |                              |        | 297,150  | 0   | 67,439  |
| MATTHEW A MILLER MD<br>CHIEF MEDICAL OFFICER | 400                           |  |                       |         | X            |                              |        | 0  | 555,802   | 81,647  |
| PHYLLIS F ZAPPALA<br>SR VP HUMAN RESOURCES   | 400                           |  |                       |         | X            |                              |        | 929,305  | 0   | 61,837  |
| MOREEN O DONAHUE<br>CHIEF NURSE EX           | 400                           |  |                       |         | X            |                              |        | 348,651  | 0   | 85,844  |
| PETER COURTWAY TERM 52011<br>CIO             | 400                           |  |                       |         | X            |                              |        | 319,965  | 0   | 70,993  |
| JOSEPH CAMPBELL<br>COMPLIANCE OFFICER        | 400                           |  |                       |         | X            |                              |        | 246,461  | 0   | 71,336  |
| RUTH GREGORY<br>DIRECTOR OF PURCHASING       | 400                           |  |                       |         | X            |                              |        | 158,968  | 0   | 38,003  |
| JUDITH WARD<br>VP, MARKETING                 | 400                           |  |                       |         |              | X                            |        | 366,981  | 0   | 66,937  |

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

| (A)<br>Name and Title                   | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        |         | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---|--|---|-----------------------|---------|--------------|---------------------------------|--------|---------|---|--|---|
|   |  | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |         |   |  |   |
| MORRIS GROSS<br>VP, FACILITIES          | 40 0                                   |   |                       |         |              | X                               |        | 275,869 | 20,040  | 67,829   |   |
| WILLIAM MALDARELLI<br>ADMIN DIR - PERFU | 40 0                                   |   |                       |         |              | X                               |        | 263,257 | 0   | 66,244   |   |
| DAWN MYLES<br>VP, QUAL & PAT SFTY       | 40 0                                   |   |                       |         |              | X                               |        | 255,058 | 0   | 45,114   |   |
| WILLIAM DELANEY MD<br>EXEC MED DIRECTOR | 40 0                                   |   |                       |         |              | X                               |        | 254,388 | 0   | 72,190   |   |
| FRANK J KELLY<br>CEO (FORMER)           | 0 0                                    |   |                       |         |              |                                 | X      | 652,608 | 0   | 61,686   |   |
| LISA MESSINA<br>VP, OPERATIONS          | 0 0                                    |   |                       |         |              |                                 | X      | 277,614 | 0   | 43,400   |   |
| WILLIAM ROE<br>CFO (FORMER)             | 0 0                                    |   |                       |         |              |                                 | X      | 332,084 | 0   | 41,242   |   |
| KARIM NAZER<br>WCMG PHYSICIAN           | 0 0                                    |   |                       |         |              |                                 | X      | 0       | 136,725   | 28,499   |   |
| JOHN BORRUSO MD<br>WCMG PHYSICIAN       | 0 0                                    |   |                       |         |              |                                 | X      | 0       | 365,369   | 65,394   |   |