

**“PUBLIC INSPECTION COPY”**

Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning **10/01**, 2013, and ending **9/30**, 2014

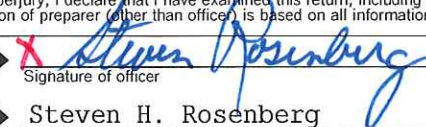
<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number
<input type="checkbox"/> Address change	Danbury Hospital 24 Hospital Avenue Danbury, CT 06810-6099	06-0646597
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		(203) 739-8110
<input type="checkbox"/> Terminated		<b>G</b> Gross receipts \$ <b>601,940,946.</b>
<input type="checkbox"/> Amended return		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>John M Murphy, MD</b>	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>www.danburyhospital.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1885</b>	<b>M</b> State of legal domicile: <b>CT</b>

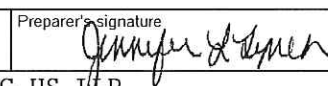
**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>3,233</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>270</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>6,343,725.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	13,368,627.	23,605,157.
<b>9</b>	Program service revenue (Part VIII, line 2g)	505,701,187.	507,620,940.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,962,417.	4,087,630.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,959,530.	3,515,639.
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	526,991,761.	538,829,366.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	239,739,538.	239,374,097.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	247,006,658.	261,253,127.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	486,746,196.	500,627,224.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	40,245,565.	38,202,142.
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	829,018,642.	838,062,311.
<b>21</b>	Total liabilities (Part X, line 26)	342,371,531.	348,768,773.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	486,647,111.	489,293,538.

**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.

<b>Sign Here</b>	<input checked="" type="checkbox"/>  Signature of officer	<input checked="" type="checkbox"/> <b>8/5/15</b> Date
	<b>Steven H. Rosenberg</b> Type or print name and title.	<b>SVP &amp; CFO</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jennifer Lynch</b>	Preparer's signature 	Date <b>08/06/15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01255855</b>
	Firm's name ▶ <b>ERNST &amp; YOUNG US LLP</b>			Firm's EIN ▶ <b>34-6565596</b>	
	Firm's address ▶ <b>111 MONUMENT CIRCLE STE. 4000 INDIANAPOLIS, IN 46204</b>			Phone no. <b>317-681-7000</b>	

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

To improve the health of every person we serve through the efficient delivery of excellent, innovative and compassionate care.

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 \$ 401,412,531. including grants of \$ ) (Revenue \$ 503,237,796.)

See Schedule O

4b (Code: ) (Expenses \$ 19,750,234. including grants of \$ 1,494,109.) (Revenue \$ 4,691,700.)

See Schedule O

4c (Code: ) (Expenses \$ 3,509,406. including grants of \$ 509,457.) (Revenue \$ )

See Schedule O

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

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

4e Total program service expenses 424,672,171.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II .....	4 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 .....	5	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 .....	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....	8	X
9 Did the organization report an amount in Part X, line 21, 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 .....	9	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 .....	10 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 .....	11 a 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 .....	11 b	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 .....	11 c	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 .....	11 d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....	11 e 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 .....	11 f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII .....	12 a	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 .....	12 b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States? .....	14 a 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 .....	14 b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV .....	16	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) .....	17	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 .....	18	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 .....	19	X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .....	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20 b X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
22 Did the organization report more than \$5,000 of grants or other assistance to 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, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. ....		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 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		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? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . 666		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	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. . . . . 3,233		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . .	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)? . . . . .	X	
4 b	If 'Yes,' enter the name of the foreign country: <u>CJ</u> 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? . . . . .		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
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? . . . . .		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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? . . . . .		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
9 a	Did the organization make any taxable distributions under section 4966? . . . . .		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12. . . . .		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
11 a	Gross income from members or shareholders . . . . .		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
13 a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
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 c	Enter the amount of reserves on hand . . . . .		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. . . . .		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . 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.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . .		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . See Sch O	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .	X	
<b>7 a</b>	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	
<b>7 b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body? . . . . .	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

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

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . . See Schedule O	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official. See Schedule O	X	
<b>15 b</b>	Other officers of key employees of the organization. See Schedule O	X	
<b>16 a</b>	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
<b>16 b</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 or note to any line in this Part VII.  X

**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 Pres/CEO WCHN	40 10	X		X			1,243,861.	0.	54,487.	
(2) Neil Culligan, MD Director	1 2	X					0.	0.	0.	
(3) David Kramer, M.D. Director	1 2	X					0.	0.	0.	
(4) D. Cyganowski (To 9/1) Director	1 2	X		X			0.	0.	0.	
(5) Richard G. Jabara Director	1 3	X					0.	0.	0.	
(6) Anthea Disney Director	1 2	X					0.	0.	0.	
(7) Joseph D. Skrzypczak Secretary	1 2	X		X			0.	0.	0.	
(8) Spencer Houldin Director	1 3	X					0.	0.	0.	
(9) Brian C. White Director	1 4	X					0.	0.	0.	
(10) James Kennedy Chairman	3 7	X		X			0.	0.	0.	
(11) Steven H. Rosenberg SVP/CFO, Treas.	40 11			X			717,641.	0.	45,409.	
(12) D. DeBarba (From 1/1) Exec VP & Pres.	1 49			X			0.	1,110,329.	26,151.	
(13) Donna Kaplanis Ass't Secretary	40 10			X			236,977.	0.	57,460.	
(14) Matthew A. Miller, MD SVP & Chief Medical Off	40 4					X	0.	646,881.	48,643.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Phyllis F. Zappala (To 8/21) Sr. VP Human Resources	40 0				X			847,209.	0.	39,459.
(16) Moreen O. Donahue Sr. VP/Chief Nurse Officer	40 1				X			378,338.	0.	63,432.
(17) Michael Daglio Chief Operating Officer	40 0				X			472,790.	0.	47,424.
(18) Morris Gross VP of Facilities/Real Estate	40 2				X			313,570.	0.	53,026.
(19) Kathleen A. Dematteo Chief Information Officer	40 0				X			416,429.	0.	37,781.
(20) William Delaney, MD Physician	40 0					X		273,200.	0.	57,425.
(21) Dawn Myles VP, Qual & Pat Sfty	40 0					X		274,512.	0.	25,996.
(22) Sally Herlihy VP of Planning	40 0					X		316,503.	0.	51,100.
(23) Susan C. Iovino (To 7/12) Chief Learning Off	40 0					X		381,045.	0.	32,407.
(24) Ramin Ahmadi, MD Dir. of Educ./Res.	40 0					X		322,991.	0.	44,788.
(25) Ruth Gregory Director of Purchasing	0 0						X	160,658.	0.	27,848.
<b>1 b Sub-total</b>								6,355,724.	1,757,210.	712,836.
<b>c Total from continuation sheets to Part VII, Section A</b>								678,183.	465,927.	132,620.
<b>d Total (add lines 1b and 1c)</b>								7,033,907.	2,223,137.	845,456.

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 ▶ 522

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JHD GROUP 5055 KELLER SPRINGS RD., SUITE 240 ADDISON, TX 75001	MANAGEMENT SVCS.	1,087,601.
ROBINSON & COLE, LLP 280 TRUMBULL STREET HARTFORD, CT 06103	ATTORNEYS	1,631,922.
DANBURY RADIOLOGICAL ASSOCIATES PO BOX 417407 BOSTON, MA 02241	RADIOLOGY SERVICES	863,082.
E4 SERVICES, LLC 60 NORTH CAROLINA AVE. SINKING SPRING, PA 19608	ITG CONSULTANTS	822,576.
PRICE, WATERHOUSE, COOPERS LLC PO BOX 7247 PHILADELPHIA, PA 19170	CONSULTANTS	1,687,800.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 47





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns.....	<b>1 a</b>				
	<b>b</b> Membership dues.....	<b>1 b</b>				
	<b>c</b> Fundraising events.....	<b>1 c</b>				
	<b>d</b> Related organizations.....	<b>1 d</b> 20,582,007.				
	<b>e</b> Government grants (contributions)....	<b>1 e</b> 2,787,514.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above...	<b>1 f</b> 235,636.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f.....		23,605,157.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> Ancillary Service		Business Code			
		621400	258054138.	258054138.		
	<b>b</b> Medicare/Medicaid Pay'ts	621990	208179903.	208179903.		
	<b>c</b> Routine Patient	621990	32,724,552.	32,724,552.		
	<b>d</b> Contract Lab	621500	5,534,163.		5,534,163.	
	<b>e</b> Rental Inc.-Affl. Exempt	532000	2,375,464.	2,375,464.		
	<b>f</b> All other program service revenue...	WKS	752,720.	752,720.		
<b>g Total.</b> Add lines 2a-2f.....		507620940.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts).....		2,691,525.		2,691,525.	
	<b>4</b> Income from investment of tax-exempt bond proceeds.		77,352.		77,352.	
	<b>5</b> Royalties.....					
	<b>6 a</b> Gross rents.....	(i) Real	889,345.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	179,112.			
		<b>c</b> Rental income or (loss)...	710,233.			
	<b>d</b> Net rental income or (loss).....		710,233.		710,233.	
	<b>7 a</b> Gross amount from sales of assets other than inventory.	(i) Securities	63871121.	10,400.		
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses.....	62447349.	115,419.		
		<b>c</b> Gain or (loss).....	1,423,772.	-105,019.		
	<b>d</b> Net gain or (loss).....		1,318,753.		1,318,753.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	<b>a</b>				
	<b>b</b> Less: direct expenses.....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events.....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>a</b>					
	<b>b</b> Less: direct expenses.....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities.....					
<b>10 a</b> Gross sales of inventory, less returns and allowances.....	<b>a</b>	305,341.				
	<b>b</b> Less: cost of goods sold.....	<b>b</b>	369,700.			
	<b>c</b> Net income or (loss) from sales of inventory.....		-64,359.		-64,359.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> St. George Residents Inc.	900099	1,473,242.			1,473,242.	
<b>b</b> Research Clin. Trial Inc.	900099	531,826.			531,826.	
<b>c</b> Other Patient Services	900099	308,556.	308,556.			
<b>d</b> All other revenue.....	WKS	556,141.		99,329.	456,812.	
<b>e Total.</b> Add lines 11a-11d.....		2,869,765.				
<b>12 Total revenue.</b> See instructions.....		538829366.	502395333.	6,343,725.	6,485,151.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX.  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.	6,134,110.	2,393,845.	3,740,265.	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.	187,315,931.	156,483,729.	30,832,202.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,622,014.	3,861,230.	760,784.	
9 Other employee benefits.	27,179,215.	22,705,516.	4,473,699.	
10 Payroll taxes.	14,122,827.	11,798,210.	2,324,617.	
11 Fees for services (non-employees):				
a Management.	945,664.		945,664.	
b Legal.	2,957,035.		2,957,035.	
c Accounting.	1,507,929.		1,507,929.	
d Lobbying.	182,449.	152,418.	30,031.	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	597,089.		597,089.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O Sch. O)	83,180,135.	69,488,685.	13,691,450.	
12 Advertising and promotion.	1,285,541.	1,073,941.	211,600.	
13 Office expenses.	6,778,473.	5,662,736.	1,115,737.	
14 Information technology.	14,188,638.	11,853,188.	2,335,450.	
15 Royalties.				
16 Occupancy.	12,180,326.	10,175,444.	2,004,882.	
17 Travel.	498,380.	416,347.	82,033.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	248,751.	207,807.	40,944.	
20 Interest.	4,634,380.	3,871,561.	762,819.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	31,654,838.	26,444,452.	5,210,386.	
23 Insurance.	7,878,089.	7,495,741.	382,348.	
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>	80,700,115.	80,700,115.		
b <u>Equipment Rent and Maint.</u>	9,051,258.	7,561,421.	1,489,837.	
c <u>Professional Membership</u>	2,784,037.	2,325,785.	458,252.	
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	500,627,224.	424,672,171.	75,955,053.	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 or note to any line in this Part X.

		(A)		(B)
		Beginning of year		End of year
ASSETS	1	Cash — non-interest-bearing	45,152.	1 39,492.
	2	Savings and temporary cash investments	58,648,181.	2 46,694,493.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	57,504,970.	4 63,595,267.
	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	3,884,061.	7 2,476,284.
	8	Inventories for sale or use	9,521,995.	8 10,027,585.
	9	Prepaid expenses and deferred charges	3,019,935.	9 3,728,278.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 708,137,567.	
	b	Less: accumulated depreciation	10b 356,467,852.	10c 351,669,715.
	11	Investments — publicly traded securities	303,587,586.	11 204,327,199.
	12	Investments — other securities. See Part IV, line 11	244,739,925.	12
	13	Investments — program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	148,066,837.	15 155,503,998.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	829,018,642.	16 838,062,311.	
LIABILITIES	17	Accounts payable and accrued expenses	64,629,230.	17 67,327,475.
	18	Grants payable		18
	19	Deferred revenue	3,011,210.	19 3,183,583.
	20	Tax-exempt bond liabilities	249,580,000.	20 246,700,000.
	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	25,151,091.	25 31,557,715.
	26	<b>Total liabilities.</b> Add lines 17 through 25	342,371,531.	26 348,768,773.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets	400,930,008.	27 412,096,873.
	28	Temporarily restricted net assets	56,603,735.	28 47,726,160.
	29	Permanently restricted net assets	29,113,368.	29 29,470,505.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	<b>Total net assets or fund balances</b>	486,647,111.	33 489,293,538.	
34	<b>Total liabilities and net assets/fund balances</b>	829,018,642.	34 838,062,311.	

BAA

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	538,829,366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	500,627,224.
3	Revenue less expenses. Subtract line 2 from line 1	3	38,202,142.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	486,647,111.
5	Net unrealized gains (losses) on investments	5	11,254,037.
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) <i>See Schedule O</i>	9	-46,809,752.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	489,293,538.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? ..... If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? ..... If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	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	
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization <b>Danbury Hospital</b>	Employer identification number <b>06-0646597</b>
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**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? .....	<b>11 g (i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11 g (ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11 g (iii)</b>	

(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)									
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4 .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total support.</b> Add lines 7 through 10 .....						
12 Gross receipts from related activities, etc (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
16a <b>33-1/3% support test – 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total Support.</b> (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 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2013.** 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 – 2012.** 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**

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 its Form 990-PF, Part I, line 2, 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) (2013) **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		\$ 20,582,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,429,547.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 7,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 60,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 35,911.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 120,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Danbury Hospital</b>	Employer identification number <b>06-0646597</b>
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**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		\$ 1,208,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 53,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 138,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

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

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

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

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

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



**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.

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. ....														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2 a</b> Lobbying non-taxable amount .....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					
<b>c</b> Total lobbying expenditures .....					
<b>d</b> Grassroots nontaxable amount .....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					
<b>f</b> Grassroots lobbying expenditures .....					



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

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 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		30.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		72,004.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		110,133.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		282.
j Total. Add lines 1c through 1i			182,449.
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

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 15.79% of this amount or \$57,754 were expended on lobbying. AHA dues of \$60,254 had 23.65% or \$14,250 expended on lobbying activities. Both amounts are reflected on 1f.

Only state and local officials were lobbied during 2014. As part of this

**Part IV** Supplemental Information *(continued)*

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

miscellaneous office expense such as phone, computer supplies, refreshment etc. were incurred and were reflected on line #11 accordingly.

Direct contact with legislators and state leaders were lobbied in support of maintaining patient access to essential services for both the uninsured and underinsured.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	1.	1.	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.	1.	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		X
(ii) related organizations	X	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	X	

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

**Part VI Land, Buildings, and Equipment.**

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

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		426,314,205.	174,191,459.	252,122,746.
c Leasehold improvements		8,792,809.	3,312,947.	5,479,862.
d Equipment		251,398,148.	178,963,446.	72,434,702.
e Other		17,786,049.		17,786,049.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				351,669,715.

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) 457B Asset	358,333.
(2) Bond Escrow Fund	1,868,637.
(3) Bond Issuance Cost	3,953,148.
(4) Bulk Accounts Net of Reserve	1,090,735.
(5) Due From Related Parties	5,968,660.
(6) Interest in WCHN Foundation, Inc.	97,632,022.
(7) Investment in VCA	327,777.
(8) Investment in WCHIC, LTD.	41,436,021.
(9) Morrison Deposit	96,418.
(10) Other Receivables	2,772,247.
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	155,503,998.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 457B Liability	358,334.
(3) Asset Retirement Obligation	179,212.
(4) Due To 3rd Parties	14,656,782.
(5) Malpractice Trust Fund Reserve	9,899,000.
(6) Reserve For Workers Compensation	6,464,387.
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	31,557,715.

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

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

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

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

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

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.**

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. Examples include the funding for the operation of the research program, including reimbursement for capital purchases, educational costs, robotic equipment, Oncology and Pediactrics.

Schedule F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
  - ▶ Attach to Form 990. ▶ See separate instructions.
  - ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

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' on 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.	41,436,021.
CENTRAL (3) AMER. /CARIBBEAN	1	1	Operating Expenses	Malpractice Ins.	22,057,962.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total . . . . .	3	3			63,493,983.
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b) . . . . .	3	3			63,493,983.

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

Schedule F (Form 990) 2013

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' on 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' on 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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Danbury Hospital

Employer identification number

06-0646597

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a. ....	X	
<b>1b</b> If 'Yes,' was it a written policy? .....	X	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining 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: .....	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400.0</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If 'Yes,' indicate which of the following was the family income limit for discounted care: .....	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>600.0</u> %		
<b>c</b> If the organization used factors other than FPG in determining 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the 'medically indigent'? .....	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	X	
<b>5b</b> If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount? .....		X
<b>5c</b> 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? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	X	
<b>6b</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**

<b>Financial Assistance and Means-Tested Government Programs</b>	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			9,039,410.	2,660,046.	6,379,364.	1.27
<b>b</b> Medicaid (from Worksheet 3, column a) .....		69,636	79,652,594.	47,302,675.	32,349,919.	6.46
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs ..	0	69,636	88,692,004.	49,962,721.	38,729,283.	7.73
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	102	25,576	139,566.		139,566.	0.03
<b>f</b> Health professions education (from Worksheet 5) .....	51	648	19,750,234.	6,185,809.	13,564,425.	2.71
<b>g</b> Subsidized health services (from Worksheet 6) .....	26	10,499	1,236,473.	690,060.	546,413.	0.11
<b>h</b> Research (from Worksheet 7) .....	1	172	3,509,406.	509,457.	2,999,949.	0.60
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) ..			58,837.		58,837.	0.01
<b>j</b> Total. Other Benefits .....	180	36,895	24,694,516.	7,385,326.	17,309,190.	3.46
<b>k</b> Total. Add lines 7d and 7j. ....	180	106,531	113,386,520.	57,348,047.	56,038,473.	11.19

**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 . . . . .	4		890.		890.	
3 Community support . . . . .						
4 Environmental improvements . . . . .						
5 Leadership development and training for community members . . . . .						
6 Coalition building . . . . .	50		111,519.		111,519.	0.02
7 Community health improvement advocacy . . . . .	7		16,452.		16,452.	
8 Workforce development . . . . .						
9 Other . . . . .						
10 Total . . . . .	61	0	128,861.	0.	128,861.	0.02

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- 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** **2** 6,117,891.
- 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** **3** 1,025,679.
- 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**

	Yes	No
1	X	
2		
3		
4		
5		
6		
7		
9a	X	
9b	X	

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 171,835,096.
- Enter Medicare allowable costs of care relating to payments on line 5. . . . . **6** 212,663,826.
- Subtract line 6 from line 5. This is the surplus (or shortfall). . . . . **7** -40,828,730.
- 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**  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- Did the organization have a written debt collection policy during the tax year? . . . . . **9a** X
- 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** (owned 10% or more by officers, directors, trustees, key employees and physicians - 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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Danbury Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (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 Section C)		
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 persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If 'Yes,' describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted. .... Part V	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Section C. .... Part V	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 (list url): <u>http://www.danburyhospital.org</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>http://www.chime.org</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If 'No,' explain in Section C 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
b 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 free care?..... If 'Yes,' indicate the FPG family income limit for eligibility for free care: <u>  400  </u> % If 'No,' explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing discounted care?..... If 'Yes,' indicate the FPG family income limit for eligibility for discounted care: <u>  600  </u> % If 'No,' explain in Section C 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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
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 Section C)		

Part V

**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 individual'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 Section C)		
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 individual'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 Section C)		



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

**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 Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**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 Section C)			
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? .....	21		X
If 'Yes,' explain in Section C.			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	22		X
If 'Yes,' explain in Section C.			

**Part V Facility Information** (continued)

Copy of

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by 'Facility A,' 'Facility B,' etc.

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

Facility: Danbury Hospital

Develop 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 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**

Facility: Danbury Hospital

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.

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

Facility: Danbury Hospital

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 V Facility Information** (continued)**Section D. 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? 20

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

BAA

**Part V** Facility Information (continued)**Section D. 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? 20

Name and address	Type of Facility (describe)
4 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
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
0 Danbury Hospital Lab Ctr. 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
0 Bethel Laboratory 68 Stony Hill Road Bethel, CT 06801	Diagnostic
1 Ridgefield Specimen Collection Facility 10 South Street Ridgefield, CT 06877	Diagnostic
0 Newtown Laboratory 14-18 Church Hill Road Newtown, CT 06470	Diagnostic
8 Danbury Hospital Research Institute 131 West Street Danbury, CT 06813	Diagnostic

BAA

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.
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- 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.

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

Part I, Line 6a & 6b: The Community Benefit report is reported on a Network basis.

It contains the organization's community benefit programs and services' descriptions and financial data. The form is made available to the public on the Office of Health Care Access' website:

[http://www.ct.gov/dph/lib/dph/ohca/hospitalfillings/2012/irs990/nmilf990\\_hospital\\_2012.pdf](http://www.ct.gov/dph/lib/dph/ohca/hospitalfillings/2012/irs990/nmilf990_hospital_2012.pdf)

**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

**Part VI Supplemental Information**

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**Part I, Line 7 - Explanation of Costing Methodology (continued)**

Ratio Cost To Charge Calculation

Total Operating Expenses divided by Adjusted Patient Care Cost

(Bad Debt, Other Operating Income and Intercompany Income are removed from the total operating expenses)

Adjusted Patient Care Cost divided by Gross Patient Charges=Ratio of patient care costs to charges.

**Part I, Line 7g - Costs Associated With Physicans Clinics**

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

There are no physician clinics included in this amount.

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

The ratio of cost to charges is applied to the bad debt expense on 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

**Part VI Supplemental Information**

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

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. Because the hospital is not paid for these services, they are considered to be community benefit.

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

**Part VI Supplemental Information**

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

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



**Part VI Supplemental Information**

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

The amount of the allowance for uncollectible accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage, and other collection indicators.

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 35% and 14%, and 32% and 13%, for Medicare and Medicaid, respectively, at September 30, 2014 and 2013, respectively.

**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

**Part VI Supplemental Information**

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**Part III, Line 8 - Explanation Of Shortfall As Community Benefit (continued)**

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, the Hospital will determine the amount of Financial Assistance available to the patient by utilizing the Charitable Assistance Guidelines, which are based upon the

**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 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.

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

most recent federal poverty guidelines.

Danbury Hospital shall regularly review this Financial Assistance Policy to ensure that at all times it: (i) reflects the philosophy and mission of the Hospital; (ii) explains the decision processes of who may be eligible for Financial Assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to indigent patients.

Consistent with this mission, Danbury Hospital recognizes its obligation to the community it serves to provide financial assistance to indigent persons within the community.

In furtherance of its charitable mission, Danbury Hospital will provide both (i) emergency treatment to any person requiring such care; and (ii) essential, non-emergent care to patients who are permanent residents of its primary service area who meet the conditions and criteria set forth in this Policy, without regard to the patients' ability to pay for such care. Elective procedures generally will not be considered essential, non-emergent care and usually will not be eligible for

**Part VI Supplemental Information**

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- 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.

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

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 VI - Needs Assessment**

Part VI, Line 2: Needs Assessment: The Community Forum was attended by 37 community stakeholders from the Housatonic Valley Region (HVR). This included representatives from 5 Health Departments/Districts (Danbury, New Milford, Bethel, Newtown, and Pomperaug), Western CT Health Network, Danbury EMS, the Bethel Visiting Nurse Association, the United Way of Western CT, the Regional YMCA, the Housatonic Valley Coalition Against Substance Abuse, the Mid-Western CT Council on Alcoholism, the AmerCares Free Clinic, the CIFIC Community Health Center, Doctor's Express Urgent Care Center, the Regional Educational Service Center, the Danbury Fire Department, the New Milford Senior Center, and the Peter and Camen Lucia Buck Foundation. 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

**Part VI Supplemental Information**

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- 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.

**Part VI - Needs Assessment (continued)**

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.

The Western CT Health Network (of which Danbury Hospital is a part) conducted a Physician Resource Assessment to evaluate the supply of healthcare providers within its combined service area towns. This is done to document community need for healthcare providers, and to develop a plan to the healthcare needs of the community served.

Through Western CT Health Network's annual Planning Process, an environmental assessment is conducted to identify healthcare gaps and needs of the service area community brought about by local and national trends in economic, legislative, demographic, healthcare industry and other environmental factors. These forces are incorporated in meeting the healthcare needs of the community by helping to frame the priorities, goals and initiatives of Western CT Health Network's long range and annual strategic plans.

**Part VI Supplemental Information**

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- 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.

**Part VI - Patient Education of Eligibility for Assistance**

PART VI, LINE 3: The 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. The policy and applications for assistance are also available online.

**Part VI - Community Information**

Part VI, Line 4: Community Information: Danbury Hospital serves an area with a population of about 280,000 people. The Primary Service Area includes Danbury, Bethel, Newtown, Ridgefield, Southbury, Brookfield and New Fairfield (in CT), and the Secondary Service Area includes New Milford, Redding, Woodbury, and Sherman (in CT) and Brewster and Pawling (in NY). This service area is comprised of a densely

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- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
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- 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.

**Part VI - Community Information (continued)**

populated core of the urban/suburban City of Danbury surrounded by moderately affluent residential and rural towns. New Milford Hospital (also part of Western CT Health Network) is the one other general medical/surgical hospital located in this service area. This area is home to a diverse socio-economic population, from the affluent to the medically underserved; Danbury is listed as a Medically Underserved Area, or MUA. Danbury has a median household income of \$66,281, and a poverty rate of 10.1%.

The uninsured population rate is estimated to be 1.4%. Although the population of the primary and secondary service areas is expected to remain virtually level from 2010 to 2015, the cohort aged 65 and over is expected to increase by 3.29%, while the age 20-44 age cohort is forecast to decline 0.63% over the same time period

**Part VI - Community Building Activities**

Part II: Community Building Activities:

Relates to Line #6, Coalition Building, totalling \$111,519:

Western Connecticut Health Network (WCHN) participates as a member of a regional collaborative representing the Housatonic Valley Region and ten municipalities. A Steering Committee comprised of health care providers, community-based providers, and local government agencies met quarterly to oversee a community health

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.
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- 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.

**Part VI - Community Building Activities (continued)**

improvement plan (CHIP) that was developed utilizing data from a report card and previous community conversations that focused on four priority health indicators (PHI). Each indicator has objectives, strategies and work groups that carry out these objectives: The four PHI workgroups have designated a leader and met at least quarterly to further develop and refine their action plans. During April 2014 the Center for Health Schools & Communities @ Education Connection facilitated a Community Forum to provide a "feedback loop" to community stakeholders. Overall, data obtained from the Conversations provided high quality information to frame the beginning of a community health improvement change process in the region.

1. Prevention and Education of Most Prevalent Chronic Diseases/Health Conditions: Obesity, Type 2 diabetes, and hypertension were identified as the most prevalent health conditions in the community. The PHI team goals are to increase healthy eating options, enhance access to physical activities, and promote a universal healthy lifestyle. In July 2014, the PHI team received the YMCA Diabetes Prevention Program Grant which was used to fund their diabetes prevention program. The team also participated in National Walk Day, which garnered over 150 people from the Housatonic Valley Region and formation of 3 community walking groups. A wellness campaign building on the "5, 2, 1, 0 Let's Go" messaging and collaboration with health



**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

**Part VI - Community Building Activities (continued)**

providers, schools and

businesses is being developed.

**2. Improving Access/Utilization to Substance Abuse and Mental Health Services:**

Mental health issues and substance abuse continue to be prevalent issues in the community. This PHI team is collaborating with 12 Local Prevention Councils, the CT Prevention Framework, and other entities to increase outreach efforts. Their goals are to identify gaps in services and access, provide education, and increase awareness regarding services and programs. There is awareness to vulnerable target groups in need of enhanced services and supports, such as the homeless population and youth. The team worked to improve education and information dissemination, and supported integration of a "question-persuade-refer" model for suicide prevention.

3. Improve Assessment and Service Planning to Senior Health: Senior citizens, particularly homebound elderly and immigrants, are in need of assessment and service planning to address their health, housing, and social support needs. The main goal is to increase awareness, services, and education for senior health. This team is supporting and collaborating with the Aging in Place initiatives funded by the Peter and Carmen Lucia Buck Foundation, which includes the "Safe at Home" program that

**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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**Part VI - Community Building Activities (continued)**

delivers home safety items to seniors.

4. Improve Awareness and Utilization of Existing Health and Social

Programs/Services: This team focused on enhancing awareness and utilization of existing programs and services in the community, including support of Infoline 2-1-1 and 5 Health Access CT Assistor sites by target populations. It also established a partnership with FamilyWize to provide promotional materials for distribution to health providers and key community sites.

The individual CHIP Steering Committee members, including WCHN, support the importance of shared commitment and responsibility in development and execution of its recommended action plans for health improvement.

Relates to Line #2, Economic Development and Line #7, Community Health Improvement Advocacy totalling \$17,342:

Part II: Community Health Improvement Advocacy: Largely state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and underinsured. As part of this effort, miscellaneous expenses are noted in Part II-B 1i.

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

**Part VI - Explanation Of How Organization Furthers Its Exempt Purpose**

Part VI, Line 5: Promotion of community health. Danbury Hospital served 39,440

persons through over 185 health events. One of the highest impact

outreach activities includes 18,498 individuals served through health fairs.

Attendees were offered cancer and blood pressure screenings, and received

information on topics ranging from integrative medicine, nutrition, orthopedic

advancements and Lyme Disease.

Over 50% of the Board Members are independent and do not get paid by Danbury

Hospital. Danbury Hospital also has an open medical staff.

Surplus funds are used to provide innovative technology to clinical care in addition

to expanding our service area.

**Part VI - Affiliated Health Care System Roles and Promotion**

Western Connecticut Health Network (WCHN) is an integrated health care delivery

system comprised of three community hospitals and their affiliated entities. In

addition to Danbury, New Milford and Norwalk Hospitals, the continuum of care

includes a large medical group, home health care services, a nationally renowned

biomedical research institute, the WCHN and Norwalk Hospital Foundations, and other

related affiliates. WCHN's mission is to improve the health of every person we serve

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

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

through the efficient delivery of excellent, innovative and compassionate care. For 2014, WCHN provided \$10,362,060 in total charity care.

Danbury, New Milford and Norwalk Hospitals provide 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 2014, WCHN provided charity care in the following amounts: Norwalk Hospital \$4,331,000, Danbury Hospital \$4,731,000, and New Milford Hospital \$346,000.

Western Connecticut Medical Group/Norwalk Hospital Physicians & Surgeons: The mission of 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 2014, WCMG/NHP&S provided \$880,627 in charity care.

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

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

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 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. For 2014, WCHN Affiliates provided \$1,454 in charity care.

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 2014, WCHC provided \$70,695 in charity care.

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 2014, ENYMS provided \$1,284

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

**Part VI - States Where Community Benefit Report Filed**

CT

**Part V - Explanation of Number of Facility Type**

13 Diagnostic Centers

4 Outpatient Physician Clinics

1 Outpatient Surgical Center

1 Rehabilitation Center

1 Education Center

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.  
 ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

Danbury Hospital

Employer identification number

06-0646597

**Part I Questions Regarding Compensation**

	Yes	No
<b>1 a</b> 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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.	<b>1 b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4 a</b> X	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4 b</b> X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4 c</b>	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. <b>Part III</b>		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5 a</b>	X
<b>b</b> Any related organization?	<b>5 b</b>	X
If 'Yes' to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6 a</b> X	
<b>b</b> Any related organization?	<b>6 b</b> X	
If 'Yes' to line 6a or 6b, describe in Part III. <b>Part III</b>		
<b>7</b> 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.	<b>7</b>	X
<b>8</b> 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.	<b>8</b>	X
<b>9</b> If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2013

**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 Pres/CEO WCHN	(i) 821,391. (ii) 0.	(ii) 412,534. (iii) 0.	(iii) 9,936. (iv) 0.	12,750. 0.	41,737. 0.	1,298,348. 0.	0. 0.
2 Steven H. Rosenberg SVP/CFO, Treas.	(i) 505,212. (ii) 0.	(ii) 185,034. (iii) 0.	(iii) 27,395. (iv) 0.	12,750. 0.	32,659. 0.	763,050. 0.	0. 0.
3 D. DeBarba (From 1/1) Exec VP & Pres.	(i) 632,299. (ii) 0.	(ii) 445,600. (iii) 0.	(iii) 32,430. (iv) 0.	11,475. 0.	14,676. 0.	1,136,480. 0.	0. 0.
4 Donna Kaplanis Ass't Secretary	(i) 177,102. (ii) 0.	(ii) 40,034. (iii) 0.	(iii) 19,841. (iv) 0.	24,188. 0.	33,272. 0.	294,437. 0.	0. 0.
5 Matthew A. Miller, MD SVP & Chief Medical Officer	(i) 441,938. (ii) 0.	(ii) 170,034. (iii) 0.	(iii) 34,909. (iv) 0.	25,500. 0.	23,143. 0.	695,524. 0.	0. 0.
6 Phyllis F. Zappala (To 8/21) Sr. VP Human Resources	(i) 697,301. (ii) 0.	(ii) 125,071. (iii) 0.	(iii) 24,837. (iv) 0.	22,950. 0.	16,509. 0.	886,668. 0.	0. 0.
7 Moreen O. Donahue Sr. VP/Chief Nurse Officer	(i) 292,422. (ii) 0.	(ii) 75,034. (iii) 0.	(iii) 10,882. (iv) 0.	20,400. 0.	43,032. 0.	441,770. 0.	0. 0.
8 Michael Daglio Chief Operating Officer	(i) 346,710. (ii) 0.	(ii) 125,034. (iii) 0.	(iii) 1,046. (iv) 0.	15,300. 0.	32,124. 0.	520,214. 0.	0. 0.
9 Morris Gross VP of Facilities/Real Estate	(i) 248,611. (ii) 0.	(ii) 60,034. (iii) 0.	(iii) 4,925. (iv) 0.	25,500. 0.	27,526. 0.	366,596. 0.	0. 0.
10 Kathleen A. Dematteo Chief Information Officer	(i) 292,606. (ii) 0.	(ii) 100,034. (iii) 0.	(iii) 23,789. (iv) 0.	22,950. 0.	14,831. 0.	454,210. 0.	0. 0.
11 William Delaney, MD Physician	(i) 244,786. (ii) 0.	(ii) 25,384. (iii) 0.	(iii) 3,030. (iv) 0.	25,500. 0.	31,925. 0.	330,625. 0.	0. 0.
12 Dawn Myles VP, Qual & Pat Sfty	(i) 213,493. (ii) 0.	(ii) 60,034. (iii) 0.	(iii) 985. (iv) 0.	17,850. 0.	8,146. 0.	300,508. 0.	0. 0.
13 Sally Herlihy VP of Planning	(i) 234,306. (ii) 0.	(ii) 80,034. (iii) 0.	(iii) 2,163. (iv) 0.	17,850. 0.	33,250. 0.	367,603. 0.	0. 0.
14 Susan C. Iovino (To 7/12) Chief Learning Off	(i) 133,684. (ii) 0.	(ii) 0. (iii) 0.	(iii) 247,361. (iv) 0.	6,821. 0.	25,586. 0.	413,452. 0.	0. 0.
15 Ramin Ahmadi, MD Dir. of Educ./Res.	(i) 256,260. (ii) 0.	(ii) 65,034. (iii) 0.	(iii) 1,697. (iv) 0.	12,750. 0.	32,038. 0.	367,779. 0.	0. 0.
16 Ruth Gregory Director of Purchasing	(i) 143,231. (ii) 0.	(ii) 15,034. (iii) 0.	(iii) 2,393. (iv) 0.	15,978. 0.	11,870. 0.	188,506. 0.	0. 0.

TEEA4102L 07/08/13

Schedule J (Form 990) 2013

BAA



Part III Supplemental Information

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 the calendar ending December 31, 2013, Susan Iovino received \$245,000 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 July 11, 2013.

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. The benefits at the vested age are provided in the form of an actuarial equivalent lump sum plus tax gross-up amount to the participants.

During the fiscal year ending September 30, 2014, 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 \$371,198 was made to Phyllis Zappala during the year.

No payments were made to either, Dr. John Murphy, President and CFO and Steven H.

Rosenberg, CFO, participants of the new SERP plan.

**Part III Supplemental Information**

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

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.



**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Danbury Hospital

**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	207740CL7	3/16/2006	40,924,665.	See Part V For Purpose		X		X		X
B											
C											
D											

Employer identification number  
06-0646597

**Supplemental Information on Tax Exempt Bonds**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

**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		2,237,472.						
5 Capitalized interest from proceeds								
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?								
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) 2013

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</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? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X							
<b>d</b> 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							
<b>4</b> 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%						%
<b>5</b> 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 .....		%						%
<b>6</b> Total of lines 4 and 5 .....		4.690%						%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> 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>b</b> If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%						%
<b>c</b> If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If 'No' to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....	X							
If you checked 'No rebate due' in line 2c, provide in Part VI the date the rebate computation was performed.								
<b>3</b> Is the bond issue a variable rate issue? .....		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5 a 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**

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?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X							

**Part VI Supplemental Information.** 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 life of the bond is only 3%.

Part IV, Line #2c  
 The date that the rebate computation was performed was March, 2014.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

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**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**

Neil Culligan, MD was not considered to be independent, since he received stipends  
during the year exceeding \$10,000.

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

Clinical Care

During FYE2014, approximately 18,000 discharges and 66,000 Emergency Room visits  
occurred.



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**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, 2014-2017

America's Improving Quality and Safety Top Performer, Joint Commission, 2013-2014

Primary Stroke Center Recertification, Joint Commission, 2014-2017

Breast Care Program Accreditation, National Accreditation Program for Breast Centers, 2012-2014

Vascular Laboratory Accreditation, Intersocietal Accreditation Commission, 2014-2016

Certification for Joint/Spine, Joint Commission, 2012-2014

Center for Weight Loss Surgery Accreditation, American College of Surgeons Bariatric Surgery Center Network, 2012

Wound Care and Hyperbaric Medicine Accreditation, Undersea and Hyperbaric Medical Society, 2013

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

Joint Replacement Learning Community, Institute for Healthcare Improvement, 2014

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

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

J.D. Thompson Award for Improvements in Heart Attack Treatment, Connecticut Hospital Association, 2013

Most Wired Hospital, Hospitals and Health Networks, 2014

Top 100 Great Community Hospitals, Becker's Hospital Review, 2012

In 2014, Cleverly and Associates, ranked Danbury Hospital as a top 100 great community value hospital. Also in 2014, they awarded Danbury Hospital with a Five-Star-Community Value Leadership Award for providing high-quality, high-value services at an appropriate cost.

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

Teaching

Danbury Hospital is part of a premier patient-centered system of care dedicated to improving the health and well-being of our patients and the surrounding communities of Western Connecticut and nearby New York State. As a regional medical center and university teaching hospital affiliated with the University of Vermont College of Medicine and Yale University School of Medicine, Danbury Hospital provides a dynamic environment for teaching and research for our Graduate Medical Education training

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

programs. The hospital received Accreditation with Commendation from the Joint Commission on Accreditation of Health care Organizations, and is approved to sponsor residency/fellowship programs by the Accreditation Council for Graduate Medical Education of the American Medical Association. Danbury Hospital sponsors residency training in Internal Medicine, Primary Care, Obstetrics and Gynecology, Surgery, Pathology, Dentistry, and a fellowship in Cardiovascular Disease. Residents and fellows are exposed to a broad range of clinical and didactic experiences throughout their training, and have many opportunities to present at local and national meetings as well as publish original research.

A distinctive component of our Graduate Medical Education training programs is our Global Health Track. Global Health offers the opportunity for residents to perform rotations in the Dominican Republic, Russia, Uganda, Vietnam, and Zimbabwe. With the vision of improving patient care and medical education through the cooperation and exchange of ideas with many partners around the world, our residents have the opportunity to interact with rare disease entities not commonly encountered in the United States. In 2014, our Global Health program formally recognized its first ever "Global Health Resident," due to her unprecedented levels of leadership and health care initiatives abroad. This resident was recognized for founding her own organization and for her groundbreaking work in Uganda with that organization, STAR (Surgical Training and Research) International. The focus of STAR International is to improve womens health in Uganda by combining surgical equipment, training camps, and research. She is ultimately providing Ugandan health care teams with the necessary tools to care for the women of Uganda and address previously untreated gynecological issues. This resident's work was so highly regarded and innovative that Danbury Hospital's Foundation supported her efforts, which helped bolster our

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

Graduate Medical Education training programs and encouraged our residents to continue to deliver the very best care - responsive, compassionate, and cutting-edge.

Danbury Hospital's residency training programs are vital for fulfilling Western Connecticut Health Network's mission to improve the health and well-being of the communities we call home. Our training programs broaden access to primary and specialty care and expand our breadth of services. In 2014, the hospital introduced a new \$150 million patient tower with private rooms, state of the art ED, ICU and room for expanding OR space and capacity. This addition has allowed our residents to operate within the highest quality standards in the delivery of patient care and has promoted the continual integration of our vital residents into our healthcare system. With over 150 residents (including visiting residents) circulating throughout our hospital, it is essential that our residents are fluent in the ever-changing future of healthcare and gain exposure and familiarity to these new elements during their training. Simply put, today's residents are tomorrow's doctors.

During the year 648 persons participated.

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

Research

The WCHN Research Institute has made great progress in the development of technologies for discovery and diagnosis of early cancer biomarkers. These could be used for screening of patients at high risk for colorectal, ovarian and breast cancer disease progression. This is a great stride in the field of personalized medicine where we are moving towards the accurate selection of adjuvant chemotherapy based on the unique molecular characteristics of the patient's tumor. This approach

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

rather than the current "one standard treatment protocol fits all" approach will ensure a response to treatment with minimal toxic side effects. The research institute is also in the early stages for development and commercializing of a new diagnostic tool that has potential to effectively select patients for enrollment in clinical trials for a targeted agent or drug. The WCHN research institute will be collaborating with Mt Sinai to establish a state-of-the-art precision medicine program at Danbury hospital linking gynecologic/oncology patient clinical care and genomic information to improved treatment and surveillance. The WCHN Research Institute is the first of its kind to have a Lyme disease Registry on-site. The Pathology Research group is working with these patient samples to develop a new and improved diagnostic blood test for Lyme disease. This novel assay is sensitive enough for early detection of Lyme disease and has clinical utility to facilitate early therapeutic intervention to prevent the progression of Lyme's disease.

The WCHN Research Institute is growing and has generated a number of high impact scientific journal articles. The institute fosters a collaborative spirit with an open-lab design. We continue to encourage the development and sharing of research ideas by continuing the tradition of Research day symposium first initiated in 2013.

**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**

On 1/1/2014, Western Connecticut Health Network (WCHN) became the sole corporate member of Norwalk Health Services Corporation, and a corporate affiliation was completed.

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

The following significant changes were made to the Certificate of Incorporation of Danbury Hospital (the Corporation), during the fiscal year ending September 30, 2014:

**Article 3:**

The Corporation's sole member, Western Connecticut Health Network, Inc. (WCHN), will now have the ability to amend the Corporation's bylaws without first obtaining a vote of the Corporation's board of directors (the "Board"). By way of background, membership rights are delineated in this certificate and in the bylaws. Consistent with Connecticut law, the Board manages the affairs of the Corporation except to the extent that certain powers are reserved to WCHN. Please see Section 2.2 of the Bylaws for a full list of items requiring the consent of WCHN.

**Article 4:**

The revision to this article reflects that fact that the Corporation's registered agent has been changed since the Corporation last amended and restated its certificate of incorporation.

**Article 10:**

This article will be changed to eliminate the express requirement that an indemnitee obtain permission of the Corporation prior to initiating a proceeding for which indemnification is sought.

The following significant changes were made to the by laws of the Corporation, during the fiscal year ending September 30, 2014:

Name of the organization Danbury Hospital	Employer identification number 06-0646597
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**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

**Section 2.2:**

Revised the powers of the member company, WCHN in section 2.2 to add:

- Approval of changes to qualified and non-qualified benefit plans
- Approval of policies
- Approval of quality, performance and credentialing standards
- Approval of physician compensation methodology
- Approval of transactions and unbudgeted expenditures in excess of \$2.0 million
- Approval of any increases to the operating or capital budget

Section 2.2 was further amended to delete the requirement that WCHN approve procurement of insurance; appointment of auditors, legal counsel or consultants; managed care contracts; and filing of a certificate of need. Approval of a certificate of need is not leagally required and WCHN is required to approve any changes in clinical services. Certain other approvals will no only be needed if the amount involved meets a stated dollar threshold. This section is also being amended to delete the requirement that the Corporation's approval of an action must be accomplished before WCHN's approval of the same action. This change will facilitate approvals when meeting cannot be scheduled to allow the Corporation to meet prior to WCHN's meeting.

**Section 3.2:**

The revision to this section reduces the number of the Corporation's directors who must also be serving as directors of WCHN. A majority overlap will no longer be required. Instead, at least two of the Corporation's directors must also serve on the board of directors of WCHN, The Danbury Hospital and The Norwalk Hospital Association.

Name of the organization Danbury Hospital	Employer identification number 06-0646597
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Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

Section 3.5:

The revision to this section clarifies that WCHN may request regular meetings of the Board.

Section 4.1:

The revisions to this section clarify that (i) WCHN's committees act as advisory committees to the Board and (ii) that a director must serve as the chair of any committee appointed by the Board.

Section 4.3:

The revision to this section clarifies that the Governance Committee will develop candidates to be nominated by the Corporation for membership on the board of directors of WCHN. The Governance Committee will also develop nominees to serve as the chairs of the Corporation's committees.

Section 5.2:

The revision to this section modifies the description of the Chair's duties to delete the requirement that the Chair lead the board of directors in setting the mission and strategic direction of the Corporation.

Section 5.4 and 5.5:

The revisions to these sections modify the officers of the Corporation. The Corporation will have a Chief Executive Officer, who shall be the President and CEO of WCHN, and a President, who shall be the same individual who serves as the President of the New Milford Hospital, Inc., and Norwalk Hospital Association.



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**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents****Section 7.4:**

The revision to this section clarifies that any notice given under these bylaws shall be deemed given when sent.

**Artical V:**

Allows the Chief Financial Officer of WCHN to serve as the Corporation's Treasurer, ex-officio. The Treasurer will have authority to exercise investment management decisions for the Corporation, provided that the Treasurer reports regularly to the directors and excercises such authority in accordance with the investment policies of the Corporation and in consultation with WCHN's Finance Committee.

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

Certain fundamental decisions to be undertaken by the Hospital require the approval of the Member.

a) The actions listed below, taken for the Hospital or in its capacity voting as a shareholder or member of a subsidiary ("Danbury Subsidiary") shall not require approval by the Board and are reserved solely to the Member:

-The amendment of the Hospital's bylaws;

-The election or removal of a director;

-Approval of investment policies;

-Approval of the adoption of or amendment to any qualified or any non-qualified benefit plan;

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

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

Danbury Subsidiary; b) conflicts or dualities of interest; c) accounting and investment standards and practices and d) such other policies the Member may determine;

-Approval of system-wide quality, performance and credentialing standards and procedures to which the Hospital or any Danbury Subsidiary is expected to adhere; and

-Approval of regulatory compliance and methodology for physician compensation arrangements.

The actions listed below, taken for the Hospital or in its capacity voting as a shareholder or member of a Danbury Subsidiary, which require approval of the Board, must also be approved by the Member:

-The election and removal of a director of a Danbury Subsidiary;

-The election of the officers of the Hospital;

-Approval of all operating and capital budgets of the Hospital and Danbury Subsidiary;

-Approval of any amendment or restatement of the Hospital's certificate of incorporation, bylaws, or operating agreement of any Danbury Subsidiary;

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

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

Name of the organization Danbury Hospital	Employer identification number 06-0646597
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**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)**

-Approval of any loans by the Hospital or any Danbury Subsidiary, or the incurring of any indebtedness, secured or unsecured, which exceeds two million dollars (\$2.0 million) or which has a term longer than one year;

-Approval of unbudgeted expenditures in excess of two million dollars (\$2.0 million) or any increase in any approved annual operating or capital budget.

-Approval of any agreement or transaction of the Hospital or any Danbury Subsidiary involving an amount greater than two million dollars (\$2.0 million) with another individual or entity;

-Approval of the affiliation of the Hospital or any Danbury Subsidiary with any other entity for the purposes of the joint conduct of business;

-Creation of any committee which shall have the authority to act on behalf of the Board or on behalf of any Danbury Subsidiary;

-Approval of any conveyance of, or the granting of mortgages or trusts on any real property assets of the Hospital or of any Danbury Subsidiary; and

-Approval of any commencement, cessation, location, relocation or consolidation of significant clinical services provided by the Hospital or any Danbury Subsidiary.

**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

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

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 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

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

manager are reviewed by the Compliance Committee to determine what further action should be taken.

**Restrictions on The Conflicted Person**

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:

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

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

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

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.

- 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 September, 2014.

**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.

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

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.

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****D. DeBarba (From 1/1)**

Daniel DeBarba became the President and Executive VP of Danbury Hospital as of January 1, 2014.

**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.

**D. Cyganowski (To 9/1)**

David Cyganowski, was the Treasurer of the Board to September 1, 2014.

**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 2013 by Western Connecticut Medical Group in the capacity of a physician.



Client 1010

Danbury Hospital

06-0646597

8/11/15

02:30PM

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
Healthcare Professionals	61,721,064.	51,561,777.	10,159,287.	
Purchased Services	21,459,071.	17,926,908.	3,532,163.	
<b>Total</b>	<b>\$83,180,135.</b>	<b>\$69,488,685.</b>	<b>\$13,691,450.</b>	<b>\$ 0.</b>

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

CAPTIVE UBI.....	\$ -99,329.
CHANGE IN EQUITY INTEREST OF WCHNIC.....	16,685,537.
CHANGE IN INVESTMENT OF WHNF.....	-8,561,009.
EQUITY TRANSFER FROM BSI.....	7,618.
EQUITY TRANSFER TO NMH-W/O OF INTERCOMPANY.....	-10,412,946.
EQUITY TRANSFER TO WCHN-W/O OF INTERCOMPANY.....	-35,980,803.
EQUITY TRANSFER TO WCMG-W/O OF INTERCOMPANY.....	-8,448,820.
<b>Total</b>	<b>\$ -46,809,752.</b>

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Danbury Hospital**

Employer identification number  
**06-0646597**

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

(a) 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' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) 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	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' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 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) Norwalk Surgery 40 Cross Street, Norwalk, CT 0685 27-2394942	SURGERY CENTER	CT	NH	RELATED	0.	0.	X		N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) Business Systems, Inc. 95 Locust Avenue Danbury, CT 06810 06-1119262	INACTIVE	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.	23,289,920.	1,237,029.01.	100.00		X
(3) Medical Services of Danbury 24 Hospital Avenue Danbury, CT 06811 06-1635945	INACTIVE	CT	WCMG	C Corp.	0.	0.			X

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c	X
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d	X
<b>e</b> Loans or loan guarantees by related organization(s)	1e	X
<b>f</b> Dividends from related organization(s)	1f	X
<b>g</b> Sale of assets to related organization(s)	1g	X
<b>h</b> Purchase of assets from related organization(s)	1h	X
<b>i</b> Exchange of assets with related organization(s)	1i	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	1j	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
<b>o</b> Sharing of paid employees with related organization(s)	1o	X
<b>p</b> Reimbursement paid to related organization(s) for expenses	1p	X
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q	X
<b>r</b> Other transfer of cash or property to related organization(s)	1r	X
<b>s</b> Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) West. CT Health Network Affiliates	j	104,356	Cost
(2) West. CT Health Network Affiliates	l	170,719	Cost
(3) West. CT Health Network Affiliates	m	509,444	Cost
(4) West. CT Health Network Affiliates	q	5,246,313	Cost
(5) West. CT Health Network Affiliates	s	4,895,502	Cost
(6) West. CT Health Network Foundation	c	20,582,007	Cost

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

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

(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

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

Norwalk Surgery Center, LLC 27-2394942 40 Cross Street, #120 Norwalk,

CT 06851

**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, Inc. 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	
The Norwalk Hospital Association 24 Stevens Street Norwalk, CT 06850 06-6068853	HEALTH SVCS	CT	501 (C) (3)	3	NHSC	X	
Norwalk Hospital Phys. and Surgeons 24 Stevens Street Norwalk, CT 06850 06-1522078	PHYSICIAN SVC.	CT	501 (C) (3)	11, TYPE 2	NHSC	X	
Norwalk Health Care, Inc. 24 Stevens Street Norwalk, CT 06850 22-2577722	INACTIVE	CT	501 (C) (3)	9	NHSC	X	
Norwalk Health Services Corporation 24 Stevens Street Norwalk, CT 06850 22-2577711	SUPPORT SVCS	CT	501 (C) (3)	11, TYPE 2	WCHN	X	
Norwalk Hospital Foundation 34 Maple Street Norwalk, CT 06850 22-2577708	ADMIN. CONTRIB.	CT	501 (C) (3)	7	NHSC	X	
Advanced Ctr. for Rehab. Medicine 24 Stevens Street Norwalk, CT 06850 06-1304799	INACTIVE	CT	501 (C) (3)	11, TYPE 2	NHSC	X	





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

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
West. CT Health Network Foundation	j	81,493.	Cost
West. CT Health Network Foundation	k	56,127.	Cost
West. CT Health Network Foundation	l	198,657.	Cost
West. CT Health Network Foundation	o	1,419,313.	Cost
West. CT Health Network Foundation	q	1,312,720.	Cost
West. CT Health Network Foundation	s	6,264,981.	Cost
Western CT Home Care, Inc.	o	118,600.	Cost
Western CT Home Care, Inc.	q	957,525.	Cost
Western CT Home Care, Inc.	s	1,096,243.	Cost
Western CT Medical Group, Inc.	b	8,448,820.	Cost
Western CT Medical Group, Inc.	j	2,189,615.	Cost
Western CT Medical Group, Inc.	l	2,680,656.	Cost
Western CT Medical Group, Inc.	m	54,686,398.	Cost
Western CT Medical Group, Inc.	o	288,770.	Cost
Western CT Medical Group, Inc.	q	56,280,530.	Cost
Western CT Medical Group, Inc.	s	1,587,501.	Cost
The New Milford Hospital, Inc.	b	10,412,946.	Cost
The New Milford Hospital, Inc.	l	484,884.	Cost

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

(A)	(B)	(C)	(D)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
The New Milford Hospital, Inc.....	o	5,073,718.	Cost
The New Milford Hospital, Inc.....	q	13,054,268.	Cost
The New Milford Hospital, Inc.....	s	11,982,842.	Cost
Eastern NY Medical Services, P.C.....	m	455,100.	Cost
Eastern NY Medical Services, P.C.....	q	178,866.	Cost
The Norwalk Hospital Association.....	o	1,887,526.	Cost
The Norwalk Hospital Association.....	q	613,334.	Cost
The Norwalk Hospital Association.....	s	1,942,640.	Cost
West. CT Health Network Insur. Co., LTD.....	q	21,262,363.	Cost
West. CT Health Network Insur. Co., LTD.....	r	12,853,219.	Cost
West. CT Health Network Insur. Co., LTD.....	s	21,153,642.	Cost