

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 9/30, 2013

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Danbury Hospital, 24 Hospital Avenue, Danbury, CT 06810-6099. D Employer Identification Number 06-0646597. E Telephone number (203) 739-8110. G Gross receipts \$ 547,276,911.

F Name and address of principal officer: John M Murphy, MD, 24 Hospital Avenue Danbury, CT 06810-6099. H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527.

J Website: www.danburyhospital.org. H(c) Group exemption number.

K Form of organization: X Corporation, Trust, Association, Other. L Year of Formation: 1885. M State of legal domicile: CT.

Part I Summary

1 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.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (10), 4 Number of independent voting members (7), 5 Total number of individuals employed (3,387), 6 Total number of volunteers (245), 7a Total unrelated business revenue (6,601,598), 7b Net unrelated business taxable income (-3,024,300).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (11,526,659 / 13,368,627), 9 Program service revenue (507,944,594 / 505,701,187), 10 Investment income (9,050,540 / 4,962,417), 11 Other revenue (3,459,961 / 2,959,530), 12 Total revenue (531,981,754 / 526,991,761).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits (258,113,598 / 239,739,538), 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses (238,779,630 / 247,006,658), 18 Total expenses (496,893,228 / 486,746,196), 19 Revenue less expenses (35,088,526 / 40,245,565).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (773,883,884 / 829,018,642), 21 Total liabilities (329,262,785 / 342,371,531), 22 Net assets or fund balances (444,621,099 / 486,647,111).

Part II Signature Block

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

Sign Here: Signature of officer Steven H. Rosenberg, Date, SVP & CFO.

Paid Preparer Use Only: Print/Type preparer's name Jennifer Lynch, Preparer's signature, Date 08/04/14, Check self-employed, PTIN P01255855, Firm's name ERNST & YOUNG US LLP, Firm's address 111 MONUMENT CIRCLE STE. 4000 INDIANAPOLIS, IN 46204, Firm's EIN 34-6565596, Phone no. 317-681-7000.

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 396,289,592. including grants of \$) (Revenue \$ 501,187,182.)

See Schedule O

4b (Code:) (Expenses \$ 15,112,253. including grants of \$) (Revenue \$ 4,514,005.)

See Schedule O

4c (Code:) (Expenses \$ 2,381,269. including grants of \$) (Revenue \$)

See Schedule O

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

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

4e Total program service expenses ▶ 413,783,114.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 575		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 3,387		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 2 b X	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3 b X	X	
4 a	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)? 4 a X	X	
4 b	If 'Yes,' enter the name of the foreign country: Cayman Islands See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a X		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b 		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c X		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g 		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h 		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? 9 a 		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a 		
13 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. 13 b 		
13 c	Enter the amount of reserves on hand. 13 c 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a X		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b 		

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. See Schedule O.	X	
15 b	b Other officers of key employees of the organization. See Schedule O.	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and 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 ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Mary Jo Pawlak 24 Hospital Avenue, Danbury, CT 06810-6099 (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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
See Schedule O										
(1) John M Murphy, MD President & CEO	40 9	X		X			1,183,850.	0.	52,091.	
(2) Neil Culligan, MD Director	1 2	X					0.	0.	0.	
(3) David Kramer, M.D. Director	1 2	X					0.	0.	0.	
(4) David Cyganowski Treasurer	1 2	X		X			0.	0.	0.	
(5) A. Altorelli (to 9/11) Director	1 2	X					0.	0.	0.	
(6) Richard G. Jabara Director	1 3	X					0.	0.	0.	
(7) Anthea Disney Director	1 2	X					0.	0.	0.	
(8) Joseph D. Skrzypczak Secretary	1 2	X		X			0.	0.	0.	
(9) Spencer Houldin Director	1 3	X					0.	0.	0.	
(10) John Patrick (To 1/15) Director	1 2	X					0.	0.	0.	
(11) Brian C. White Director	1 2	X					0.	0.	0.	
(12) James Kennedy Chairman	3 6	X		X			0.	0.	0.	
(13) Steven H. Rosenberg SVP & CFO	40 8			X			687,331.	0.	44,257.	
(14) Donna Kaplanis Ass't Secretary	40 10			X			237,652.	0.	58,293.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Matthew A. Miller, MD Chief Medical Officer	40 4			X			0.	616,440.	44,146.
(16) Phyllis F. Zappala Sr. VP Human Resources	40 0			X			737,318.	0.	38,530.
(17) Moreen O. Donahue Sr. VP/Chief Nurse Exec.	40 1			X			376,521.	0.	68,362.
(18) Michael Daglio Chief Operating Officer	40 0			X			456,300.	0.	43,159.
(19) Joseph Campbell Chief Risk Compl. Officer	40 0			X			262,056.	0.	60,137.
(20) Morris Gross VP of Facilities	40 2			X			294,671.	28,560.	48,217.
(21) Kathleen A. Dematteo Chief Information Officer	40 0			X			403,035.	0.	36,415.
(22) Carolyn L. McKenna General Counsel	40 0				X		388,170.	0.	41,305.
(23) Dawn Myles VP, Qual & Pat Sfty	40 0				X		272,721.	0.	26,306.
(24) Sally Herlihy VP of Planning	40 0				X		298,942.	0.	54,347.
(25) William Delaney, MD Physician	40 0				X		267,185.	0.	52,398.
1 b Sub-total							5,865,752.	645,000.	667,963.
c Total from continuation sheets to Part VII, Section A							715,139.	473,263.	130,058.
d Total (add lines 1b and 1c)							6,580,891.	1,118,263.	798,021.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 488									

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SLAM COLLABORATIVE PO BOX 12 BRATTLEBOR, VT 05302-0012	ARCHITECTS	2,103,548.
ROBINSON & COLE, LLP 280 TRUMBULL STREET HARTFORD, CT 06103	ATTORNEYS	1,808,700.
DANBURY RADIOLOGICAL ASSOCIATES PO BOX 417407 BOSTON, MA 02241	RADIOLOGY SERVICES	1,121,059.
TOWERS WATSON PENNSYLVANIA, INC. PO BOX 8500 PHILADELPHIA, PA 19178	INVEST. CONSULTANTS	1,078,583.
PRICE, WATERHOUSE, COOPERS LLC PO BOX 7247 PHILADELPHIA, PA 19170	CONSULTANTS	688,773.
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 ▶ 41		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d 10,129,901.				
	e Government grants (contributions)	1 e 2,700,964.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 537,762.				
	g Noncash contributions included in Ins 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 13,368,627.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a Ancillary Service	621400	261662270.	261662270.		
	b Medicare/Medicaid Pay'ts	621990	200661614.	200661614.		
	c Routine Patient	621990	33,632,537.	33,632,537.		
	d Contract Lab	621500	5,906,818.		5,906,818.	
	e Rental Inc.-Affl. Exempt	532000	2,005,889.	1,834,891.		170,998.
	f All other program service revenue	WKS	1,832,059.	1,832,059.		
g Total. Add lines 2a-2f	▶	505701187.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶	3,153,021.			3,153,021.
	4 Income from investment of tax-exempt bond proceeds	▶	75,227.			75,227.
	5 Royalties	▶				
	6 a Gross rents	(i) Real	881,706.			
		(ii) Personal				
		b Less: rental expenses	186,926.			
		c Rental income or (loss)	694,780.			
	d Net rental income or (loss)	▶	694,780.			694,780.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	21395791.			
		(ii) Other	87,500.			
		b Less: cost or other basis and sales expenses	19383832.	365,290.		
		c Gain or (loss)	2,011,959.	-277,790.		
	d Net gain or (loss)	▶	1,734,169.			1,734,169.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a	329,548.				
	b Less: cost of goods sold	b	349,102.			
	c Net income or (loss) from sales of inventory	▶	-19,554.			-19,554.
Miscellaneous Revenue		Business Code				
11 a St. George Income	900099	1,463,878.			1,463,878.	
b Administrative Services	561000	212,228.			212,228.	
c Research Clin. Trial Inc.	900099	207,264.			207,264.	
d All other revenue	WKS	400,934.			400,934.	
e Total. Add lines 11a-11d	▶	2,284,304.				
12 Total revenue. See instructions	▶	526991761.	499623371.	6,601,598.	7,398,165.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,189,495.	1,872,303.	3,317,192.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	186,329,133.	155,454,396.	30,874,737.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,095,080.	5,919,425.	1,175,655.	
9 Other employee benefits	27,344,598.	22,813,598.	4,531,000.	
10 Payroll taxes	13,781,232.	11,497,682.	2,283,550.	
11 Fees for services (non-employees):				
a Management	808,280.		808,280.	
b Legal	1,628,696.		1,628,696.	
c Accounting	573,077.		573,077.	
d Lobbying	84,745.	70,703.	14,042.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	570,498.		570,498.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	83,275,892.	69,477,076.	13,798,816.	
12 Advertising and promotion	514,414.	429,176.	85,238.	
13 Office expenses	6,847,908.	5,713,210.	1,134,698.	
14 Information technology	11,797,958.	9,843,036.	1,954,922.	
15 Royalties				
16 Occupancy	10,924,848.	9,114,601.	1,810,247.	
17 Travel	380,404.	317,371.	63,033.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	383,002.	319,539.	63,463.	
20 Interest	4,059,358.	3,386,722.	672,636.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,005,652.	25,033,715.	4,971,937.	
23 Insurance	6,364,735.	5,581,123.	783,612.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Medical Supplies</u>	77,635,993.	77,635,993.		
b <u>Equipment Rent and Maint.</u>	8,616,845.	7,189,034.	1,427,811.	
c <u>Professional Membership</u>	2,534,353.	2,114,411.	419,942.	
d _____				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	486,746,196.	413,783,114.	72,963,082.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	3,243.	1	45,152.
	2 Savings and temporary cash investments	53,639,526.	2	58,648,181.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	60,038,935.	4	57,504,970.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	5,793,756.	7	3,884,061.
	8 Inventories for sale or use	9,333,372.	8	9,521,995.
	9 Prepaid expenses and deferred charges	4,130,837.	9	3,019,935.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 631,888,505.		
	b Less: accumulated depreciation	10b 328,300,919.	242,235,095.	10c 303,587,586.
	11 Investments – publicly traded securities		274,027,038.	11 244,739,925.
	12 Investments – other securities. See Part IV, line 11			12
	13 Investments – program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11		124,682,082.	15 148,066,837.
16 Total assets. Add lines 1 through 15 (must equal line 34)		773,883,884.	16 829,018,642.	
LIABILITIES	17 Accounts payable and accrued expenses		48,879,428.	17 64,629,230.
	18 Grants payable			18
	19 Deferred revenue		3,549,882.	19 3,011,210.
	20 Tax-exempt bond liabilities		251,135,000.	20 249,580,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25,698,475.	25 25,151,091.
	26 Total liabilities. Add lines 17 through 25		329,262,785.	26 342,371,531.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		386,002,265.	27 400,930,008.
	28 Temporarily restricted net assets		29,794,088.	28 56,603,735.
	29 Permanently restricted net assets		28,824,746.	29 29,113,368.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds			30
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds			32
	33 Total net assets or fund balances		444,621,099.	33 486,647,111.
34 Total liabilities and net assets/fund balances		773,883,884.	34 829,018,642.	

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Form 990 (2012)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	526,991,761.
2	Total expenses (must equal Part IX, column (A), line 25)	2	486,746,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,245,565.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	444,621,099.
5	Net unrealized gains (losses) on investments	5	5,199,125.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9	-3,418,678.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	486,647,111.

Part XII Financial Statements and Reporting

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

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

BAA

SCHEDULE A
(Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Name of the organization Danbury Hospital	Employer identification number 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 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 – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and stop here .	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. 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.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b **33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2012

Name of the organization

Danbury Hospital

Employer identification number

06-0646597

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012) **or 990-PF.**

Name of organization

Employer identification number

Danbury Hospital

06-0646597

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,129,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,385,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 7,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 56,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 139,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 7,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Danbury Hospital

06-0646597

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,109,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 50,604.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 433,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 47,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Danbury Hospital

06-0646597

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

Name of organization Danbury Hospital	Employer identification number 06-0646597
---	--

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift		Relationship of transferor to transferee
Transferee's name, address, and ZIP + 4		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift		Relationship of transferor to transferee
Transferee's name, address, and ZIP + 4		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift		Relationship of transferor to transferee
Transferee's name, address, and ZIP + 4		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift		Relationship of transferor to transferee
Transferee's name, address, and ZIP + 4		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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 organization Danbury Hospital	Employer identification number 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 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes 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 function 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 **Form 1120-POL** for this year? Yes 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-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule **C** (Form 990 or 990-EZ) 2012

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a 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 border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount.....					
b Lobbying ceiling amount (150% of line 2a, column (e)).....					
c Total lobbying expenditures.....					
d Grassroots nontaxable amount.....					
e Grassroots ceiling amount (150% of line 2d, column (e)).....					
f Grassroots lobbying expenditures.....					

BAA

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
<i>For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
See Part IV			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		22.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		34,894.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		108,083.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,050.
i Other activities?	X		2,565.
j Total. Add lines 1c through 1i.			146,614.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B - Description of Lobbying Activity

Dues were paid to CHA in the amount of \$365,760, of which 9.54% of this amount were expended on lobbying.

Only state and local officials were lobbied during 2013. As part of this miscellaneous office expense such as phone, computer supplies, refreshment etc. were

Part IV Supplemental Information (continued)

Part II-B - Description of Lobbying Activity (continued)

incurred and were reflected on line #1i accordingly.

Direct contact with legislators and state leaders to redesign care delivery, improve access to care and create an environment where reform could thrive.

**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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Danbury Hospital

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

Part II Conservation Easements. Complete if the organization answered 'Yes' 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 education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	1.	0.	0.	0.	0.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	1.	0.	0.	0.	0.

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

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		3,846,356.		3,846,356.
b Buildings		290,816,065.	162,404,245.	128,411,820.
c Leasehold improvements		8,554,914.	2,757,815.	5,797,099.
d Equipment		222,804,494.	163,138,859.	59,665,635.
e Other		105,866,676.		105,866,676.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 303,587,586.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

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

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Bond Escrow Fund	1,189,827.
(2) Bond Issuance Cost	4,366,529.
(3) Bulk Accounts Net of Reserve	652,622.
(4) Due From Related Parties	8,991,050.
(5) Interest in WCHN Foundation, Inc.	106,193,031.
(6) Investment in WCHIC, LTD.	21,618,216.
(7) Morrison Deposit	96,418.
(8) Other Receivables	4,959,144.
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	148,066,837.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Asset Retirement Obligation	377,224.
(3) Due To 3rd Parties	8,710,029.
(4) Malpractice Trust Fund Reserve	9,596,000.
(5) Reserve For Workers Compensation	6,467,838.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	25,151,091.

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

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

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

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

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

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Danbury Hospital

Employer identification number

06-0646597

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL (1) AMER. /CARIBBEAN	1	1	Revenue	Malpractice Ins.	0.
CENTRAL (2) AMER. /CARIBBEAN	1	1	Investment	Malpractice Ins.	21,618,215.
CENTRAL (3) AMER. /CARIBBEAN	1	1	Operating Expenses	Malpractice Ins.	15,948,386.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	3	3			37,566,601.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) . . .	3	3			37,566,601.

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

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ 0

3 Enter total number of other organizations or entities ▶ 0

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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.....	X	
b If 'Yes,' was it a written policy?.....	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to the various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If 'Yes,' indicate which of the following was the FPG family income limit for eligibility for free care:..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400.0</u> %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If 'Yes,' indicate which of the following was the family income limit for eligibility for discounted care:..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% X Other <u>600.0</u> %	X	
c If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 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'?.....	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?.....	X	
b If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount?.....		X
c 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 Did the organization prepare a community benefit report during the tax year?.....	X	
b If 'Yes,' did the organization make it available to the public?.....	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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
a Financial Assistance at cost (from Worksheet 1).....			10,697,159.	4,058,590.	6,638,569.	1.36
b Medicaid (from Worksheet 3, column a).....			77,354,405.	48,611,673.	28,742,732.	5.91
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs...	0	0	88,051,564.	52,670,263.	35,381,301.	7.27
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).....			227,938.		227,938.	0.05
f Health professions education (from Worksheet 5).....			15,112,253.	4,514,005.	10,598,248.	2.18
g Subsidized health services (from Worksheet 6).....			1,254,298.	718,854.	535,444.	0.11
h Research (from Worksheet 7).....			2,381,269.		2,381,269.	0.49
i Cash and in-kind contributions for community benefit (from Worksheet 8).....			32,551.		32,551.	0.01
j Total. Other Benefits.....	0	0	19,008,309.	5,232,859.	13,775,450.	2.84
k Total. Add line 7d and 7j.....	0	0	107,059,873.	57,903,122.	49,156,751.	10.11

Part II Community Building Activities Complete this table if the organization conducted any 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	0	0	0.	0.	0.	0.

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?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount Part VI		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and rationale, if any, for including this portion of bad debt as community benefit Part VI		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. Part VI		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	165,830,458.
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	209,901,588.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-44,071,130.
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: Part VI		
<input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If 'Yes,' did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI Part VI	9b	X	

Part IV Management Companies and Joint Ventures (see instructions)

(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				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of hospital facility or facility reporting group Danbury Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If 'No,' skip to line 9.	X	
If 'Yes,' indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>2012</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If 'Yes,' describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted Part VI	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Part VI. Part VI	X	
5 Did the hospital facility make its CHNA widely available to the public?	X	
If 'Yes,' indicate how the CHNA was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If 'No,' explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If 'Yes' to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If 'Yes' to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If 'Yes,' indicate the FPG family income limit for eligibility for free care: <u> 400 </u> % If 'No,' explain in Part VI the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If 'Yes,' indicate the FPG family income limit for eligibility for discounted care: <u> 600 </u> % If 'No,' explain in Part VI the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If 'Yes,' indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Part VI

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized a third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If 'Yes,' check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

BAA

Part V Facility Information (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 17 (check all that apply)

- a Notified patients of the financial assistance policy on admission
- b Notified patients of the financial assistance policy prior to discharge
- c Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If 'No,' indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Financial Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?			X
If 'Yes,' explain in Part VI.			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?			X
If 'Yes,' explain in Part VI.			

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 22

Name and address	Type of Facility (describe)
1 Danbury Hospital Ridgefield Surg. Ctr. 901 Ethan Allen Highway Ridgefield, CT 06877	Outpatient Surgical Center
9 Siefert & Ford Community Health Ctr. 70 Main Street Danbury, CT 06810	Outpatient Physician Clinic
8 Main Street Rehabilitation Center 235 Main Street Danbury, CT 06810	Rehabilitation
0 Breast Imaging Center 20 Germantown Road Danbury, CT 06810	Diagnostic
2 Southbury Cardiovascular Diagnostics 22 Old Waterbury Road Southbury, CT 06488	Diagnostic
0 Danbury Hospital Sleep Lab II 25 Lake Avenue-Extension Danbury, CT 06810	Diagnostic
6 Comm. Ctr. for Behavioral Health 152 West Street Danbury, CT 06810	Outpatient-Physician Clinic
0 Pulmonary Services 33 Germantown Road Danbury, CT 06810	Diagnostic
0 Physical Medicine Center of Southbury 22 Old Waterbury Road, Suite 101 Southbury, CT 06488	Outpatient-Physician Clinic
2 The Anticoagulation Center 41 Germantown Road Danbury, CT 06810	Diagnostic

BAA

Schedule H (Form 990) 2012

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 22

Name and address	Type of Facility (describe)
3 Danbury Hospital Laboratory 79 Sandpit Road Danbury, CT 06810	Diagnostic
5 Center for Child & Adol. Treat. 152 West Street Danbury, CT 06810	Outpatient-Physician Clinic
1 Sleep Lab Southbury Heritage Hotel, 522 Heritage Rd. Southbury, CT 06488	Diagnostic
0 Danbury Hospital Laboratory Center of New Milford 120 Park Lane, Suite A201 New Milford, CT 06776	Diagnostic
0 Danbury Hospital Southbury Laboratory 22 Old Waterbury Road, Suite 101 Southbury, CT 06488	Diagnostic
5 Danbury Hospital Laboratory Center in Brookfield 60 Old New Milford Road, Unit 1C Brookfield, CT 06804	Diagnostic
0 Danbury Hospital Diabetes Education Center 41 Germantown Road Danbury, CT 06810	Education Center
1 Ridgefield Specimen Collection Facility 10 South Street Ridgefield, CT 06877	Diagnostic
0 Bethel Laboratory 68 Stony Hill Road Bethel, CT 06801	Diagnostic
2 Newtown Laboratory 14-18 Church Hill Road Newtown, CT 06470	Diagnostic

BAA

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 6a - Related Organization Community Benefit Report

The Community Benefit report is reported on a Network basis.

Part I, Line 7 - Explanation of Costing Methodology

Charity Care At Cost Percentage:

Total Gross Patient charges written off to charity (Income Statement) * Patient Cost
to Charge % (see below) = Total Community Benefit Expense

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)

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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Part I, Line 7 - Explanation of Costing Methodology (continued)

Adjusted Patient Care Cost divided by Gross Patient Charges

Part I, Line 7g - Costs Associated With Physicians Clinics

There are no physician clinics included in this amount.

Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense

Bad Debt expense is per the audited financial statements.

Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit

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 revenue for financial reporting purposes.

When private pay patients are sent to the collection agency their account is

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Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit (continued)

considered to be a bad debt. Subsequently, Medicaid may be granted for some of those patients. At that time those accounts would become charity care or a community benefit.

Part III, Line 4 - Bad Debt Expense

The Hospital's estimation of the allowance for uncollectible accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of the Hospital's collection efforts. The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. On a monthly basis, the Hospital reviews its accounts receivable balances and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following:

Historical write-off and collection experience using a hindsight or look-back approach;

Revenue and volume trends by payor, particularly the self-pay components;

Changes in the aging and payor mix of accounts receivable, including increased

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Part III, Line 4 - Bad Debt Expense (continued)

focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients;

Cash collections as a percentage of net patient revenue less the provision for bad debt; and

Trending of days revenue in accounts receivable

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for uncollectible accounts. The Hospital's primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for uncollectible amounts. Significant concentrations of gross patient accounts receivable include 32% and 13%, and 30% and 14%, for Medicare and Medicaid, respectively, at September 30, 2013 and 2012, respectively.

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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.

A cost accounting system is used to calculate the shortfall, which is Medicare Net Patient Revenue less applicable costs.

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,

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Part III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)

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

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Part III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)

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, Line 3 - Account Input from Person Who Represent the Community

Effective strategies to improve community health involve active collaboration and commitment among health providers, public and community health agencies, educators, worksites, community and faith-based organizations and groups, and the public they serve.

The organization collaborates with community partners for assessment of community health needs and action planning. Danbury Hospital, and its affiliate partner, New Milford Hospital, participated in the development of a Community Report Card for the Housatonic Valley Region, a 10-district municipality that includes Danbury and New Milford, CT. The other eight towns are Bridgewater, Brookfield, New Fairfield, Newtown, Redding, Ridgefield and Sherman, CT, all towns within the primary service

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Part V, Line 3 - Account Input from Person Who Represent the Community (continued)

area of both hospitals. Developing a plan for health improvement in our region involves collective action by and sharing of expertise and resources across agencies and organizations in both the public and private sectors.

Part V, Line 4 - List Other Hospital Facilities that Jointly Conducted Needs Assessment

New Milford Hospital

Part V, Line 14g - Other Means Hospital Facility Publicized the Policy

Danbury Hospital has messages on all statements providing information regarding how the patient can get assistance with their hospital bill. Counselors are also available to provide further assistance.

Part VI - Needs Assessment

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Part VI - Needs Assessment (continued)

Milford, CT. The other eight towns are Bridgewater, Brookfield, New Fairfield, Newtown, Redding, Ridgefield and Sherman, CT, all towns within the primary service area of both hospitals. Developing a plan for health improvement in our region involves collective action by and sharing of expertise and resources across agencies and organizations in both the public and private sectors.

Activities:

1. Community Report Card (CRC) for Western Connecticut produced with indicators, including: community population and demographic data, economic stability, education, health status, health and lifestyle behaviors and risk factors, chronic and communicable diseases, and older adult health survey and focus group findings. Additional data from the CT Association of Directors of Health's Health Equity Index related to social determinants of health and health outcomes and United Way of CT's Infoline 2-1-1 database of health-related programs and services was included.

2. CRC Steering Committee developed - including leads from the City of

Danbury Department of Health and Human Services, Western CT Health Network/Danbury

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Part VI - Needs Assessment (continued)

Hospital-New Milford Hospital, United Way of Western Connecticut, New Milford Health Department, and the Regional YMCA of Western CT.

3. EDUCATION CONNECTION's Center for Healthy Schools & Communities met with the CRC Steering Committee to review the objectives and desired outcomes for these facilitated discussions.

4. Two Community Health Conversations with key community stakeholders in October 2012 - held in two locations (Danbury and New Milford, CT) to ensure accessibility by key stakeholders throughout the region. Attendees included a total of 52 representatives from hospitals; community health centers; school-based health centers; Visiting Nurse Associations/Services; municipal health, education, social service, senior centers and fire departments; non-profit organizations; and a legislator's office. Geographically, all 10 HVR municipalities were represented either directly or through regional agencies and organizations. During the Conversations, the need for collective commitment and responsibility in the prioritization of health issues and development of an action plan for health improvement were emphasized.

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Part VI - Needs Assessment (continued)5. Priority Health areas identified - Participants in Conversations

universally agreed that the Priority Health Issues (PHI) most representative of needs in the region were 1) prevention/reduction of most prevalent chronic diseases/health conditions (specifically obesity, hypertension, and type II diabetes), by addressing underlying risk factors; 2) substance use/abuse and co-related mental health issues; 3) older adult health, housing and social support needs; and 4) improved awareness and utilization of existing health and social programs and services. Each of these areas also recognizes that disparities in health care access and outcomes need to be addressed. Upon reaching consensus on the priority health issues, participants self-selected a workgroup to join based on their interests and expertise. Overall, data obtained from the Conversations provided high quality information needed to begin the community health improvement action planning process in the region. A broad diversity of community stakeholders attended both sessions, conversations were dynamic, and stakeholders were actively engaged in the process and expressed commitment to working together in the future to address the identified priority health issues.

6. Health Improvement Action Planning - Throughout 2013, the CRC Steering

Committee and PHI workgroups continued to meet to further develop and refine their

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Part VI - Needs Assessment (continued)

action plans. Consistent with each team's vision and mission, and informed by the CRC and Community Conversation findings, a Community Health Improvement Action Plan for Western CT by PHI has been developed. The plan addresses four priority community needs: substance abuse and related mental health issues; seniors' health and housing; chronic disease prevention; and health care access. It is important to note that Action Plans are dynamic documents and are influenced by emerging needs. With this in mind, the workgroups will continue to meet at least quarterly to expand upon, modify, and refine their PHI objectives, strategies, and action steps and to collectively evaluate progress towards achieving health improvement in the region.

7. Board Endorsement - The Community Report Card and Health Improvement Action Plan have been endorsed by the BOD and documents are available on the organization's website and available upon request.

8. To create a "new picture of health," our community members must be more engaged in order to best navigate an evolving health care system. We've used the strength of our network, through education, interaction and outreach, to keep our residents informed about the changing health care environment, and how available local resources can help them manage their own health while directing them to the

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Part VI - Needs Assessment (continued)

right care in the right place and at the right time.

9. We survey our consumers on a regular and ongoing basis for their opinions and concerns.

We continued to promote a healthy lifestyle within the community, emphasizing the individual's responsibility as a partner in wellness. The Network's partnership with the Spirit of Women program, has engaged many women, typically the primary caregivers in their households, with special events, publications and online information. Our 2013 "Day of Dance" and "Girls Night Out," social and informational events focused on primary and preventative care, screenings and early cancer detection, and healthy habits, drew capacity crowds.

Part VI - Patient Education of Eligibility for Assistance

One barrier to health care outlined in the Community Needs Assessment was that so many people were uninsured or underinsured. To help eliminate this barrier to needed care, in 2013 WCHN actively advocated for Access Health CT, the state's new health insurance marketplace, using grass roots communication to encourage enrollment in Access Health CT. WCHN held in-service trainings for our staff, participated in community educational forums and enrollment fairs, and distributed

Part VI Supplemental Information

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Part VI - Patient Education of Eligibility for Assistance (continued)

promotional materials throughout the Network and region. Our hospitals are now considered by the state a model hospital for promoting the significant benefits of insurance enrollment.

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.

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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 - Explanation Of How Organization Furthers Its Exempt Purpose

The values and attitudes shared by our staff - from our receptionists to our physician - and how we express them day-to-day create that experience, and form our Network's "brand" of care. At Western Connecticut Health Network (WCHN) we expect all staff to embody a set of common values that guide behavior and decision-making in every interaction with patients, visitors or callers. In 2013, we recommitted to these values.

TEAMWORK**Trimming Treatment Time**

When a heart attack strikes, every moment until intervention matters. In 2013, the CHA recognized WCHN's successful efforts to substantially reduce this critical

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

time period with its John D. Thompson Award, a prestigious honor given for excellence in the delivery of healthcare through the use of data. The Award recognized the culmination of seven years of collaborative work of a multi-functional team.

Personal Side of Cancer Care

Our Network's team of cancer care professionals extends beyond our outstanding oncologists and clinicians who oversee treatment. We take a personalized, more holistic approach to care, providing additional services that ease the patients' journey, removing or mitigating the practical barriers to successful treatment. The most recent addition to the WCHN cancer care team is the Oncology Financial Navigator - staff members dedicated to helping uninsured, underinsured, and simply concerned patients understand their insurance benefits and how they can pay for their cancer treatment drugs.

INNOVATION**Bariatrics and Beyond**

Computer-assisted robotic surgery is successfully used for hundreds of surgeries at

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Danbury Hospital each year. In 2013, minimally invasive robotic surgery was applied to both general and weight loss surgeries. The option to use robotic surgery, where appropriate, can amplify the surgeon's skills and improve the patient's outcome.

Opening a New Door

WCHN opened a new 6,000-square-foot Breast Imaging Center in 2013, making preventative and diagnostic breast care more convenient and comfortable for every patient, every day. The center is equipped with the latest in imaging technology, as it provides a "spa-like" atmosphere. Perhaps the biggest improvement is that all aspects of breast care are offered under a single roof

Saving the Brain

A partnership formed in 2013 between Danbury Hospital and Westchester Medical Center giving Danbury Hospital stroke patients who meet certain medical criteria the option of a new treatment that may help to reduce the effects of a stroke and improve outcomes. The new option is interventional stroke therapy - and FDA approved technology that uses X-ray guidance and a catheter.

Simulation Saves Lives

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

The ability to quickly diagnose a patient with cardiovascular disease can often mean the difference between life and death; saving time means saving heart muscle.

Patient simulators are a safe and convenient tool for training medical staff. That's why in 2013, Danbury Hospital used a grant for \$71,800 from the Connecticut Health and Education Facilities Authority (CHEFA), as part of its Client Grant Program, to purchase Ultrasonography/Transthoracic Echocardiography Simulator equipment for its simulation laboratory.

Spotlight on Inpatient Pediatrics

A lifetime of health and wellness begins in childhood, which is why Danbury Hospital continues to invest in the care of our pediatric population. In 2013, we made a number of improvements to ensure that our communities' children of all ages have access to high quality emergency and acute care, with staff specifically trained and dedicated to pediatrics.

The Hub for Community Health Care

The Emergency Department at Danbury Hospital serves as a "hub" for the health care needs of the community, as both the source of acute care and a link for patient follow up with community physicians. Expansion of the Danbury Hospital Emergency

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Department is well underway and scheduled for completion in Spring 2014, in conjunction with Hospital's patient Tower addition. The new ED can accommodate up to 90,000 visits per year - double the capacity of the existing ED. It will provide comfortable, private rooms for patients, with upgrades that will improve safety and expediency of treatment. A state-of-the-art heliport atop the ED roof will be ready to receive or transport the most urgent cases.

A strong, local hospital is central to the overall health of the community - serving as a crucial medical resource to patients and also a business partner in the region. Danbury Hospital is committed to being both for many years to come.

UNDERSTANDING**Seeing the Bigger, Global Picture**

In 2012, the Western Connecticut Health Network's Global Health Education Program was established, with a very big vision: to improve the world's health care, by advancing disease research, sharing knowledge and fostering humanitarianism through international collaboration, even if it's one physician at a time. The opportunity for medical students and residents to gain global health experience strengthens our

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

medical education and research program and distinguishes from most others.

A New Forum for Cancer Findings

WCHN has made significant inroads toward personalized cancer treatments tailored to a cancer's specific genetic makeup-especially women's cancers. The integration of research and medical education for obstetricians and gynecologists helps ensure they remain on the cutting edge of medicine.

Nurses in the Know

The WCHN Nurse Education Department fosters life-long learning and development for nurses. In 2013, the Cora Spratt Center for Nursing Education and Research Center at Danbury Hospital continued to advocate for the advancement of the nursing profession by offering numerous educational opportunities for our network nurses as well as nurses from other health care organizations.

Helping the Community Help Itself

To create a "new picture of health," we've used the strength of our network to help our community members better navigate an evolving, often complex, health care system. Through education, interaction and outreach, we keep residents informed

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

about changes in the health care environment and the local resources available to help them manage their own health. We direct them to the right care in the right place and at the right time. Examples of our efforts included the following:

-WCHN clinicians from our behavioral health staff, primary care clinic and affiliated Visiting Nurses Association, helped serve more than 200 homeless people in a single day at Project Homeless Connect, a one-day, comprehensive "health fair" for the needy or homeless. Patients were given flu shots and physical and dental exams - an example of how we help our community's less fortunate residents avoid emergency room visits.

-The network's Lyme Disease Registry continues to collect data to study ways to prevent, diagnose and potentially treat those with Lyme and lingering symptoms.

-Our network took a leadership role to ensure a behavioral health safety net for the Sandy Hook community following the tragic shooting. We provided a grant to fund a behavior health navigator for Newtown's schools to support the mental health and well-being of the community's families.

Our work on a Community Health Needs Assessment, that involved collaboration with local educators, community agencies, faith groups and other health care organizations, progressed in 2013 into a finalized Community Health Improvement

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Plan. The plan will address four priority community needs: chronic disease prevention; substance abuse and related mental health issues; seniors' health and housing; and awareness and access to health care services. Initiatives are underway to improve the health of our region's residents by providing information and expanding access through creative strategies and partnerships.

The Physician Pipeline

As health care reform unfolds and the country's population ages, we are preparing to meet the needs of a growing patient population. That's why the recruitment of physicians and group practices to our Network is a priority - so we can offer more patients with easier, more convenient access to primary and specialty care. Residents in our communities do not need to travel far to receive high quality care.

Bigger, Stronger, Better - Together

Creating a new picture of health is what our affiliation with Norwalk Hospital is all about.

As a result of this affiliation, over time our patients will experience easier, more

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

convenient access to the high quality care of a regional healthcare system, including more primary care and sub-specialty physicians within the same network. We will be able to provide patients even better quality care and an improved overall experience throughout our network, by integrating care and treatment approaches across the system. And we'll have the capacity and efficiencies to manage the growing patient volume.

Exceptional Donors, Exceptional Dreams

As hospitals and the healthcare industry face unprecedented financial challenges, advancements in patient care depend more than ever upon philanthropic giving. Although our Network must respond to growing pressure to curb spending, we refuse to compromise our mission of improving the health of the community by delivering the best possible care. In 2013, a very generous Danbury resident stepped forward with an unprecedented gift to support the new Patient Tower at Danbury Hospital.

Thanks to our donors, we continue to imagine new ways to deliver the right care, in the right place, at the right time.

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Part VI - Affiliated Health Care System Roles and Promotion

Western Connecticut Health Network, Inc. (parent)

Western Connecticut Health Network's mission is to improve the health and well being of those we serve, which helps to further the hospital's exempt purpose.

Danbury Hospital

Danbury Hospital provides medical services to the community regardless of the individual's ability to pay. Services include routine inpatient ancillary and outpatient care in support of the hospital's mission statement, to improve the health and well being of those we serve. For 2013, Danbury Hospital provided \$4,954,000 in charity care.

New Milford Hospital

New Milford Hospital's mission is to provide outstanding health care to the communities they serve through an uncompromising focus on clinical quality, compassionate service, and the creation of a medical "safe haven" for their patients and their families. For 2013, New Milford Hospital provided \$670,900 in charity care.

Western Connecticut Medical Group

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- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part VI - Affiliated Health Care System Roles and Promotion (continued)

The mission at Western Connecticut Medical Group is to provide safe, innovative, convenient and coordinated primary and specialty health care in the communities they serve and strive to be aware of and respond to their patients needs. They support a commitment to advance the health and well-being of individuals in their community by delivering quality care, participating in medical research and medical residency programs and the provision of medical services to patients. For 2013, Western Connecticut Medical Group provided \$1,794,739 in charity care.

Western Connecticut Health Network Foundation, Inc.

Western Connecticut Health Network Foundation Inc.'s mission is to raise funds, reinvest and administer these funds and make distributions to Danbury Hospital and other not-for-profit health care affiliates.

Western Connecticut Health Network Affiliates

Western Connecticut Health Network Affiliates principal purpose is to provide outpatient health care services in various locations and also provide ambulance services to Danbury and surrounding towns, while serving those that cannot afford the care. Approximately \$11,000 in charity care was provided during 2013.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part VI - Affiliated Health Care System Roles and Promotion (continued)

Business Systems, Inc.

Business Systems, Inc, is a taxable corporation whose main business is the operation of Danbury Pharmacy, a retail pharmacy. The Pharmacy's revenue is comprised of prescription sales, over the counter sales, and wholesale sales (medical and surgical supplies) sold to office practices and clinicians that are not covered by insurance programs. At the end of 2013 the Danbury Pharmacy was sold to Walgreen's Pharmacy.

Western Connecticut Home Care, Inc.

Western Connecticut Home Care, Inc. (WCHC) provides state of the art clinical services ranging from pediatric patients to the elderly utilizing best practice in home care to meet the needs of their patients. For 2013, WCHC provided \$587,777 for charity care.

Eastern New York Medical Services

Eastern New York Medical Services (ENYMS) was formed in April, 2013.

The mission at ENYMS is to provide safe, innovative, convenient and coordinated primary and gastro health care in the communities we serve and strive to be aware of and respond to our patients needs. For 2013, ENYMS provided approximately \$1,000 for

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part VI - Affiliated Health Care System Roles and Promotion (continued)

charity care.

Part VI - States Where Community Benefit Report Filed

CT

Part V - Explanation of Number of Facility Type

14 Diagnostic Centers

5 Outpatient Physician Clinics

1 Outpatient Surgical Center

1 Rehabilitation Center

1 Education Center

Additional Information

Schedule H, Other

Over 50% of the Board Members are independent and do not get paid by Danbury Hospital. Danbury Hospital has an open medical staff.

Surplus funds are used to provide innovative technology to clinical care in addition to expanding our service area. See details in how we "furthered our exempt purposes".

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

Danbury Hospital

06-0646597

Part I Questions Regarding Compensation

1 a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. **Part III**

Only section 501(c)(3) and 501(c)(4) organizations 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?
- b** Any related organization?
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If 'Yes' to line 6a or 6b, describe in Part III. **Part III**

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.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 b		
2		
4 a	X	
4 b	X	
4 c		X
5 a		X
5 b		X
6 a	X	
6 b	X	
7		X
8		X
9		

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 John M Murphy, MD President & CEO	(i)	796,683.	380,000.	7,167.	12,500.	39,591.	1,235,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Steven H. Rosenberg SVP & CFO	(i)	503,434.	160,000.	23,897.	12,500.	31,757.	731,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Donna Kaplanis Ass't Secretary	(i)	195,315.	40,000.	2,337.	22,040.	36,253.	295,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Matthew A. Miller, MD Chief Medical Officer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	427,629.	155,000.	33,811.	22,040.	22,106.	660,586.	0.
5 Phyllis F. Zappala Sr. VP Human Resources	(i)	315,181.	398,265.	23,872.	22,040.	16,490.	775,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Moreen O. Donahue Sr. VP/Chief Nurse Exec.	(i)	286,053.	80,000.	10,468.	22,040.	46,322.	444,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Michael Daglio Chief Operating Officer	(i)	345,294.	110,000.	1,006.	12,500.	30,659.	499,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Joseph Campbell Chief Risk Compl. Officer	(i)	213,896.	45,000.	3,160.	22,040.	38,097.	322,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Morris Gross VP of Facilities	(i)	235,057.	55,000.	4,614.	22,040.	26,177.	342,888.	0.
	(ii)	28,560.	0.	0.	0.	0.	28,560.	0.
10 Kathleen A. Dematteo Chief Information Officer	(i)	280,165.	100,000.	22,870.	22,040.	14,375.	439,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Carolyn L. McKenna General Counsel	(i)	286,736.	100,000.	1,434.	12,500.	28,805.	429,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 Dawn Myles VP, Qual & Pat Sfty	(i)	211,753.	60,000.	968.	17,500.	8,806.	299,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 Sally Herlihy VP of Planning	(i)	221,961.	75,180.	1,801.	22,040.	32,307.	353,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 William Delaney, MD Physician	(i)	239,662.	24,478.	3,045.	22,040.	30,358.	319,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 Ramin Ahmadi, MD Dir. of Educ./Res.	(i)	234,140.	60,000.	1,147.	12,500.	30,420.	338,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 Judith Ward VP, Marketing (Former)	(i)	0.	0.	269,443.	0.	30,353.	299,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

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

During fiscal year ending September 30, 2013, Judith Ward received \$275,000 in severance payments. A severance benefit of one (1) year of compensation, was paid in a lump sum within 60 days of the termination date of December 8, 2011.

Western Connecticut Health Network has established two Senior Executive Retirement Plans (SERP) to give supplemental retirement benefits to key members of the executive group. For both SERPS, amounts promised are based on targeted retirement benefits. The payment of benefits under both SERPS are subject to vesting.

During the fiscal year ending September 30, 2013, Dr. Matthew Miller, Chief Medical Officer and Phyllis Zappala, Senior VP of Human Resources were the only participants of the old SERP plan. A payment of \$288,086 was made to Phyllis Zappala during the year.

No payments were made to either, Dr. John Murphy, President and CEO, and Steven H. Rosenberg, CFO, participants of the new SERP plan.

Part III Supplemental Information

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

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

Summary of Executive Incentive Plan

The Plan is administered by the Executive Compensation Committee of Western Connecticut Health Network, Inc.

Eligibility to participate in the Plan is 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.

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

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

Incentive awards are modified or eliminated if the level of performance specified is not achieved.

Part III Supplemental Information

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

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

Notwithstanding any other provision of the Plan, incentive awards can be affected based on individual executive performance.

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.

Continuation Sheet for Schedule J (Form 990)

2012

Continuation Page 1 of 1

Name of the organization

Danbury Hospital

Employer identification number

06-0646597

Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i) – (D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Ruth Gregory	(i)	133,988.	15,000.	1,421.	17,447.	12,173.	180,029.	0.
Director of Purchasing	(ii)	0.	0.	0.	0.	0.	0.	0.
John Borruso, MD	(i)	0.	0.	0.	0.	0.	0.	0.
WCMG Physician	(ii)	436,807.	15,000.	21,456.	22,040.	5,125.	500,428.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CHEFA Rev.Bonds, Series H	06-0806186	20774UCL7	3/16/2006	40,924,665.	See Part V For Purpose		X		X		X
B												
C												
D												

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired	1,945,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	42,742,900.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds	2,237,472.							
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	603,787.							
8 Credit enhancement from proceeds	828,469.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	39,070,172.							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2007							
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							

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

Schedule K (Form 990) 2012

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 of bond-financed property?		X						
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	None							
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		4.690 %		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		4.690 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If 'No' to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If you checked 'No rebate due' in line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (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?....								
6 Were any gross proceeds invested beyond an available temporary period?.....		X						
7 Has the organization established written procedures to monitor the requirements of section 148?.....	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?.....	X							

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Additional Information

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, Line #3 includes investment earnings of \$1,818,235.

Part III, Line #4:

Private Business Usage percentage of 4.69%, reflected on line #4 was not reduced by the remediation of \$1,945,000. The average Private Business Usage percentage over the over the life of the bond is only 2%.

Part IV, Line #2c

The date that the rebate computation was performed was March, 2014.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Danbury Hospital

Employer identification number

06-0646597

FORM 990, PART VII (ADDT'L INFORMATION)

For those officers and top 5 employees, for which only 40 hours is noted to reflect paid hours, actual hours worked exceeded this amount.

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

FORM 990, PART IX, COLUMN D

ALTHOUGH CONTRIBUTIONS ARE REFLECTED ON LINE #1 OF PAGE #1 ON FORM 990, ALL FUNDRAISING EXPENSES WERE INCURRED BY THE WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC..

Form 990, Part VI, Line #6

Western Connecticut Health Network, Inc. is the sole member of Danbury Hospital.

Form 990, Part VI, Line 7A

The sole member shall be responsible for electing, at the annual meeting of the membership, the members of the Board of Directors of the Hospital to serve for three year terms and until their successors are elected and have qualified.

Form 990, Part VI, Section A, Line 1b

David Kramer, MD and Neil Culligan, MD were not considered to be independent, since they both received stipends during the year exceeding \$10,000.

Form 990, Part III, Line 4a - Program Service Accomplishments

Clinical Care

During FYE2013, approximately 19,000 discharges and 70,000 Emergency Room visits occurred.

Name of the organization

Employer identification number

Danbury Hospital

06-0646597

Form 990, Part III, Line 4a - Program Service Accomplishments

Below are some of the accolades, accreditations and designations that we have been recognized with:

Hospital Accreditation, Joint Commission, 2011-2013

Chest Pain Center Accreditation, Society of Chest Paint Centers, 2011

Primary Stroke Center Recertification, Joint Commission, 2012

Nuclear Medicine Laboratory Accreditation, Intersocietal Commission for the Accreditation of Laboratories, 2011

Stroke Center Designation, CT Department of Public Health, 2011-2013

Center for Weight Loss Surgery Accreditation, 2012

Recognized for Exemplary Surgical Outcomes, American College of Surgeons National Surgical Quality Improvement Program, 2011

Beacon Award for Excellence in Critical Care, American Association of Critical Care Nurses, 2011

Gold Standard Accreditation for Breast Ultrasound, American College of Radiology, 2012

Granted two-year certification for Joint and Spine (Orthopedics), Joint Commission

Name of the organization

Employer identification number

Danbury Hospital

06-0646597

Form 990, Part III, Line 4a - Program Service Accomplishments

Specialty Certification, 2012

Awarded Disease Specific Certification (two year) for Hip, Knee and Spine Surgery Programs, Joint Commission Gold Seal of Approval, 2012

Heart-Safe Community, CT Department of Public Health, 2012

Crimson Award, The Advisory Board, 2011

Sleep Center Accreditation, American Academy of Sleep Medicine, 2011

Recognized for "Decreasing Inadvertent Perioperative Hypothermia", Institute for Healthcare Improvement, 2011

In 2012, Becker's Hospital Review, ranked Danbury Hospital as a top 100 great community hospital. Also in 2012, Cleverly and Associates awarded Danbury Hospital with Community Value Leadership Awards for providing high-quality, high-value services at an appropriate cost.

Form 990, Part III, Line 4b - Program Service Accomplishments

Teaching

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 sponsor residency programs by the Accreditation Council for Graduate Medical Education of the American Medical Association. As a leading

Name of the organization Danbury Hospital	Employer identification number 06-0646597
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Form 990, Part III, Line 4b - Program Service Accomplishments

university teaching institution, Danbury Hospital during 2012 established a partnership with the University of Vermont College of Medicine to develop a global clinical health elective for future physicians. As part of a global health certification, first-year medical students conduct research abroad for up to six weeks. Program participants work with their counterparts in other countries to address major health care challenges, sharing techniques and practices and coming home with new skills learned from colleagues across the globe. During the year 1,370 persons participated.

Form 990, Part III, Line 4c - Program Service Accomplishments

Research

The Danbury Hospital's 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 the bedside.

In 2013, Danbury Hospital's two year-old Biomedical Research Institute (BRI) continued to push the frontiers of medical science in ways that are meaningful both to the care of our patients and to medicine as a whole. Danbury Hospital has made significant inroads toward personalized cancer treatments tailored to a cancer's specific genetic makeup-especially women's cancers. Reinforcing the Hospital's emerging leadership position in this arena, in September 2013, Danbury Hospital launched Connecticut's first Annual OB/GYN Residents' Research Day symposium. The integration of research and medical education for obstetricians and gynecologists helps ensure they remain on the cutting edge of medicine.

Name of the organization

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

Richard Jabara and James Kennedy, both directors of Danbury Hospital have a business relationship.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

The following significant change was made to the by laws of Danbury Hospital, during the fiscal year ending September 30, 2013:

The term of the Chair was changed to allow a person to complete his two-year term as Chair once they exceed their third full term. Thereafter, they will be eligible for re-election to the board after one year without serving. Previously, directors were eligible for elecion to a fourth term.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

The duties and responsibilities of the sole member shall include, among others, the following:

Electing at the annual meeting of the membership, the members of the Board of Directors of the hospital to serve for three year terms and until their successors are elected and have qualified:

Filling vacancies on the Board of Directors, which 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 charter of the Danbury Hospital, Inc. are properly and effectively carried out by the Board of Directors; delegating as appropriate, to the Board of Directors, policy-making functions, the supervision of the Hospital's operations and the control over the Hospital's assets.

The Board shall be required to approve the fundamental decisions listed below by the Hospital:

Name of the organization

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Danbury Hospital

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Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)

-Approval of all operating and capital budgets of the Hospital.

-Approval of unbudgeted expenditures over a certain amount.

-Approval of any advances of assets or loans by the Hospital, or the incurring of any indebtedness, secured or unsecured, which exceeds such an amount established by the Board.

-Appointment of the Hospital's auditors, legal counsel and other consultants.

-The procurement of insurance.

-Approval of investment policies.

-Approval of any agreement or transaction involving an amount greater than established by the Board with another corporation or entity, including affiliated entities.

-Approval of joint ventures.

-Approval of any amendment or restatement of the Hospital's certificate of incorporation, bylaws, purposes, membership and rights and responsibilities.

-Approval of the creation of any corporation of which the Hospital is the sole member or controlling member; the merger or consolidation of the Hospital with another corporation; and the reorganization, liquidation or dissolution of the Hospital or any corporation of which the Hospital is the sole member or controlling member.

-Approval of any sale, lease, exchange, or other disposition of all or substantially all the property or assets of the Hospital.

-Election and removal of the members of the Board and its officers.

-Creation of any committee, other than the Governance Committee.

-Approval of the adoption of or any amendment to the policies and procedures governing indemnification of directors and officers of the Hospital.

-Approval of any conveyance of, or the granting of mortgages, trusts, deeds or the

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Danbury Hospital

06-0646597

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)

creation of other liens on, any real property assets of the Hospital.

-Approval of the strategic plan of the Hospital.

-Approval of any change to the employee pension or other employee benefit plans for or on behalf of the Hospital.

-Approval of the engagement in managed care and other third party payor contracting on behalf of the Hospital.

-Approval of any commencement, cessation, location, relocation or consolidation of significant clinical services provided by the Hospital and to approve or initiate the filing of any application for a certificate of need by the Hospital.

-Approval of system-wide quality, performance and credentialing standards and procedures to which the Hospital is expected to adhere.

-Approval of any physician compensation arrangements.

Form 990, Part VI, Line 11b - Form 990 Review Process

Steven Rosenberg, CFO, will review the 990 prior to it being sent to the IRS. A preliminary 990, is presented to the Audit Committee in June, who reviews it on behalf of the Board. E&Y is on hand to review the 990 with the Audit Committee and answer any questions. Prior to the 990 being filed with the IRS, the Board will receive a full and accurate copy on a secured website for their review.

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

The Organization's Process for Monitoring and Enforcing Conflicts of Interest

The Western Connecticut Health Network and its affiliates' (The Network) Conflict of Interest Policy provides that annually, its Representatives shall sign a statement affirming that they disclosed all potential conflicts, as documented in the Conflict of Interest Policy. In addition, General Counsel is part of the routine contracts review process and watches for potential conflicts with any of The Network's

Name of the organization

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Danbury Hospital

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

Representatives.

Who Is Covered By the Policy

The Network's Conflict of Interest Policy covers each director, officer and manager of The Network, also referred to as "Representatives".

Level At Which Determinations of Whether There Is a Conflict

In connection with any actual or possible conflict of interest, an interested person must disclose the facts of the conflict. The Compliance Officer and the Audit Committee review and evaluate each disclosure to determine if there is a conflict of interest.

After presentation of a potential transaction or arrangement is made by an interested person, the remaining disinterested Board or Committee members shall decide if a conflict of interest exist.

Level That Reviews and Determines What To Do If There Is a Conflict

After exercising due diligence the full Board would determine what actions should be taken for all conflicts by Officers and Directors. Any conflicts occurring by a manager are reviewed by the Compliance Committee to determine what further action should be taken.

Restrictions on The Conflicted Person

Name of the organization

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Danbury Hospital

06-0646597

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

No director having a conflict of interest on any matter shall vote on that matter or be counted in determining the quorum for the meeting at which the vote is taken, even when permitted by law. No Representative having a conflict of interest on any matter shall use his or her personal influence on the matter.

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

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management

Compensation of CEO:

In order to achieve its mission and its overall performance objectives, Western Connecticut Health Network, Inc. employs 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.

To meet Western Connecticut Health Network Inc.'s total compensation objectives for executives, the following survey sources are used for comparison purposes:

-Blend of national Confidential Source, IHS, and Hay Group points healthcare data (where data available), plus 15% geographic differential. Title match data cuts

Name of the organization

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Danbury Hospital

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Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management (continued)

selected based on revenue size.

-For Physician executives, surveys covering physician compensation in accredited medical schools (AAMC) are used in combination with proprietary surveys compiled by nationally known consulting firm, Sullivan Cotter and the Medical Group Management Association (MGMA).

Western Connecticut Health Network, Inc. targets cash compensation at market competitive levels. Base salary plus short-term (annual) incentive awards (total cash) approximate market competitive levels for total cash compensation. Executive performance is expected to meet or exceed 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 SVP HR 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 for healthcare executives, physician executives and for physicians in general.

Name of the organization

Danbury Hospital

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Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management (continued)

The compensation consulting firm compiles appropriate market data, job evaluation and ranking information for all executives and physicians of the organization, excluding the CEO, and will supply this material to the CEO and SVP HR for review and agreement. Once the report is final, it will be supplied to the Committee on Governance for their consideration and acceptance.

The Committee on Governance determines the CEO's salary based on overall performance and market data supplied by the outside market consultant.

The last executive compensation evaluation by an outside consultant was done in December, 2013.

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

Compensation for Other Officers and Key Employees:

Compensation review and approval process is identical to the process for the CEO and executives noted in 15A above.

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

The information that has been posted on Danbury Hospital's website for 2013 includes:

The most current audited financial statements.

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

Name of the organization

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Danbury Hospital

06-0646597

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

All governing documents required by law are made available upon request.

The conflict of interest policy is available upon request.

Form 990, Part VII - Compensation Explanation

Neil Culligan, MD

A stipend was paid to Neil Culligan, MD, a director, during the year for stroke program directorship. It was not reflected in Part VII as compensation, since it was in box #6 rather than box #7 of the 1099.

David Kramer, M.D.

A stipend was paid to David Kramer, MD, a director, during the year for spine surgery co-directorship. It was not reflected in Part VII as compensation, since it was in box #6 rather than box #7 of the 1099.

Morris Gross

Morris Gross also received 1099 compensation from Western Connecticut Home Care, working in the capacity of a physical therapist. Average hours could not be determined.

John Borruso, MD

John Borruso, MD, a former director, was paid during calendar year 2012 by Western Connecticut Medical Group in the capacity of a physician.

Client 1010

Danbury Hospital

06-0646597

7/31/14

11:50AM

**Form 990, Part IX, Line 11g
Other Fees For Services**

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fund- raising</u>
Advertising Services	222,110.	185,306.	36,804.	
Healthcare Professionals	757,014.	631,577.	125,437.	
Medical Equip. Rental & Maint.	343,004.	286,168.	56,836.	
Physician Fees	58,191,712.	48,549,345.	9,642,367.	
Purchased Services	23,520,671.	19,623,296.	3,897,375.	
Temp agency fee	241,381.	201,384.	39,997.	
Total	<u>\$83,275,892.</u>	<u>\$69,477,076.</u>	<u>\$13,798,816.</u>	<u>\$ 0.</u>

**Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances**

CHANGE IN EQUITY INTEREST OF WCHNE.....	\$ 27,286,895.
CHANGE IN INVESTMENT OF WHCIC.....	-2,101,411.
EQUITY TRANSFER TO WCHN-W/O OF INTERCOMPANY.....	-28,604,162.
Total	<u>\$ -3,418,678.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Danbury Hospital

OMB No. 1545-0047

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.

2012

Open to Public Inspection

Employer identification number

06-0646597

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) West. CT Health Network Affiliates 95 Locust Avenue Danbury, CT 06810 22-2594968	OP HLTHCR SVC.	CT	501 (C) (3)	9	WCHN	X	
(2) Western CT Health Network, Inc. 24 Hospital Avenue Danbury, CT 06810 22-2594977	PROGRAM DEVL P	CT	501 (C) (3)	11, TYPE 2	N/A		X
(3) West. CT Health Network Foundation 24 Hospital Avenue Danbury, CT 06810 23-7425557	ADMIN CONTRIB	CT	501 (C) (3)	7	WCHN	X	
(4) Western CT Home Care, Inc. 4 Liberty Street Danbury, CT 06810 06-0655138	HOME HLTHCARE	CT	501 (C) (3)	9	WCHN	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Part VII												
(1) New Milford MRI 21 Elm Street New Milford, CT 27-1877801	INACTIVE	CT	NMH	N/A	0.	0.		X	N/A		X	
(2) Ridgefield Surgi 901 Ethan Allen Ridgefield, CT 0 22-2594977	INACTIVE	CT	WCHN	N/A	0.	0.		X	N/A		X	
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) Business Systems, Inc. 95 Locust Avenue Danbury, CT 06810 06-1119262	PHARMACY	CT	WCHN	C Corp.	0.	0.		X	
(2) West. CT Health Network Insur. 23 Lime Tree Bay, PO Box 1051 Grand Cayman, Cayman Islands 98-0438151	MALPRCTICE	CJ	DH	C Corp.	13,846,966.	68,029,592.	100.00	X	
(3) Foundation for Comm Healthcare 95 Locust Avenue Danbury, CT 06810 06-1437131	INACTIVE	CT	WCHN	C Corp.	0.	0.		X	

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) West. CT Health Network Affiliates	a	93,470.	Cost
(2) West. CT Health Network Affiliates	l	180,567.	Cost
(3) West. CT Health Network Affiliates	m	467,768.	Cost
(4) West. CT Health Network Affiliates	q	6,846,443.	Cost
(5) West. CT Health Network Affiliates	r	6,618,926.	Cost
(6) West. CT Health Network Foundation	a	77,528.	Cost

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information

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

Part III - Partnership Full Name, Address, FEIN

New Milford MRI JV, LLC 27-1877801 21 Elm Street New Milford, CT 06776

Ridgefield Surgical Center, LLC 22-2594977 901 Ethan Allen Hwy., Suite #105 Ridgefield, CT 06877

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
Western CT Medical Group, P.C. 14 Research Drive, Suite 201A Bethel, CT 06801 06-1137531	PHYSICIAN SVC.	CT	501 (C) (3)	9	WCHN	X	
The New Milford Hospital, Inc. 21 Elm Street New Milford, CT 06776 06-0669121	ACUTE CARE	CT	501 (C) (3)	3	WCHN	X	
Eastern NY Medical Services, P.C. 14 Research Drive, Suite 201A Bethel, CT 06810 45-5431389	PHYSICIAN SVC.	NY	501 (C) (3)	9	WCHN	X	

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership	(I) Section 512 (b)(13) controlled entity?	
								Yes	No
Medical Services of Danbury 24 Hospital Avenue Danbury, CT 06811 06-1635945	Healthcare	CT	WCMG	C Corp.	0.	0.		X	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
West. CT Health Network Foundation.....	c	10,129,901.	Cost
West. CT Health Network Foundation.....	k	56,258.	Cost
West. CT Health Network Foundation.....	q	6,797,439.	Cost
West. CT Health Network Foundation.....	r	2,750,738.	Cost
Western CT Home Care, Inc.....	q	1,275,802.	Cost
Western CT Home Care, Inc.....	r	1,177,528.	Cost
Western CT Medical Group, P.C.....	a	1,842,891.	Cost
Western CT Medical Group, P.C.....	l	2,035,013.	Cost
Western CT Medical Group, P.C.....	m	52,041,883.	Cost
Western CT Medical Group, P.C.....	o	209,589.	Cost
Western CT Medical Group, P.C.....	q	2,170,307.	Cost
Western CT Medical Group, P.C.....	r	49,997,090.	Cost
Western CT Medical Group, P.C.....	s	622,888.	Cost
The New Milford Hospital, Inc.....	l	467,243.	Cost
The New Milford Hospital, Inc.....	o	3,668,357.	Cost
The New Milford Hospital, Inc.....	q	17,388,307.	Cost
The New Milford Hospital, Inc.....	r	14,691,438.	Cost
The New Milford Hospital, Inc.....	s	1,286,806.	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
Eastern NY Medical Services, P.C.....	r	67,383.	Cost
Business Systems, Inc.....	q	2,765,000.	Cost
West. CT Health Network Insur. Co., LTD.....	p	13,223,000.	Cost
West. CT Health Network Insur. Co., LTD.....	q	10,753,691.	Cost
West. CT Health Network Insur. Co., LTD.....	r	10,503,802.	Cost

AUDITED CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

The Danbury Hospital and Subsidiary
Years Ended September 30, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

The Danbury Hospital and Subsidiary
Audited Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2013 and 2012

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Fax: +1 860 725 6040
ey.com

Report of Independent Auditors

Board of Directors
The Danbury Hospital

We have audited the accompanying consolidated financial statements of The Danbury Hospital and Subsidiary, which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of Western Connecticut Health Network Insurance Co., Ltd. (the Company), a wholly-owned subsidiary, which statements reflect total assets constituting 8% in 2013 and 2012, and total revenues constituting 3% in 2013 and 2% in 2012, of the consolidated totals. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Company, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not

for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Danbury Hospital and Subsidiary at September 30, 2013 and 2012, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

January 21, 2014

The Danbury Hospital and Subsidiary

Consolidated Balance Sheets

	September 30	
	2013	2012
Assets		
Current assets:		
Cash and cash equivalents	\$ 59,531,409	\$ 54,460,115
Current portion of assets limited as to use	4,989,827	900,896
Accounts receivable, less allowance for uncollectible accounts of approximately \$14,833,000 in 2013 and \$12,322,000 in 2012	57,504,970	60,038,935
Current portion of due from related parties	7,022,757	8,730,837
Inventories	9,521,995	9,333,372
Prepaid expenses and other	13,488,041	14,940,018
Total current assets	152,058,999	148,404,173
Assets limited as to use:		
Construction funds	45,694,876	100,552,317
Investments held by WCHNIC	58,410,610	59,508,868
Total noncurrent assets limited as to use	104,105,486	160,061,185
Investments	199,169,615	173,599,412
Other assets	195,559	156,415
Due from related parties	5,739,847	8,172,413
Interest in Western Connecticut Health Network Foundation, Inc.	106,193,031	78,906,136
Property, plant and equipment:		
Land and land improvements	9,964,052	9,904,877
Buildings and building improvements	293,253,282	286,763,195
Equipment and other	222,804,495	229,444,069
Construction in progress (estimated cost to complete at September 30, 2013: \$57,268,000)	105,866,676	39,100,951
	631,888,505	565,213,092
Less accumulated depreciation	328,300,919	322,977,997
	303,587,286	242,235,095
Bond issuance costs, net	5,099,525	5,436,933
Total assets	\$ 876,149,648	\$ 816,971,762

	September 30	
	2013	2012
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 33,744,172	\$ 25,455,839
Payroll-related accruals	28,385,032	20,868,119
Due to third-party payors	8,710,030	9,985,351
Interest payable	1,706,774	1,624,480
Other accrued expenses	2,933,157	3,553,987
Current portion of long-term debt	2,880,000	1,555,000
Total current liabilities	<u>78,359,165</u>	<u>63,042,776</u>
Self-insurance liabilities	46,380,935	42,317,667
Other long-term liabilities	18,062,437	17,410,220
Long-term debt, less current portion	246,700,000	249,580,000
Total liabilities	<u>389,502,537</u>	<u>372,350,663</u>
Net assets:		
Unrestricted	400,930,008	386,002,265
Temporarily restricted	56,603,735	29,794,088
Permanently restricted	29,113,368	28,824,746
Total net assets	<u>486,647,111</u>	<u>444,621,099</u>

Total liabilities and net assets

\$ 876,149,648 \$ 816,971,762

See accompanying notes.

The Danbury Hospital and Subsidiary

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2013	2012
Unrestricted revenues:		
Net patient service revenue	\$ 518,977,309	\$ 521,836,000
Provision for bad debt	17,114,070	19,413,218
Net patient service revenue less provision for bad debt	501,863,239	502,422,782
Net assets released from restrictions	5,221,901	3,156,468
Other operating revenues	18,529,750	24,153,997
	525,614,890	529,733,247
Expenses:		
Salaries, benefits and fees	298,251,765	313,980,347
Supplies and other	149,182,119	139,049,312
Insurance	15,709,626	11,680,311
Depreciation and amortization	30,033,213	31,663,499
Interest	3,984,131	4,156,059
	497,160,854	500,529,528
Income from operations	28,454,036	29,203,719
Nonoperating income:		
Investment income, net	4,782,118	1,690,407
Change in unrealized gains and losses on investments	5,199,125	19,910,410
Change in equity interest in unrestricted net assets of the Western Connecticut Health Network Foundation, Inc.	206,244	2,571,725
	10,187,487	24,172,542
Excess of revenues over expenses	38,641,523	53,376,261

Continued on next page.

The Danbury Hospital and Subsidiary

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2013	2012
Unrestricted net assets:		
Excess of revenues over expenses (continued)	\$ 38,641,523	\$ 53,376,261
Change in equity interest of the Western Connecticut Health Network Foundation, Inc.	(17,618)	575,671
Net assets released from restrictions for property, plant and equipment	4,908,000	4,705,608
Transfers to Western Connecticut Health Network, Inc.	(28,604,162)	(4,911,038)
Increase in unrestricted net assets	<u>14,927,743</u>	<u>53,746,502</u>
Temporarily restricted net assets:		
Change in equity interest of the Western Connecticut Health Network Foundation, Inc.	26,809,647	2,006,639
Transfers from Western Connecticut Health Network Foundation, Inc.	10,129,901	7,862,076
Net assets released from restrictions	(5,221,901)	(3,156,468)
Net assets released from restrictions for property, plant and equipment	(4,908,000)	(4,705,608)
Increase in temporarily restricted net assets	<u>26,809,647</u>	<u>2,006,639</u>
Permanently restricted net assets:		
Change in equity interest of the Western Connecticut Health Network Foundation, Inc.	288,622	626,380
Increase in permanently restricted net assets	<u>288,622</u>	<u>626,380</u>
Increase in net assets	<u>42,026,012</u>	<u>56,379,521</u>
Net assets at beginning of year	<u>444,621,099</u>	388,241,578
Net assets at end of year	<u>\$ 486,647,111</u>	<u>\$ 444,621,099</u>

See accompanying notes.

The Danbury Hospital and Subsidiary
Consolidated Statements of Cash Flows

	Year Ended September 30	
	2013	2012
Operating activities		
Increase in net assets	\$ 42,026,012	\$ 56,379,521
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	30,033,213	31,663,499
Change in unrealized gains and losses on investments	(5,199,125)	(19,910,410)
Increase in equity interest in net assets of the Western Connecticut Health Network Foundation, Inc.	(27,286,895)	(5,780,415)
Transfers from the Western Connecticut Health Network Foundation, Inc.	(10,129,901)	(7,862,076)
Transfers to Western Connecticut Health Network, Inc.	28,604,162	4,911,038
Provision for bad debt	17,114,070	19,413,218
Increase in other long-term liabilities	652,217	1,762,912
Increase in self-insurance liabilities	4,063,268	3,119,769
Changes in operating assets and liabilities (<i>see Note 11</i>)	635,494	(21,291,185)
Net cash provided by operating activities	80,512,515	62,405,871
Investing activities		
Additions to property, plant and equipment, net	(91,048,296)	(53,613,235)
Increase in due from related parties and transfers to Western Connecticut Health Network, Inc.	(24,463,516)	(9,899,245)
Decrease in investments, net and assets limited as to use	31,495,690	14,231,546
Net cash used in investing activities	(84,016,122)	(49,280,934)
Financing activities		
Proceeds of issuance of bonds, net of change in issuance costs	–	40,222,832
Payments of long-term debt	(1,555,000)	(43,360,000)
Transfers from the Western Connecticut Health Network Foundation, Inc.	10,129,901	7,862,076
Net cash provided by financing activities	8,574,901	4,724,908
Net increase in cash and cash equivalents	5,071,294	17,849,845
Cash and cash equivalents at beginning of year	54,460,115	36,610,270
Cash and cash equivalents at end of year	\$ 59,531,409	\$ 54,460,115

See accompanying notes.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements

September 30, 2013

1. Summary of Significant Accounting Policies

Organization and Basis of Presentation

The Danbury Hospital (the Hospital) is a voluntary, nonprofit association incorporated under the General Statutes of the State of Connecticut, and is a wholly owned subsidiary of Western Connecticut Health Network, Inc. (the Network). The Board of the Hospital is appointed by Western Connecticut Health Network, Inc.

The accompanying consolidated financial statements include the accounts of the Hospital and the Hospital's wholly owned subsidiary, Western Connecticut Health Network Insurance Co., Ltd. (WCHNIC). All material intercompany transactions have been eliminated.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and related footnotes. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

Regulatory Matters

The Hospital is required to file annual operating information with the State of Connecticut Office of Health Care Access.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with maturities of three months or less at date of purchase, other than amounts held in the investment portfolio and assets limited as to use. Cash and cash equivalents are maintained with domestic financial institutions with deposits that exceed federally insured limits. It is the Hospital's policy to monitor the financial strength of these institutions.

Investments

The Hospital's investment portfolio reported in the accompanying consolidated balance sheets is designated as trading, with realized and unrealized gains and losses included in the excess of revenues over expenses.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value, based upon quoted market prices, on the consolidated balance sheets. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses unless the income is restricted by donor or by law.

Alternative investments (nontraditional, not-readily-marketable assets), some of which are structured such that the Hospital holds limited partnership interests, are reported based upon net asset value and derived from the application of the equity method of accounting. Individual investment holdings within the alternative investments may, in turn, include investments in both nonmarketable and market-traded securities. Valuations of these investments and, therefore, the Hospital's holdings, may be determined by the investment manager or general partner, and for "fund of funds" investments are primarily based on financial data supplied by the underlying investee funds. Values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. The Hospital accounts for these investments using the equity method of accounting and reports its share of the increase or decrease in the funds value as investment gain or loss. The financial statements of the investees are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with the Hospital's annual consolidated financial statement reporting.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time frame or purpose. Temporarily restricted net assets primarily consist of contributions restricted for certain health care services. Permanently restricted net assets, which are primarily endowment gifts and assets held in trusts by others, have been restricted by donors and are to be maintained in perpetuity.

Assets Limited as to Use

Assets limited as to use represent assets set aside by the Board of Directors for the purpose of providing for future improvement, expansion and replacement of plant and equipment; assets held by trustees under indenture agreements related to financing activities with the State of Connecticut Health and Educational Facilities Authority (CHEFA); and investments held by WCHNIC. Assets limited as to use are reported at fair value based upon quoted market prices. The portion of amounts required for funding current liabilities is included in current assets.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for uncollectible accounts result from the provision for bad debt. Accounts written off as uncollectible are deducted from the allowance for uncollectible accounts.

The Hospital's estimation of the allowance for uncollectible accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of the Hospital's collection efforts. The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. On a monthly basis, the Hospital reviews its accounts receivable balances and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following:

- Historical write-off and collection experience using a hindsight or look-back approach;
- Revenue and volume trends by payor, particularly the self-pay components;
- Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients;
- Cash collections as a percentage of net patient revenue less the provision for bad debt; and
- Trending of days revenue in accounts receivable

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for uncollectible accounts.

The Hospital's primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies and private patients. The Hospital manages the receivables by regularly reviewing its patient accounts and contracts, and by providing appropriate allowances for uncollectible amounts. Significant concentrations of gross patient accounts receivable include 32% and 13%, and 30% and 14%, for Medicare and Medicaid, respectively, at September 30, 2013 and 2012, respectively.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Property, Plant and Equipment

Property, plant and equipment are recorded at cost. The Hospital provides for depreciation of property, plant and equipment using the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives. The useful lives range from 1 to 40 years.

Conditional asset retirement obligations amounted to \$377,224 and \$396,262 as of September 30, 2013 and 2012, respectively. These obligations are recorded in other long-term liabilities in the accompanying consolidated balance sheets. There are no assets that are legally restricted for purposes of settling asset retirement obligations. During 2013 and 2012, retirement obligations incurred and settled were minimal.

Bond Issuance Costs

Premium discounts and deferred costs related to the issuance of bonds are amortized over the period the obligation is outstanding, using the bonds outstanding method. Accumulated amortization of discounts and deferred costs was \$1,019,449 and \$713,854 at September 30, 2013 and 2012, respectively.

Inventories

The Hospital uses the first in, first out method, in the valuation of its inventory.

Excess of Revenues over Expenses

The consolidated statements of operations and changes in net assets include the excess of revenues over expenses as the performance indicator. Changes in unrestricted net assets, which are excluded from the excess of revenues over expenses, include permanent transfers of assets to and from affiliates for other than goods and services and changes in the equity interest of the Western Connecticut Health Network Foundation, Inc.

Transactions deemed by management to be ongoing, major or central to the provision of health care services are reported within income from operations.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Fair Value of Financial Instruments

The carrying value of financial instruments classified as current assets and current liabilities as of September 30, 2013 and 2012 approximate fair value based on current market conditions. The fair values of other financial instruments are disclosed in the respective notes and/or in Note 4.

Pension Plan

The Hospital participates in a noncontributory defined benefit pension plan sponsored by Western Connecticut Health Network, Inc. covering substantially all of its employees. Contributions are made to the plan in amounts sufficient to meet the Employee Retirement Income Security Act's minimum funding requirements. Net periodic pension (income) expense allocated to the Hospital was \$(2,550,276) and \$16,688,567 for 2013 and 2012, respectively. In 2012, the defined benefit pension plan was frozen. As a result of the plan being frozen, the Network established a defined contribution plan for all employees. Pension expense related to the defined contribution plan was \$9,825,094 and \$5,721,897 for fiscal years 2013 and 2012, respectively.

Western Connecticut Health Network, Inc.'s defined benefit pension plan had estimated projected benefit obligations of \$470,766,653 and \$525,237,935 at September 30, 2013 and 2012, respectively, and the fair value of plan assets was \$432,861,058 and \$384,083,218 at September 30, 2013 and 2012, respectively. The discount rate used to determine the benefit obligation was 5.25% and 4.23% at September 30, 2013 and 2012, respectively.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital is also exempt from state and local taxes. WCHNIC is a foreign corporation exempt from U.S. taxation and is not subject to taxes under the Cayman Islands tax concessions law.

At September 30, 2013, the Hospital had net operating loss carryforwards from unrelated business activities of approximately \$44,057,000, which began expiring in 2009. A deferred tax asset for these losses of approximately \$17,622,800 is offset by a corresponding valuation allowance of the same amount due to the uncertainty of utilizing the deferred tax asset in future periods.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Interest in the Western Connecticut Health Network Foundation, Inc.

The interest in the Western Connecticut Health Network Foundation, Inc. (WCHNF) represents the Hospital's interest in the net assets of the Western Connecticut Health Network Foundation, Inc. and is accounted for in accordance with ASC 958-20, *Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others* (see Note 10).

Electronic Health Record Incentive Program

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments beginning in calendar year 2011 for eligible hospitals and professionals that implement and achieve meaningful use of certified electronic health record (EHR) technology. The Hospital utilizes a grant accounting model to recognize EHR incentive revenues. Under this accounting policy, EHR incentive payments are recognized as revenues when attestation that the EHR meaningful use criteria for the required period of time was demonstrated. Accordingly, the Hospital recognized \$1,832,059 and \$3,630,256 of EHR revenues during its fiscal year ended September 30, 2013 and 2012, comprised of \$271,467 and \$1,096,831 of Medicaid revenues and \$1,560,592 and \$2,533,425 of Medicare revenues in 2013 and 2012, respectively. EHR revenues are included in other operating revenues in the accompanying consolidated statements of operations and changes in net assets.

The Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated.

Reclassifications

Certain 2012 amounts have been reclassified to conform to the 2013 presentation. These reclassifications are not material to the overall consolidated financial statements.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue and Charity Care

The following summarizes net patient service revenue:

	Year Ended September 30	
	2013	2012
Gross patient service revenue	\$ 1,231,890,672	\$ 1,177,078,060
Deductions:		
Allowances	699,965,012	641,272,278
Charity care (at charges)	12,948,351	13,969,782
	712,913,363	655,242,060
Net patient service revenue	518,977,309	521,836,000
Provision for bad debt	17,114,070	19,413,218
Net patient service revenue less provision for bad debt	\$ 501,863,239	\$ 502,422,782

During 2013 and 2012, approximately 33% and 7%, and 32% and 7%, respectively, of net patient service revenue was received under the Medicare and Medicaid programs, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. The Hospital believes it is in compliance with all applicable laws and regulations. Changes in the Medicare and Medicaid programs and the reduction of funding levels could have an adverse impact on the Hospital.

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges and per diem payments. Net patient service revenue is affected by the State of Connecticut Disproportionate Share program and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to ongoing and future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue and Charity Care (continued)

such audits, reviews and investigations. During 2013 and 2012, the Hospital recorded a (decrease) increase in net patient service revenue of approximately (\$890,000) and \$6,875,000, respectively, related to changes in previously estimated third party payor settlements.

The Hospital has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying consolidated balance sheets.

Patient service revenue, net of contractual allowances and charity care and before the provision for bad debts, recognized in the period from major payor sources is as follows:

	Year Ended September 30	
	2013	2012
Third-party payors	\$ 497,003,016	\$ 497,896,827
Self-pay patients	21,974,293	23,939,173
	<u>\$ 518,977,309</u>	<u>\$ 521,836,000</u>

It is the policy of the Hospital to provide necessary care to all persons seeking treatment without discrimination on the grounds of age, race, creed, national origin or any other grounds unrelated to an individual's need for the service or the availability of the needed service at the Hospital. A patient is classified as a charity care patient by reference to established policies of the Hospital. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Hospital utilizes the generally recognized federal poverty income guidelines, but also includes certain cases where incurred charges are significant when compared to a responsible party's income. Those charges are not included in net patient service revenue for financial reporting purposes.

The estimated cost of charity care provided was approximately \$4,954,000 and \$5,700,000 for the years ended September 30, 2013 and 2012, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital specific data.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use

The composition of investments and assets limited as to use is set forth in the following table:

	September 30	
	2013	2012
Cash and cash equivalents	\$ 8,203,924	\$ 427,998
Money market funds	46,884,703	101,453,213
Common collective funds	88,758,284	67,236,615
Fixed income securities	52,070,347	56,444,462
Mutual funds	94,394,175	91,392,277
Alternative investments (at equity method)	17,953,495	17,606,928
	\$ 308,264,928	\$ 334,561,493

Investment income, net included in non-operating income for the year ended September 30 consists of:

	2013	2012
Interest and dividend income	\$ 2,961,745	\$ 1,833,787
Realized gains and losses, net and equity income on alternative investments	1,820,373	(143,380)
	\$ 4,782,118	\$ 1,690,407

4. Fair Values of Financial Instruments

For assets and liabilities required to be measured at fair value, the Hospital measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Hospital's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

4. Fair Values of Financial Instruments (continued)

The Hospital follows a valuation hierarchy that is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3: Unobservable inputs that are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

Financial assets carried at fair value in the accompanying consolidated balance sheets are classified in the table below in one of the three categories described above:

	September 30, 2013			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 59,531,409	\$ –	\$ –	\$ 59,531,409
Investments and assets limited as to use:				
Cash and cash equivalents	8,203,924	–	–	8,203,924
Money market funds	46,884,703	–	–	46,884,703
Domestic equity:				
Common collective funds	–	70,068,379	–	70,068,379
International equity:				
Common collective funds	–	15,744,898	–	15,744,898
Fixed income:				
Mutual funds	94,394,175	–	–	94,394,175
Securities	39,965,010	12,105,337	–	52,070,347
Other:				
Common collective funds	–	2,945,007	–	2,945,007
	<u>\$ 248,979,221</u>	<u>\$100,863,621</u>	<u>\$ –</u>	<u>\$ 349,842,842</u>

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

4. Fair Values of Financial Instruments (continued)

The amounts reported in the table above do not include alternative investments totaling \$17,953,495 that are accounted for under the equity method of accounting.

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 54,460,115	\$ –	\$ –	\$ 54,460,115
Investments and assets limited as to use:				
Cash and cash equivalents	427,998	–	–	427,998
Money market funds	101,453,213	–	–	101,453,213
Domestic equity:				
Common collective funds	–	46,981,107	–	46,981,107
International equity:				
Common collective funds	–	17,531,854	–	17,531,854
Fixed income:				
Mutual funds	91,392,277	–	–	91,392,277
Securities	40,392,934	16,051,528	–	56,444,462
Other:				
Common collective funds	–	2,723,654	–	2,723,654
	<u>\$ 288,126,537</u>	<u>\$ 83,288,143</u>	<u>\$ –</u>	<u>\$ 371,414,680</u>

The amounts reported in the table above do not include alternative investments totaling \$17,606,928 that are accounted for under the equity method of accounting.

Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based upon model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers and brokers. Many of the investments categorized in Level 2 consist of shares or units in investment funds, as opposed to direct interests in the funds' underlying holdings, which may be marketable.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt and Credit Facility

Long-term debt consisted of the following:

	September 30	
	2013	2012
Hospital revenue bonds financed with CHEFA: Series H	\$ 39,615,000	\$ 39,615,000
Intercompany debt with Western Connecticut Health Network, Inc.	209,965,000	211,520,000
	249,580,000	251,135,000
Less current portion	2,880,000	1,555,000
	\$ 246,700,000	\$ 249,580,000

The following is a summary of the combined aggregate amount of maturities and sinking fund requirements of the aforementioned obligations at September 30, 2013 according to their long-term amortization schedule:

2014	\$ 2,880,000
2015	4,925,000
2016	5,485,000
2017	5,700,000
2018	5,930,000
Thereafter	224,660,000
	\$ 249,580,000

The fair value of the Hospital's long-term debt as determined by the Hospital's investment advisor using a discounted cash flow analysis was approximately \$250,296,000 and \$263,780,000 at September 30, 2013 and 2012, respectively. These fair values are categorized as Level 2 in the fair value hierarchy described in Note 4. The Hospital paid interest of \$7,661,698 and \$8,210,188 in 2013 and 2012, respectively. The Hospital has capitalized interest of approximately \$3,760,000 and \$3,746,000 in September 30, 2013 and 2012, respectively. Debt service funds held under bond indenture agreements for Series H Bonds and Series N Bonds were \$1,189,827 and \$900,896 at September 30, 2013 and 2012, respectively.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt and Credit Facility (continued)

The Series H revenue bonds (Series H Bonds) mature from 2030 through 2036 at an average coupon rate of 4.425%. The proceeds of the Series H Bonds were used for the construction, renovation and equipping of an outpatient diagnostic building with approximately 28,000 square feet of medical office space, a 381-space parking garage, a 264-space surface parking lot and to fund capitalized interest. The scheduled payment of principal and interest on the Series H Bonds when due is guaranteed by an insurance policy issued by a commercial insurer.

Under the terms of the Series H Bonds financing arrangements between the Hospital and the Western Connecticut Health Network Foundation, Inc. (the Obligated Group) and CHEFA, the proceeds of the revenue bonds were loaned to the Hospital. The Hospital is obligated to provide amounts sufficient to pay the principal and interest due on the Series H Bonds. The Master Indentures and Supplemental Master Indentures provide for the potential establishment and maintenance of a Debt Service Reserve Fund and a pledge of gross receipts, as defined. The Master Indentures also establish a debt service coverage ratio requirement and restricts the incurrence of certain indebtedness by the Obligated Group. No violations of financial covenants existed as of September 30, 2013 or 2012.

Western Connecticut Health Network, Inc. holds four series of bonds. In 2011, the Obligated Group was expanded to include Western Connecticut Health Network, Inc., New Milford Hospital, New Milford Hospital Foundation, Inc. and Western Connecticut Medical Group, P.C. In 2013, New Milford Hospital Foundation, Inc. was dissolved. All proceeds from the bonds were used to finance Hospital capital projects. All members of the Obligated Group are jointly and severally liable under the Master Indenture to make all payments required with respect to obligations under the Master Indenture. The bonds are reflected as intercompany debt in the schedule above, and include:

The Series K 2011 revenue bonds (Series K Bonds) were issued in the amount of \$33,035,000. The Series K Bonds bear interest at the bank purchase rate (1.410% and 1.446% at September 30, 2013 and 2012, respectively) and mature serially from September 30, 2011 to September 30, 2036.

The Series M 2011 revenue bonds (Series M Bonds) were issued in the aggregate principle of \$46,030,000, with interest payable initially on January 1, 2012 and semiannually on each January 1 and July 1 thereafter. The Series M Bonds bear interest at rates ranging from 5.000% to 5.375% and are scheduled to mature from July 1, 2031 to July 1, 2041. The Series M Bonds are also subject to annual sinking fund installments commencing in 2024 through

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt and Credit Facility (continued)

scheduled maturity. The Series L 2011 Revenue Bonds (Series L Bonds) of \$96,000,000 were issued concurrently with Series M Bonds and are subject to annual sinking fund installments commencing July 1, 2015 and continuing through final maturity on July 1, 2041. The Series L Bonds bear interest at the bank purchase rate (1.319% and 1.355% at September 30, 2013 and 2012, respectively). The proceeds of the Series L Bonds and Series M Bonds are being used for funding the planning, design, acquisition, construction, equipping and furnishing of the Hospital's new patient tower, expansion of a parking garage, capital improvements and to fund capitalized interest.

In 2012, Western Connecticut Health Network, Inc. issued Series N Bonds in the amount of \$39,880,000 and bear interest at rates between 3% and 5%. The Series N Bonds mature serially from July 1, 2014 to July 1, 2029. The proceeds of the Series N Bonds were used to refund the Hospital's Series G Bonds.

6. Commitments and Contingencies

Litigation

Malpractice claims have been asserted against the Hospital by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. In addition, the Hospital is a party to various lawsuits incidental to its business. Management believes that the claims and lawsuits will not have a material adverse effect on the Hospital's financial position.

Workers' Compensation Insurance

The Hospital is self-insured for workers' compensation benefits. Liabilities of \$6,468,000 and \$6,268,000, using a discount rate of 5.6%, have been accrued as of September 30, 2013 and 2012, respectively, based on expected future payments pertaining to such years.

Operating Leases

The Hospital has several operating lease agreements for certain real estate and equipment. Certain of these leases have renewal options for periods up to five years and escalation clauses. Rent is payable in equal monthly installments. Rent expense was \$7,987,900 and \$7,062,202 for the years ended September 30, 2013 and 2012, respectively.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

6. Commitments and Contingencies (continued)

The future minimum lease payments are as follows:

2014	\$ 7,468,819
2015	5,966,862
2016	5,477,477
2017	5,377,239
2018	5,136,710
Thereafter	12,768,505
	\$ 42,195,612

7. Related Party Transactions

The Hospital has recorded amounts due from (to) related parties as follows:

	September 30	
	2013	2012
Western Connecticut Health Network Affiliates, Inc.	\$ 240,591	\$ 627,583
The New Milford Hospital, Inc.	8,136,248	8,258,912
Business Systems, Inc.	(8,466)	2,740,137
Western Connecticut Health Network Foundation, Inc.	660,932	463,421
Western Connecticut Home Care, Inc.	303,991	346,733
Western Connecticut Health Network, Inc.	141,178	—
Western Connecticut Medical Group, P.C.	3,288,130	4,466,464
	\$ 12,762,604	\$ 16,903,250

The Hospital earned income from related parties as follows:

	Year Ended	
	September 30	
	2013	2012
Western Connecticut Health Network Affiliates, Inc.	\$ 93,470	\$ 138,352
Western Connecticut Medical Group, P.C.	1,842,891	1,988,697
Western Connecticut Health Network Foundation, Inc.	77,528	75,269
The New Milford Hospital, Inc.	283,094	609,784
Business Systems, Inc.	—	198,257
	\$ 2,296,983	\$ 3,010,359

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

7. Related Party Transactions (continued)

Western Connecticut Medical Group, P.C. (WCMG) is a tax exempt professional corporation which provides medical services to the Hospital. Charges for physician services provided to the Hospital by WCMG were \$51,824,177 and \$49,768,640 for the years ended September 30, 2013 and 2012, respectively.

In 2013 and 2012, respectively, the Hospital transferred net assets of \$28,604,162 and \$4,911,038 to Western Connecticut Health Network, Inc. relating to funding the Hospital made to the defined benefit pension plan, and benefits paid on their behalf.

In 2013 and 2012, respectively, WCHNF transferred net assets of \$10,129,901 and \$7,862,076 to the Hospital relating to restricted funds appropriated for spending.

8. Professional Liability Self-Insurance

Effective October 1, 2004, the Hospital formed a captive insurance company, WCHNIC, domiciled in the Cayman Islands, to provide alternative professional liability insurance to the Hospital, New Milford Hospital, as of October 1, 2010, and WCMG, as well as providing community doctors with a competitive professional liability insurance option.

Coverage for medical malpractice insurance is on a claims-made basis. The coverage limits are \$5,000,000 per claim and \$25,000,000 in the aggregate. The excess indemnity coverage is \$25,000,000 per claim and \$25,000,000 in the aggregate. The Hospital has recorded a liability of \$9,596,000 and \$9,049,000 at September 30, 2013 and 2012, respectively, based on a discount rate of 3.5% for incurred-but-not-reported claims, which is included in other long-term liabilities on the accompanying consolidated balance sheets.

Assets held by WCHNIC approximate \$68,030,000 and \$65,788,000 as of September 30, 2013 and 2012, respectively, of which a majority is reflected as assets limited as to use in the accompanying consolidated balance sheets. Total liabilities recorded by WCHNIC approximate \$46,411,000 and \$42,543,000 as of September 30, 2013 and 2012, respectively, of which a majority is reflected as self-insurance liabilities in the accompanying consolidated balance sheets.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

8. Professional Liability Self-Insurance (continued)

The reserve for losses and loss adjustment expenses for WCHNIC are included in self-insurance liabilities in the accompanying consolidated balance sheets. Activity in the reserve for losses and loss adjustment expenses for the years ended September 30, 2013 and 2012 is summarized as follows:

	<u>2013</u>	<u>2012</u>
Balance at beginning of year	\$ 39,513,628	\$ 35,675,566
Incurred related to:		
Current period	9,715,410	7,922,650
Prior period	4,608,067	960,245
Total incurred	<u>14,323,477</u>	<u>8,882,895</u>
Paid related to:		
Current period	(60,267)	(21,742)
Prior period	(7,482,318)	(5,023,091)
Total paid	<u>(7,542,585)</u>	<u>(5,044,833)</u>
Net provision for losses and loss adjustment expenses	<u>\$ 46,294,520</u>	<u>\$ 39,513,628</u>

Accounting Standards Codification 944, *Financial Services – Insurance*, requires the application of deposit accounting for any policies or agreements that do not transfer insurance risk. To the extent that an insurance contract or a reinsurance contract does not, despite its form, provide for indemnification of the insured or the ceding company by the insurer or reinsurer against loss or liability, the premium paid less the amount of the premium to be retained by the insurer or reinsurer shall be accounted for as a deposit by the insurer or ceding company. Accordingly, a portion of WCHNIC’s activity is recorded using deposit accounting on the Hospital’s consolidated balance sheets.

Activity in the deposit liability for the years ended September 30, 2013 and 2012, included in self-insurance liabilities on the consolidated balance sheets, is summarized as follows:

	<u>2013</u>	<u>2012</u>
Balance at beginning of year	\$ 2,635,432	\$ 3,355,509
Losses paid	(2,100,972)	(1,657,800)
(Loss) gain on deposit liability transferred to statement of income	<u>(534,460)</u>	<u>937,723</u>
Balance at end of year	<u>\$ –</u>	<u>\$ 2,635,432</u>

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

8. Professional Liability Self-Insurance (continued)

Also included in self-insurance liabilities as of September 30, 2013 and 2012 are unearned premiums of \$86,415 and \$168,607, respectively.

The actuary estimated the liability for unpaid losses based on industry data, as well as entity-specific data. Management considers the liability to be adequate as of September 30, 2013 and 2012; however, no assurance can be given that the ultimate settlement of losses may not vary materially from the liability recorded. Future adjustments to the amounts recorded resulting from the continual review process, as well as differences between estimates and ultimate payments, will be reflected in the consolidated statements of operations and changes in net assets of future years when such adjustments, if any, become known.

9. Net Assets

Temporarily restricted net assets of \$56,603,735 and \$29,794,088 as of September 30, 2013 and 2012, respectively, are available to the Hospital for health care services. Permanently restricted net assets total \$29,113,368 and \$28,824,746 as of September 30, 2013 and 2012, respectively, and are investments to be held in perpetuity, the income from which is expendable to support health care services. The change in temporarily restricted net assets is mainly due to an unconditional pledge received by WCHNF of approximately \$30 million during fiscal year 2013.

10. Endowments

The WCHNF endowment consists of approximately 32 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported in the accompanying consolidated balance sheets based on the existence or absence of donor-imposed restrictions.

Leadership of WCHNF has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, WCHNF classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time of the

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

10. Endowments (continued)

accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, WCHNF considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

- (1) The duration and preservation of the fund
- (2) The purposes of WCHNF and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of WCHNF
- (7) The investment policies of WCHNF

WCHNF has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that WCHNF must hold in perpetuity or for a donor-specific period(s) as well as board-designated funds. Under this policy, as approved by the Western Connecticut Health Network, Inc.'s Board of Directors, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least 5% over the long term. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, WCHNF relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). WCHNF targets a diversified asset allocation to achieve its long-term objective within prudent risk constraints. Each year, the WCHNF Board of Directors will approve an endowment and similar fund spending rate. The objectives of the portfolio are the enhancement of capital and real purchasing power while limiting exposure to risk of loss. The endowment spending rate will be calculated on the 13 quarter trailing average market value of each portfolio as of the prior May 31. The computed value may be adjusted for large contributions, withdrawals or market value swings as necessary. A default spending cap on appreciation of seven percent in any given year is currently in effect. The WCHNF Board abides by these regulations and will adjust this rate accordingly.

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

10. Endowments (continued)

Endowment net asset composition by type of fund as of September 30, 2013, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ —	\$ 15,272,502	\$ 25,789,214	\$ 41,061,716
Board-designated endowment funds	9,114,504	—	—	9,114,504
Endowment net assets at end of year	\$ 9,114,504	\$ 15,272,502	\$ 25,789,214	\$ 50,176,220

Changes in endowment funds for the fiscal year ended September 30, 2013, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of the year	\$ 8,357,137	\$ 13,820,607	\$ 25,696,434	\$ 47,874,178
Investment return:				
Investment income, net	658,488	2,955,473	—	3,613,961
Change in unrealized gains and losses	98,879	409,998	—	508,877
Total investment return	757,367	3,365,471	—	4,122,838
Contributions	—	299,260	167,635	466,895
Appropriation of endowment assets for expenditures	—	(2,148,914)	(138,777)	(2,287,691)
Other changes:				
Transfers to permanently restricted endowment	—	(63,922)	63,922	—
Endowment net assets at end of year	\$ 9,114,504	\$ 15,272,502	\$ 25,789,214	\$ 50,176,220

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

10. Endowments (continued)

Endowment net asset composition by type of fund as of September 30, 2012, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ —	\$ 13,820,607	\$ 25,696,434	\$ 39,517,041
Board-designated endowment funds	8,357,137	—	—	8,357,137
Endowment net assets at end of year	<u>\$ 8,357,137</u>	<u>\$ 13,820,607</u>	<u>\$ 25,696,434</u>	<u>\$ 47,874,178</u>

Changes in endowment funds for the fiscal year ended September 30, 2012, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of the year	\$ 7,218,125	\$ 14,345,583	\$ 25,445,909	\$ 47,009,617
Investment return:			—	
Investment income, net	210,135	1,000,507		1,210,642
Change in unrealized gains and losses	928,877	4,578,012	—	5,506,889
Total investment return	1,139,012	5,578,519	—	6,717,531
Contributions	—	266,310	115,180	381,490
Net asset reclassification - net change in loss on endowments	—	(28,482)	—	(28,482)
Appropriation of endowment assets for expenditures	—	(6,205,978)	—	(6,205,978)
Other changes:				
Transfers to permanently restricted endowment	—	(135,345)	135,345	—
Endowment net assets at end of year	<u>\$ 8,357,137</u>	<u>\$ 13,820,607</u>	<u>\$ 25,696,434</u>	<u>\$ 47,874,178</u>

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

10. Endowments (continued)

From time to time, the fair value of assets associated with individual donor-restricted endowments funds may fall below the level fund of the corpus that UPMIFA requires WCHNF to retain as a fund of perpetual duration. These deficiencies result from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by the Board of Directors. There was no deficiencies of this nature which were reported in unrestricted net assets for 2013 or 2012.

Also included within permanently restricted net assets is \$3,324,154 and \$3,378,837 of beneficial interests in trusts held by others as of September 30, 2013 and 2012, respectively.

11. Changes in Components of Working Capital Other Than Cash and Cash Equivalents

	Year Ended September 30	
	2013	2012
(Increase) decrease in operating assets:		
Accounts receivable, net	\$ (14,580,105)	\$ (26,138,625)
Inventories	(188,623)	(479,406)
Prepaid expenses and other	1,412,833	447,826
	(13,355,895)	(26,170,205)
Increase (decrease) in operating liabilities:		
Accounts payable	8,288,333	(1,907,332)
Interest payable	82,294	(179,203)
Payroll-related accruals	7,516,913	8,604,560
Due to third-party payors	(1,275,321)	(1,122,196)
Other accrued expenses	(620,830)	(516,809)
	13,991,389	4,879,020
Change in working capital other than cash and cash equivalents	\$ 635,494	\$ (21,291,185)

The Danbury Hospital and Subsidiary

Notes to Consolidated Financial Statements (continued)

12. Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	Year Ended September 30	
	2013	2012
Health care services	\$ 414,765,513	\$ 421,646,074
General and administrative	82,395,341	78,883,454
	<u>\$ 497,160,854</u>	<u>\$ 500,529,528</u>

13. Subsequent Events

Subsequent events have been evaluated through January 21, 2014, which represents the date the consolidated financial statements were issued.

No events have occurred that require disclosure in or adjustment to the consolidated financial statements.



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Report of Independent Auditors on Supplementary Information

Board of Directors
The Danbury Hospital

We have audited the consolidated financial statements of The Danbury Hospital and Subsidiary (the Hospital) as of and for the years ended September 30, 2013 and 2012, and have issued our report thereon dated January 21, 2014, which contained an unqualified opinion on those consolidated financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheets and statements of operations are presented for the purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, based on our audits and the report of other auditors, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst & Young LLP

January 21, 2014

The Danbury Hospital and Subsidiary

Consolidating Balance Sheets

	September 30, 2013				September 30, 2012			
	The Danbury Hospital	Western Connecticut Health Network Insurance Co., Ltd.	Adjustments and Eliminations	Total	The Danbury Hospital	Western Connecticut Health Network Insurance Co., Ltd.	Adjustments and Eliminations	Total
Assets:								
Current assets:								
Cash and cash equivalents	\$ 58,568,767	\$ 962,642	\$ —	\$ 59,531,409	\$ 53,518,078	\$ 942,037	\$ —	\$ 54,460,115
Current portion of assets limited as to use	1,189,827	3,800,000	—	4,989,827	900,896	—	—	900,896
Accounts receivable, less allowance for uncollectible accounts of \$14,833,000 in 2013 and \$12,322,000 in 2012	57,504,970	—	—	57,504,970	60,038,935	—	—	60,038,935
Current portion of due from related parties	7,036,124	—	(13,367)	7,022,757	8,994,093	—	(263,256)	8,730,837
Inventories	9,521,995	—	—	9,521,995	9,333,372	—	—	9,333,372
Prepaid expenses and other	8,631,701	4,856,340	—	13,488,041	9,603,409	5,336,609	—	14,940,018
Total current assets	142,453,384	9,618,982	(13,367)	152,058,999	142,388,783	6,278,646	(263,256)	148,404,173
Assets limited as to use:								
Construction funds	45,694,876	—	—	45,694,876	100,552,317	—	—	100,552,317
Investments held by WCHNIC	—	58,410,610	—	58,410,610	—	59,508,868	—	59,508,868
Total noncurrent assets limited as to use	45,694,876	58,410,610	—	104,105,486	100,552,317	59,508,868	—	160,061,185
Investments	199,169,615	—	—	199,169,615	173,599,412	—	—	173,599,412
Other assets	195,559	—	—	195,559	156,415	—	—	156,415
Due from related parties	5,739,847	—	—	5,739,847	8,172,413	—	—	8,172,413
Investment in Western Connecticut Health Network Insurance Co., Ltd.	21,618,215	—	(21,618,215)	—	23,244,364	—	(23,244,364)	—
Interest in Western Connecticut Health Network Foundation, Inc.	106,193,031	—	—	106,193,031	78,906,136	—	—	78,906,136
Property, plant and equipment:								
Land and land improvements	9,964,052	—	—	9,964,052	9,904,877	—	—	9,904,877
Buildings and building improvements	293,253,282	—	—	293,253,282	286,763,195	—	—	286,763,195
Equipment and other	222,804,495	—	—	222,804,495	229,444,069	—	—	229,444,069
Construction in progress (estimated cost to complete at September 30, 2013: \$57,268,000)	105,866,676	—	—	105,866,676	39,100,951	—	—	39,100,951
	631,888,505	—	—	631,888,505	565,213,092	—	—	565,213,092
Less accumulated depreciation	328,300,919	—	—	328,300,919	322,977,997	—	—	322,977,997
	303,587,586	—	—	303,587,586	242,235,095	—	—	242,235,095
Bond issuance costs, net	5,099,525	—	—	5,099,525	5,436,933	—	—	5,436,933
Total assets	\$ 829,751,638	\$ 68,029,592	\$ (21,631,582)	\$ 876,149,648	\$ 774,691,868	\$ 65,787,514	\$ (23,507,620)	\$ 816,971,762

Continued on next page.

The Danbury Hospital and Subsidiary
Consolidating Balance Sheets (continued)

	September 30, 2013				September 30, 2012			
	The Danbury Hospital	Western Connecticut Health Network Insurance Co., Ltd.	Adjustments and Eliminations	Total	The Danbury Hospital	Western Connecticut Health Network Insurance Co., Ltd.	Adjustments and Eliminations	Total
Liabilities and net assets:								
Current liabilities:								
Accounts payable	\$ 33,727,097	\$ 17,075	\$ —	\$ 33,744,172	\$ 25,493,612	\$ (37,773)	\$ —	\$ 25,455,839
Payroll-related accruals	28,385,032	—	—	28,385,032	20,868,119	—	—	20,868,119
Due to affiliates	—	13,367	(13,367)	—	—	263,256	(263,256)	—
Due to third-party payors	8,710,030	—	—	8,710,030	9,985,351	—	—	9,985,351
Interest payable	1,706,774	—	—	1,706,774	1,624,480	—	—	1,624,480
Other accrued expenses	2,933,157	—	—	2,933,157	3,553,987	—	—	3,553,987
Current portion of long-term debt	2,880,000	—	—	2,880,000	1,555,000	—	—	1,555,000
Total current liabilities	78,342,090	30,442	(13,367)	78,359,165	63,080,549	225,483	(263,256)	63,042,776
Self-insurance liabilities	—	46,380,935	—	46,380,935	—	42,317,667	—	42,317,667
Other long-term liabilities	18,062,437	—	—	18,062,437	17,410,220	—	—	17,410,220
Long-term debt, less current portion	246,700,000	—	—	246,700,000	249,580,000	—	—	249,580,000
Total liabilities	343,104,527	46,411,377	(13,367)	389,502,537	330,070,769	42,543,150	(263,256)	372,350,663
Net assets:								
Share capital	—	12,000	(12,000)	—	—	12,000	(12,000)	—
Additional paid in capital	—	8,663,332	(8,663,332)	—	—	8,663,333	(8,663,333)	—
Unrestricted	400,930,008	12,942,883	(12,942,883)	400,930,008	386,002,265	14,569,031	(14,569,031)	386,002,265
Temporarily restricted	56,603,735	—	—	56,603,735	29,794,088	—	—	29,794,088
Permanently restricted	29,113,368	—	—	29,113,368	28,824,746	—	—	28,824,746
Total net assets	486,647,111	21,618,215	(21,618,215)	486,647,111	444,621,099	23,244,364	(23,244,364)	444,621,099
Total liabilities and net assets	\$ 829,751,638	\$ 68,029,592	\$ (21,631,582)	\$ 876,149,648	\$ 774,691,868	\$ 65,787,514	\$ (23,507,620)	\$ 816,971,762

The Danbury Hospital and Subsidiary
Consolidating Statements of Operations and Changes in Net Assets

	Year Ended September 30, 2013				Year Ended September 30, 2012			
	The Danbury Hospital	Western Connecticut Health Network Insurance Co., Ltd.	Adjustments and Eliminations	Total	The Danbury Hospital	Western Connecticut Health Network Insurance Co., Ltd.	Adjustments and Eliminations	Total
Unrestricted revenues:								
Net patient service revenue	\$ 518,977,309	\$ -	\$ -	\$ 518,977,309	\$ 521,836,000	\$ -	\$ -	\$ 521,836,000
Provision for bad debt	17,114,070	-	-	17,114,070	19,413,218	-	-	19,413,218
Net patient service revenue less provision for bad debt	501,863,239	-	-	501,863,239	502,422,782	-	-	502,422,782
Net assets released from restriction	5,221,901	-	-	5,221,901	3,156,468	-	-	3,156,468
Other operating revenues	10,038,904	13,846,966	(5,356,120)	18,529,750	18,970,115	11,982,398	(6,798,516)	24,153,997
	<u>517,124,044</u>	<u>13,846,966</u>	<u>(5,356,120)</u>	<u>525,614,890</u>	<u>524,549,365</u>	<u>11,982,398</u>	<u>(6,798,516)</u>	<u>529,733,247</u>
Expenses:								
Salaries, benefits and fees	298,251,765	-	-	298,251,765	313,980,347	-	-	313,980,347
Supplies and other	154,299,479	238,760	(5,356,120)	149,182,119	145,584,073	263,755	(6,798,516)	139,049,312
Insurance	-	15,709,626	-	15,709,626	-	11,680,311	-	11,680,311
Depreciation and amortization	30,033,213	-	-	30,033,213	31,663,499	-	-	31,663,499
Interest	3,984,131	-	-	3,984,131	4,156,059	-	-	4,156,059
	<u>486,568,588</u>	<u>15,948,386</u>	<u>(5,356,120)</u>	<u>497,160,854</u>	<u>495,383,978</u>	<u>11,944,066</u>	<u>(6,798,516)</u>	<u>500,529,528</u>
Income (loss) from operations	30,555,456	(2,101,420)	-	28,454,036	29,165,387	38,332	-	29,203,719
Nonoperating income (loss):								
Investment income, net	4,782,118	-	-	4,782,118	1,690,407	-	-	1,690,407
Change in unrealized gains and losses on investments	5,199,125	475,271	(475,271)	5,199,125	19,910,410	6,005,908	(6,005,908)	19,910,410
Change in equity interest in unrestricted net assets of the Western Connecticut Health Network Foundation, Inc.	206,244	-	-	206,244	2,571,725	-	-	2,571,725
Change in investment in WCHNIC	(2,101,420)	-	2,101,420	-	38,332	-	(38,332)	-
	<u>8,086,067</u>	<u>475,271</u>	<u>1,626,149</u>	<u>10,187,487</u>	<u>24,210,874</u>	<u>6,005,908</u>	<u>(6,044,240)</u>	<u>24,172,542</u>
Excess (deficiency) of revenues over expenses	<u>\$ 38,641,523</u>	<u>\$ (1,626,149)</u>	<u>\$ 1,626,149</u>	<u>\$ 38,641,523</u>	<u>\$ 53,376,261</u>	<u>\$ 6,044,240</u>	<u>\$ (6,044,240)</u>	<u>\$ 53,376,261</u>

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