

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1078

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

# 2013

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879en](http://www.irs.gov/form8879en).

Name of exempt organization

Employer identification number

**GREATER WATERBURY HEALTH NETWORK, INC.**

**22-2572044**

Name and title of officer

**DARLENE STROMSTAD  
PRESIDENT/TREASURER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|    |                          |                                     |   |  |    |                 |
|----|--------------------------|-------------------------------------|---|--|----|-----------------|
| 1a | Form 990 check here      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>566,472.</u> |
| 2a | Form 990-EZ check here   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                 |
| 3a | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b |                 |
| 4a | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                 |
| 5a | Form 8868 check here     | <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |                 |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARCUM LLP

ERO firm name

to enter my PIN 72044

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

8/12/15

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06411606103

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

|   |  |            |   |
|---|--|------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>GREATER WATERBURY HEALTH NETWORK, INC.</b>                         |            | <b>D</b> Employer identification number<br><b>22-2572044</b>  |
|   | Doing Business As  |            | <b>E</b> Telephone number<br><b>(203) 573-6000</b>  |
|   | Number and street (or P.O. box if mail is not delivered to street address)                             | Room/suite | <b>G</b> Gross receipts \$ <b>13,221,456.</b>   |
|   | <b>64 ROBBINS STREET</b>   |            | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
|   | City or town, state or province, country, and ZIP or foreign postal code<br><b>WATERBURY, CT 06721</b> |            | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>F</b> Name and address of principal officer: <b>DARLENE STROMSTAD</b><br><b>SAME AS C ABOVE</b>  |  |            | <b>H(c)</b> Group exemption number  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |            |   |
| <b>J</b> Website: <b>WWW.WATERBURYHOSPITAL.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>1993</b>   |
| <b>M</b> State of legal domicile: <b>CT</b>   |  |            |   |

**Part I Summary**

|   |   |                    |
|---|---|--------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE PROVIDE COMPASSIONATE, HIGH QUALITY HEALTH CARE SERVICES THROUGH A FAMILY OF PROFESSIONALS AND</b> |                    |
|   | <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>13</b>          |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>8</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | <b>0</b>           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>0</b>           |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>0.</b>          |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>0.</b>   |                    |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>0.</b>          |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>0.</b>          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>1,164,488.</b>  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>0.</b>          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>1,164,488.</b>  |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>0.</b>          |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>          |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>0.</b>          |
|   | <b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>          |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | <b>0.</b>          |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>43,520.</b>     |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>43,520.</b>     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>1,120,968.</b>   |                    |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | <b>17,895,469.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>35,700.</b>     |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>17,859,769.</b> |

**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>              | Signature of officer<br><b>DARLENE STROMSTAD, PRESIDENT/TREASURER</b> | Date                            |   |   |                          |
|                               | Type or print name and title  |                                 |   |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>DOUGLAS FARRINGTON</b>               | Preparer's signature            | Date  | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00370668</b> |
|                               | Firm's name<br><b>MARCUM LLP</b>                                      | Firm's EIN<br><b>11-1986323</b> | Firm's address<br><b>CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103</b> | Phone no.<br><b>860-760-0600</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

1 Briefly describe the organization's mission:

WE PROVIDE COMPASSIONATE, HIGH QUALITY HEALTH CARE SERVICES THROUGH A FAMILY OF PROFESSIONALS AND SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the 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 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 \$ 21. including grants of \$ ) (Revenue \$ )

TO PLAN, DEVELOP, COORDINATE AND DIRECT A SYSTEM OF RELATED AND INTEGRATED HEALTH CARE ENTITIES. GENERAL SUPERVISION AND COORDINATION OF HEALTH CARE SYSTEM'S ACTIVITIES. TO RECEIVE, MAINTAIN AND DISTRIBUTE FUNDS AND OTHER ASSETS TO ITS AFFILIATES, ADMINISTERING AND APPLYING THEM EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses 21.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   |     | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | 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? <i>If "Yes," complete Schedule C, Part II</i>   |     | 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | 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? <i>If "Yes," complete Schedule D, Part VI</i>   |     | 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? <i>If "Yes," complete Schedule D, Part VII</i>   |     | 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? <i>If "Yes," complete Schedule D, Part VIII</i>   | 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? <i>If "Yes," complete Schedule D, Part IX</i>  | X   |    |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | 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)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | X   |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | 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? <i>If "Yes," complete Schedule G, Part I</i>  |     | 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? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**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 organization 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? .....   |     |    |
| 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? .....  |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| 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? <i>If so, complete Schedule L, Part II</i> .....                                    |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part 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? .....   | X   |    |

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and 501(c)(7), (12), and (29) organizations.

**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 |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
| 1a | 13   |     |    |
| 1b | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| 1b | 8  |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| 6  | Did the organization have members or stockholders?   | X   |    |
| 7a | 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   |    |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| 8a | a The governing body?  | X   |    |
| 8b | b Each committee with authority to act on behalf of the governing body?  | X   |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

|     |  | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| 10b | 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?   |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| 13  | Did the organization have a written whistleblower policy?  | X   |    |
| 14  | Did the organization have a written document retention and destruction policy?   | X   |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| 15a | a The organization's CEO, Executive Director, or top management official   |     | X  |
| 15b | b Other officers or key employees of the organization  |     | X  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| 16b | 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 take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SCOTT BOWMAN - 203-573-7333**  
**64 ROBBINS STREET, WATERBURY, CT 06721**

**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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DARLENE STROMSTAD<br>PRESIDENT/TREASURER                | 25.00<br>41.00  | X   |                       | X       |              |                              |        | 0.   | 576,786.  | 93,364.   |
| (2) CARL D. CONTADINI<br>CHAIRMAN                           | 0.30<br>0.30  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) JOHN A. KELLY, JR.<br>VICE CHAIRMAN                     | 0.30<br>0.30  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) ANDREW K. SKIPP<br>SECRETARY                            | 0.20<br>0.20  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) CARL B. SHERTER, MD<br>DIRECTOR                         | 0.30<br>7.00  | X   |                       |         |              |                              |        | 0.   | 18,750.   | 0.  |
| (6) RON J. D'ANDREA, MD<br>DIRECTOR                         | 0.20<br>0.20  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) DR. HENRY BORKOWSKI<br>DIRECTOR                         | 0.30<br>40.30   | X   |                       |         |              |                              |        | 0.   | 750,082.  | 37,460.   |
| (8) JAMES H. GATLING, PH.D<br>DIRECTOR                      | 0.40<br>0.40  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) PATRICIA MCKINLEY<br>DIRECTOR                           | 0.40<br>0.40  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) JOHN A. MICHAELS<br>DIRECTOR                           | 0.50<br>0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) DAVID J. PIZZUTO, MD<br>DIRECTOR / VP MEDICAL SERVICES | 6.00<br>21.00   | X   |                       | X       |              |                              |        | 0.   | 173,784.  | 8,431.  |
| (12) WILLIAM J. PIZZUTO, PH.D<br>DIRECTOR                   | 0.90<br>0.90  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) DR. NEIL PETERSEN<br>CHIEF OF STAFF                    | 0.30<br>7.00  | X   |                       |         |              |                              |        | 0.   | 56,250.   | 0.  |
| (14) SUNDAE BLACK<br>DIRECTOR                               | 0.40<br>0.40  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) FRANK SHERER<br>DIRECTOR                               | 0.40<br>0.40  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) SANDRA A. IADAROLA<br>CHIEF NURSING OFFICER            | 1.80<br>40.30   |   |                       | X       |              |                              |        | 0.   | 250,887.  | 16,691.   |
| (17) DIANE M. WOOLLEY<br>VP HUMAN RESOURCES                 | 5.00<br>40.00   |   |                       | X       |              |                              |        | 0.   | 234,355.  | 24,691.   |



**Part VIII Statement of Revenue**

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

|  |  |  | (A)  | (B)                                | (C)                        | (D)  |  |
|--|--|--|--|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue                                | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a  | Federated campaigns  | 1a   |                                    |                            |  |  |
|  | b  | Membership dues  | 1b   |                                    |                            |  |  |
|  | c  | Fundraising events   | 1c   |                                    |                            |  |  |
|  | d  | Related organizations  | 1d   |                                    |                            |  |  |
|  | e  | Government grants (contributions)  | 1e   |                                    |                            |  |  |
|  | f  | All other contributions, gifts, grants, and similar amounts not included above | 1f   |                                    |                            |  |  |
|  | g  | Noncash contributions included in lines 1a-1f: \$                              |  |                                    |                            |  |  |
|  | h  | <b>Total.</b> Add lines 1a-1f  |  |                                    |                            |  |  |
| Program Service Revenue                                | 2 a  |  | Business Code                                |                                    |                            |  |  |
|  | b  |  |  |                                    |                            |  |  |
|  | c  |  |  |                                    |                            |  |  |
|  | d  |  |  |                                    |                            |  |  |
|  | e  |  |  |                                    |                            |  |  |
|  | f  | All other program service revenue  |  |                                    |                            |  |  |
|  | g  | <b>Total.</b> Add lines 2a-2f  |  |                                    |                            |  |  |
| Other Revenue  | 3  | Investment income (including dividends, interest, and other similar amounts)   |  | 254,502.                           |                            | 254,502.   |  |
|  | 4  | Income from investment of tax-exempt bond proceeds                             |  |                                    |                            |  |  |
|  | 5  | Royalties  |  |                                    |                            |  |  |
|  | 6 a  | Gross rents  | (i) Real                                     | (ii) Personal                      |                            |  |  |
|  |  |  |  |                                    |                            |  |  |
|  |  |  |  |                                    |                            |  |  |
|  |  |  |  |                                    |                            |  |  |
|  | b  | Less: rental expenses  |  |                                    |                            |  |  |
|  | c  | Rental income or (loss)  |  |                                    |                            |  |  |
|  | d  | Net rental income or (loss)  |  |                                    |                            |  |  |
|  | 7 a  | Gross amount from sales of assets other than inventory                         | (i) Securities                               | (ii) Other                         |                            |  |  |
|  |  |  | 12,966,954.                                  |                                    |                            |  |  |
|  |  |  |  |                                    |                            |  |  |
|  |  |  |  |                                    |                            |  |  |
|  | b  | Less: cost or other basis and sales expenses                                   | 12,654,984.                                  |                                    |                            |  |  |
| c  | Gain or (loss)   | 311,970.   |  |                                    |                            |  |  |
| d  | Net gain or (loss)   |  | 311,970.                                     |                                    | 311,970.                   |  |  |
| 8 a  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  |  |                                    |                            |  |  |
|  |  | b  | Less: direct expenses                        |                                    |                            |  |  |
|  |  | c  | Net income or (loss) from fundraising events |                                    |                            |  |  |
| 9 a  | Gross income from gaming activities. See Part IV, line 19  | a  |  |                                    |                            |  |  |
|  |  | b  | Less: direct expenses                        |                                    |                            |  |  |
|  |  | c  | Net income or (loss) from gaming activities  |                                    |                            |  |  |
| 10 a   | Gross sales of inventory, less returns and allowances  | a  |  |                                    |                            |  |  |
|  |  | b  | Less: cost of goods sold                     |                                    |                            |  |  |
|  |  | c  | Net income or (loss) from sales of inventory |                                    |                            |  |  |
| Miscellaneous Revenue                                  |  |  | Business Code                                |                                    |                            |  |  |
| 11 a   |  | a  |  |                                    |                            |  |  |
|  |  | b  |  |                                    |                            |  |  |
|  |  | c  |  |                                    |                            |  |  |
|  |  | d  | All other revenue                            |                                    |                            |  |  |
|  |  | e  | <b>Total.</b> Add lines 11a-11d              |                                    |                            |  |  |
| 12   | <b>Total revenue.</b> See instructions.  |  | 566,472.                                     | 0.                                 | 0.                         | 566,472.   |  |

**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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the 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 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 35,123.               |                                 | 35,123.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  | 33,998.               |                                 | 33,998.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 21.                   | 21.                             |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  |                       |                                 |  |                             |
| 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 _____   |                       |                                 |  |                             |
| b _____   |                       |                                 |  |                             |
| c _____   |                       |                                 |  |                             |
| d _____   |                       |                                 |  |                             |
| e All other expenses _____  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 69,142.               | 21.                             | 69,121.                                | 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  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)<br>Beginning of year  |                | (B)<br>End of year |
|-----------------------------|---|---|----------------|--------------------|
| Assets                      | 1   | Cash - non-interest-bearing   |                | 1                  |
|                             | 2   | Savings and temporary cash investments  | 628,180.       | 2 747,685.         |
|                             | 3   | Pledges and grants receivable, net  |                | 3                  |
|                             | 4   | Accounts receivable, net  |                | 4                  |
|                             | 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 instr). Complete Part II of Sch L |                | 6                  |
|                             | 7   | Notes and loans receivable, net   | 222,914.       | 7 214,281.         |
|                             | 8   | Inventories for sale or use   |                | 8                  |
|                             | 9   | Prepaid expenses and deferred charges   |                | 9                  |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |                | 10a                |
|                             | b   | Less: accumulated depreciation  |                | 10b                |
|                             | 11  | Investments - publicly traded securities  | 13,186,398.    | 11 13,774,771.     |
|                             | 12  | Investments - other securities. See Part IV, line 11  |                | 12                 |
|                             | 13  | Investments - program-related. See Part IV, line 11   | 676,822.       | 13 1,365,153.      |
|                             | 14  | Intangible assets   |                | 14                 |
|                             | 15  | Other assets. See Part IV, line 11  | 3,181,155.     | 15 1,677,709.      |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 17,895,469.   | 16 17,779,599. |                    |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 35,700.        | 17 40,695.         |
|                             | 18  | Grants payable  |                | 18                 |
|                             | 19  | Deferred revenue  |                | 19                 |
|                             | 20  | Tax-exempt bond liabilities   |                | 20                 |
|                             | 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                 |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 35,700.        | 26 40,695.         |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |                |                    |
|                             | 27  | Unrestricted net assets   | 17,859,769.    | 27 17,738,904.     |
|                             | 28  | Temporarily restricted net assets   |                | 28                 |
|                             | 29  | Permanently restricted net assets   |                | 29                 |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |                |                    |
|                             | 30  | Capital stock or trust principal, or current funds  |                | 30                 |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |                | 31                 |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |                | 32                 |
| 33                          | <b>Total net assets or fund balances</b>  | 17,859,769.   | 33 17,738,904. |                    |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 17,895,469.   | 34 17,779,599. |                    |

**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  | 566,472.    |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 69,142.     |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 497,330.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 17,859,769. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 104,237.    |
| 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)   | 9  | -722,432.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 17,738,904. |

**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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

Form 990 (2013)

**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: **GREATER WATERBURY HEALTH NETWORK, INC.**  
Employer identification number: **22-2572044**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - 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 it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|------------|---|---|----|--|----|---|----|----------------------------------|
|                                    |            |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| GREATER WATERBURY HE               | 22-2572042 | 9   | X   |    | X  |    | X   |    | 0.                               |
| THE WATERBURY HO                   | 06-0665979 | 3   | X   |    | X  |    | X   |    | 0.                               |
| CHILDREN'S CENTER OF GR            | 06-1506197 | 9   | X   |    | X  |    | X   |    | 0.                               |
|                                    |            |   |   |    |  |    |   |    |                                  |
|                                    |            |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       | <b>3</b>   |   |   |    |  |    |   |    | <b>0.</b>                        |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

**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 stop here <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 line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>  |    |  |   |
| b <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 stop here. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |    |  |   |
| b <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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |  |   |
| 18 <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"/>   |    |  |   |

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

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

**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 D (Form 990)

Supplemental Financial Statements

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, line 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.

Name of the organization

GREATER WATERBURY HEALTH NETWORK, INC.

Employer identification number 22-2572044

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

d Loan or exchange programs

b Scholarly research

e Other

c Preservation for future generations

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21?

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.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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%.

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

by:

(i) unrelated organizations

(ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

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

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

**Part VII Investments - Other Securities.**

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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |                |   |

**Part VIII Investments - Program Related.**

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) INVESTMENT IN MALPRACTICE   |                |   |
| (2) CAPTIVE   | 1,285,153.     | END-OF-YEAR MARKET VALUE                                  |
| (3) INVESTMENT IN NPC   | 80,000.        | END-OF-YEAR MARKET VALUE                                  |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | 1,365,153.     |   |

**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) INVESTMENT IN SUB - GWMR, INC.  | 647,741.       |
| (2) INVESTMENT IN SUB - CHILDRENS CTR.                                    | 718,418.       |
| (3) ACCRUED INT. & DIV RECEIVABLE   | 52.            |
| (4) DUE FROM AFFILIATES   | 311,498.       |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 1,677,709.     |

**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.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

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.**

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         | -121,710. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |           |
| a | Net unrealized gains on investments   | 2a |           |           |
| b | Donated services and use of facilities  | 2b |           |           |
| c | Recoveries of prior year grants   | 2c |           |           |
| d | Other (Describe in Part XIII.)  | 2d | -688,182. |           |
| e | Add lines 2a through 2d   | 2e |           | -688,182. |
| 3 | Subtract line 2e from line 1  | 3  |           | 566,472.  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |           |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |           |           |
| b | Other (Describe in Part XIII.)  | 4b |           |           |
| c | Add lines 4a and 4b   | 4c |           | 0.        |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |           | 566,472.  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|   |  |    |   |         |
|---|--|----|---|---------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1 | 69,142. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |   |         |
| a | Donated services and use of facilities   | 2a |   |         |
| b | Prior year adjustments   | 2b |   |         |
| c | Other losses   | 2c |   |         |
| d | Other (Describe in Part XIII.)   | 2d |   |         |
| e | Add lines 2a through 2d  | 2e |   | 0.      |
| 3 | Subtract line 2e from line 1   | 3  |   | 69,142. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |   |         |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |   |         |
| b | Other (Describe in Part XIII.)   | 4b |   |         |
| c | Add lines 4a and 4b  | 4c |   | 0.      |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |   | 69,142. |

**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 X, LINE 2:**

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2014, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE CORPORATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE CORPORATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2011.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

EQUITY METHOD GAIN IN INVESTMENT IN HAIC -688,182.



**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

Employer identification number

**GREATER WATERBURY HEALTH NETWORK, INC.**

**22-2572044**

**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 AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0                                   |  | INVESTMENTS   |  | 1,285,000.   |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
|  |                                     |  |   |  |  |
| <b>3 a</b> Sub-total .....   | 0                                   | 0  |   |  | 1,285,000.   |
| <b>b</b> Total from continuation sheets to Part I .....                | 0                                   | 0  |   |  | 0.   |
| <b>c</b> Totals (add lines 3a and 3b) .....                            | 0                                   | 0  |   |  | 1,285,000.   |

LHA 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<br>(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) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |
|                               |  |            |                      |                          |                                 |                                   |  |   |

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 \_\_\_\_\_

3 Enter total number of other organizations or entities \_\_\_\_\_



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 F (Form 990) 2013

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2013**

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)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GREATER WATERBURY HEALTH NETWORK, INC.**

Employer identification number

**22-2572044**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

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

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> | X   |    |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

LHA 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 column (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 & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) DARLENE STROMSTAD<br>PRESIDENT/TREASURER               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 525,286.   | 51,500.                             | 0.                                  | 82,650.  | 10,714.                 | 670,150.                        | 0.  |
| (2) DR. HENRY BORKOWSKI<br>DIRECTOR                        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 750,082.   | 0.                                  | 0.                                  | 25,150.  | 12,310.                 | 787,542.                        | 0.  |
| (3) DAVID J. PIZZUTO, MD<br>DIRECTOR / VP MEDICAL SERVICES | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 142,625.   | 31,159.                             | 0.                                  | 5,202.   | 3,229.                  | 182,215.                        | 0.  |
| (4) SANDRA A. IADAROLA<br>CHIEF NURSING OFFICER            | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 204,007.   | 46,880.                             | 0.                                  | 7,524.   | 9,167.                  | 267,578.                        | 0.  |
| (5) DIANE M. WOOLLEY<br>VP HUMAN RESOURCES                 | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 180,957.   | 53,398.                             | 0.                                  | 7,261.   | 17,430.                 | 259,046.                        | 0.  |
| (6) MICHAEL J. CEMENO<br>CHIEF INFORMATION OFFICER         | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 287,438.   | 66,805.                             | 0.                                  | 7,650.   | 14,854.                 | 376,747.                        | 0.  |
| (7) THOMAS M. BURKE<br>VICE PRESIDENT OPERATIONS           | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 173,802.   | 14,246.                             | 0.                                  | 1,148.   | 15,895.                 | 205,091.                        | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**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, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:**

DARLENE STROMSTAD'S SERP CONTRIBUTION: \$75,000

**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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

Name of the organization

GREATER WATERBURY HEALTH NETWORK, INC.

Employer identification number

22-2572044

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES.

FORM 990, PART VI, SECTION A, LINE 6:

YES, THE NETWORK HAD 120 MEMBERS IN THE FISCAL YEAR ENDING  
9/30/14.

FORM 990, PART VI, SECTION A, LINE 7A:

GREATER WATERBURY HEALTH NETWORK, INC. HAD 120 MEMBERS IN THE  
FISCAL YEAR ENDING 9/30/14. THE MEMBERS ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED AND APPROVED BY THE ORGANIZATION'S  
AUDIT COMMITTEE. A COPY OF THE FORM 990 IS THEN MADE AVAILABLE TO EACH  
BOARD MEMBER BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE HOSPITAL COMPLIANCE OFFICER REVIEWS ANNUALLY THE  
SUBMISSION OF POTENTIAL/ACTUAL CONFLICT DECLARATIONS. THEY ARE ALSO  
REVIEWED ANNUALLY AT THE BOARD'S COMPLIANCE AND ETHICS COMMITTEE MEETING  
AND RECOMMENDATIONS FOR ACTION ARE MADE TO THE FULL BOARD AS NECESSARY.  
ADDITIONALLY, RESPONSES ARE PROFILED, BY MEMBER, FOR EACH COMMITTEE OF THE  
BOARD/NETWORK, AND DISTRIBUTED AT EACH COMMITTEE MEETING AS A WAY TO  
PROMOTE TRANSPARENCY. THE COMMITTEE CHAIR AND MEMBERS SHARE RESPONSIBILITY  
IN IDENTIFYING AND MANAGING THESE DECLARED CONFLICTS OF INTEREST WHEN  
MAKING BUSINESS DECISIONS ON BEHALF OF THE HOSPITAL.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

|  |  |
|--|--|
| Name of the organization<br>GREATER WATERBURY HEALTH NETWORK, INC. | Employer identification number<br>22-2572044 |
|--|--|

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|  |           |
|--|-----------|
| EQUITY METHOD GAIN IN INVESTMENT IN HAIC | -688,182. |
| CHANGE IN VALUE OF SUBSIDIARY            | -34,250.  |
| TOTAL TO FORM 990, PART XI, LINE 9       | -722,432. |

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS HAVE THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THE AUDIT COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS IN REGARD TO THE SELECTION OF AN INDEPENDENT AUDITOR.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

GREATER WATERBURY HEALTH NETWORK, INC.

Employer identification number  
22-2572044

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity          | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|--|--|----|
|   |                         |   |                               |   |  | Yes  | No |
| GREATER WATERBURY HEALTH SERVICES, INC. -<br>22-2572042, 64 ROBBINS STREET, WATERBURY, CT<br>06708                        | HEALTH SERVICES         | CONNECTICUT   | 501(C)(3)                     | 9   | GREATER WATERBURY<br>HEALTH NETWORK,<br>INC. | X  |    |
| THE WATERBURY HOSPITAL - 06-0665979<br>64 ROBBINS STREET<br>WATERBURY, CT 06721   | HOSPITAL                | CONNECTICUT   | 501(C)(3)                     | 3   | GREATER WATERBURY<br>HEALTH NETWORK,<br>INC. | X  |    |
| CHILDREN'S CENTER OF GREATER WATERBURY<br>HEALTH NETWORK, INC. - 06-1506197, 172<br>GRANDVIEW AVENUE, WATERBURY, CT 06708 | CHILD CARE & EDUCATION  | CONNECTICUT   | 501(C)(3)                     | 9   | GREATER WATERBURY<br>HEALTH NETWORK,<br>INC. | X  |    |
| VNA HEALTH AT HOME, INC. - 06-0660419<br>27 SIMON COMPANY DRIVE, SUITE 101<br>WATERTOWN, CT 06795                         | HOME HEALTH CARE        | CONNECTICUT   | 501(C)(3)                     | 9   | GREATER WATERBURY<br>HEALTH NETWORK,<br>INC. | X  |    |

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

Schedule R (Form 990) 2013



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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| ACCESS REHAB CENTERS, LLC -<br>06-1527429, 22 TOMPKINS<br>STREET, WATERBURY, CT 06708               | THERAPY<br>SERVICES     | CT  | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                     |    | N/A   | N/A                                       |    | N/A                            |
| GREATER WATERBURY IMAGING<br>CENTER, LLP - 06-1242903, 64<br>ROBBINS STREET, WATERBURY, CT<br>06721 | IMAGING<br>SERVICES     | CT  | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                     |    | N/A   | N/A                                       |    | N/A                            |
| IMAGING PARTNERS, LLC -<br>06-1617047, 134 GRANDVIEW<br>AVENUE, WATERBURY, CT 06708                 | IMAGING<br>SERVICES     | CT  | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                     |    | N/A   | N/A                                       |    | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| GREATER WATERBURY MANAGEMENT RESOURCES, INC.<br>- 22-2575566, 1625 STRAITS TURNPIKE,<br>MIDDLEBURY, CT 06762 | MED SVS / MSO           | CT  | GR WTRY<br>HEALTH<br>NETWORK, INC.  | C CORP   | -41,265.                        | 602,770.                                 | 100%                           |   | 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  | X   |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | X  |

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

| (a)<br>Name of related organization                             | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) CHILDREN'S CENTER OF GREATER WATERBURY HEALTH NETWORK, INC. | A                             | 8,756.                 | AMORTIZATION SCHEDULE                        |
| (2) CHILDREN'S CENTER OF GREATER WATERBURY HEALTH NETWORK, INC. | D                             | 214,281.               | BALANCE OWED @ 9/30/14                       |
| (3)   |                               |                        |  |
| (4)   |                               |                        |  |
| (5)   |                               |                        |  |
| (6)   |                               |                        |  |





**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

▶ For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471).  
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_.

Attachment  
Sequence No. **121**

|   |   |
|---|---|
| Name of person filing this return<br><br><b>GREATER WATERBURY HEALTH NETWORK, INC.</b><br><small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small><br><b>64 ROBBINS STREET</b><br>City or town, state, and ZIP code<br><b>WATERBURY, CT 06721</b> | <b>A Identifying number</b><br><br><b>22-2572044</b><br><br><b>B Category of filer (See instructions. Check applicable box(es)):</b><br>1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> |
| Filer's tax year beginning <b>OCT 1</b> , 20 <b>13</b> , and ending <b>SEP 30</b> , 20 <b>14</b>  | <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> <b>50.00 %</b>   |

**D Person(s) on whose behalf this information return is filed:**

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) |         |          |
|----------|-------------|------------------------|------------------------------|---------|----------|
|          |             |                        | Shareholder                  | Officer | Director |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |

**Important:** Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

|   |  |   |  |  |
|---|--|---|--|--|
| <b>1a Name and address of foreign corporation</b><br><b>HEALTHCARE ALLIANCE INSURANCE COMPANY, LTD.</b><br><b>FORMERLY GHS INSURANCE COMPANY, LTD.</b><br><b>P.O. BOX 1109GT, GRAND CAYMAN</b><br><b>CAYMAN ISLANDS</b> | <b>b(1) Employer identification number, if any</b><br><b>98-0448229</b><br><br><b>b(2) Reference ID number (see instructions)</b><br><br><b>c Country under whose laws incorporated</b><br><b>CAYMAN ISLANDS</b> |   |  |  |
| <b>d Date of incorporation</b><br><b>07/25/94</b>   | <b>e Principal place of business</b><br>_____  | <b>f Principal business activity code number</b><br><b>524290</b> | <b>g Principal business activity</b><br><b>LIABILITY INSURANCE</b> | <b>h Functional currency</b><br><b>UNITED STATES, DOLLAR</b> |

**2 Provide the following information for the foreign corporation's accounting period stated above.**

| <b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b><br><br>_____     | <b>b If a U.S. income tax return was filed, enter:</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">(i) Taxable income or (loss)</th> <th style="width:50%;">(ii) U.S. income tax paid (after all credits)</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> | (i) Taxable income or (loss) | (ii) U.S. income tax paid (after all credits) |  |  |
|---|---|------------------------------|---|--|--|
| (i) Taxable income or (loss)  | (ii) U.S. income tax paid (after all credits)   |                              |   |  |  |
|   |   |                              |   |  |  |
| <b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b><br><br>_____ | <b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b><br><br>_____  |                              |   |  |  |

| (a) Description of each class of stock | (b) Number of shares issued and outstanding |                                      |
|--|---|--------------------------------------|
|  | (i) Beginning of annual accounting period   | (ii) End of annual accounting period |
|  | <b>COMMON</b>                               | <b>240,000</b>                       |
|  |   |                                      |

SEE STATEMENT 1



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

|   | (a)<br>Name of country or U.S. possession | Amount of tax              |                        |                        |
|---|---|----------------------------|------------------------|------------------------|
|   |   | (b)<br>In foreign currency | (c)<br>Conversion rate | (d)<br>In U.S. dollars |
| 1 | U.S.                                      |                            |                        |                        |
| 2 |   |                            |                        |                        |
| 3 |   |                            |                        |                        |
| 4 |   |                            |                        |                        |
| 5 |   |                            |                        |                        |
| 6 |   |                            |                        |                        |
| 7 |   |                            |                        |                        |
| 8 | Total                                     |                            |                        |                        |

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets                                      |   | (a)                                   | (b)                             |
|---|---|---------------------------------------|---------------------------------|
|   |   | Beginning of annual accounting period | End of annual accounting period |
| 1   | Cash  | 1                                     |                                 |
| 2a  | Trade notes and accounts receivable                   | 2a                                    |                                 |
| b   | Less allowance for bad debts                          | 2b ( )                                | ( )                             |
| 3   | Inventories   | 3                                     |                                 |
| 4   | Other current assets (attach statement)               | 4                                     |                                 |
| 5   | Loans to shareholders and other related persons       | 5                                     |                                 |
| 6   | Investment in subsidiaries (attach statement)         | 6                                     |                                 |
| 7   | Other investments (attach statement)                  | 7                                     |                                 |
| 8a  | Buildings and other depreciable assets                | 8a                                    |                                 |
| b   | Less accumulated depreciation                         | 8b ( )                                | ( )                             |
| 9a  | Depletable assets                                     | 9a                                    |                                 |
| b   | Less accumulated depletion                            | 9b ( )                                | ( )                             |
| 10  | Land (net of any amortization)                        | 10                                    |                                 |
| 11  | Intangible assets:                                    |                                       |                                 |
| a   | Goodwill  | 11a                                   |                                 |
| b   | Organization costs                                    | 11b                                   |                                 |
| c   | Patents, trademarks, and other intangible assets      | 11c                                   |                                 |
| d   | Less accumulated amortization for lines 11a, b, and c | 11d ( )                               | ( )                             |
| 12  | Other assets (attach statement)                       | 12                                    |                                 |
| 13  | Total assets  | 13                                    |                                 |
| <b>Liabilities and Shareholders' Equity</b> |   |                                       |                                 |
| 14  | Accounts payable                                      | 14                                    |                                 |
| 15  | Other current liabilities (attach statement)          | 15                                    |                                 |
| 16  | Loans from shareholders and other related persons     | 16                                    |                                 |
| 17  | Other liabilities (attach statement)                  | 17                                    |                                 |
| 18  | Capital stock:  |                                       |                                 |
| a   | Preferred stock                                       | 18a                                   |                                 |
| b   | Common stock  | 18b                                   |                                 |
| 19  | Paid-in or capital surplus (attach reconciliation)    | 19                                    |                                 |
| 20  | Retained earnings                                     | 20                                    |                                 |
| 21  | Less cost of treasury stock                           | 21 ( )                                | ( )                             |
| 22  | Total liabilities and shareholders' equity            | 22                                    |                                 |

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**Schedule G Other Information**

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement.   |                          |                                     |
| 2 During the tax year, did the foreign corporation own an interest in any trust? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? .....               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).   |                          |                                     |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).   |                          |                                     |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits**

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

|   |               |                  |
|---|---------------|------------------|
| 1 Current year net income or (loss) per foreign books of account .....  | 1             | -416,905.        |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):             |               |                  |
|   | Net Additions | Net Subtractions |
| a Capital gains or losses .....   |               |                  |
| b Depreciation and amortization .....   |               |                  |
| c Depletion .....   |               |                  |
| d Investment or incentive allowance .....   |               |                  |
| e Charges to statutory reserves .....   |               |                  |
| f Inventory adjustments .....   |               |                  |
| g Taxes .....   |               |                  |
| h Other (attach statement) .....  |               |                  |
| 3 Total net additions .....   |               |                  |
| 4 Total net subtractions .....  |               |                  |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4) .....   | 5a            | -416,905.        |
| b DASTM gain or (loss) for foreign corporations that use DASTM .....  | 5b            |                  |
| c Combine lines 5a and 5b .....   | 5c            | -416,905.        |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) ..... | 5d            |                  |
| Enter exchange rate used for line 5d ▶  |               |                  |

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

|   |                      |
|---|----------------------|
| Name of U.S. shareholder ▶  | Identifying number ▶ |
| 1 Subpart F income (line 38b, Worksheet A in the instructions) .....  | 1                    |
| 2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) .....   | 2                    |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) .....                | 3                    |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) ..... | 4                    |
| 5 Factoring income .....  | 5                    |
| 6 Total of lines 1 through 5. Enter here and on your income tax return .....  | 6                    |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) .....  | 7                    |
| 8 Exchange gain or (loss) on a distribution of previously taxed income .....  | 8                    |

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
| • Was any income of the foreign corporation blocked? .....                             | Yes                      | No                                  |
| • Did any such income become unblocked during the tax year (see section 964(b))? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.



**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

▶ Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

**GREATER WATERBURY HEALTH NETWORK, INC.**

**22-2572044**

Name of foreign corporation

EIN (if any)

Reference ID number

**HEALTHCARE ALLIANCE INSURANCE COMPANY, LTD.**

**98-0448229**

| Important: Enter amounts in functional currency.   | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) | (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) |   |                        | (d) Total Section 954(a) E&P (combine columns (a), (b), and (c)) |
|--|--|--|--|---|------------------------|--|
|  |  |  | (i) Earnings Invested in U.S. Property                         | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income |  |
| 1 Balance at beginning of year   | -4,185,036.  |  |  |   |                        | -4,185,036.  |
| 2a Current year E&P  |  |  |  |   |                        |  |
| b Current year deficit in E&P  | 416,905.   |  |  |   |                        |  |
| 3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | -4,601,941.  |  |  |   |                        |  |
| 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year           |  |  |  |   |                        |  |
| 5a Actual distributions or reclassifications of previously taxed E&P                                   |  |  |  |   |                        |  |
| b Actual distributions of nonpreviously taxed E&P  |  |  |  |   |                        |  |
| 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)                  |  |  |  |   |                        |  |
| b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)              | -4,601,941.  |  |  |   |                        |  |
| 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)             | -4,601,941.  |  |  |   |                        | -4,601,941.  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|   |  |  |
|---|--|--|
| Type or print<br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><b>GREATER WATERBURY HEALTH NETWORK, INC.</b>         | Employer identification number (EIN) or<br><b>22-2572044</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>64 ROBBINS STREET</b>                     | Social security number (SSN)                                 |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WATERBURY, CT 06721</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SCOTT BOWMAN**

• The books are in the care of **64 ROBBINS STREET - WATERBURY, CT 06721**  
 Telephone No. **203-573-7333** Fax No.

• If the organization does not have an office or place of business in the United States, check this box   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**.

5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

|   |           |    |           |
|---|-----------|----|-----------|
| <b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | <b>8c</b> | \$ | <b>0.</b> |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **PRESIDENT/TREASURER** Date