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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545 0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/01 , 2010, and ending 9/30 , 2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Western Connecticut Health Network Foundation, Inc.
24 Hospital Avenue
Danbury, CT 06810

D Employer Identification Number: 23-7425557

E Telephone number: 203-739-7227

G Gross receipts $ 70,337,364.

F Name and address of principal officer: Grace Linhard
Same As C Above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.danburyhospital.org

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation 1975 **M** State of legal domicile CT

Part I Summary

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

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	158
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,679,518.	8,146,160.
9	Program service revenue (Part VIII, line 2g)	101,640.	101,640.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,993,659.	6,225,236.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,588.	173,394.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,888,087.	14,646,430.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,994,498.	11,970,631.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,138,897.	1,729,132.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	301,787.	367,300.
b	Total fundraising expenses (Part IX, column (D), line 25) ► 1,390,551.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	925,504.	1,121,486.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,360,686.	15,188,549.
19	Revenue less expenses Subtract line 18 from line 12	-6,472,599.	-542,119.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	77,958,718.	74,333,883.
21	Total liabilities (Part X, line 26)	853,211.	1,208,162.
22	Net assets or fund balances Subtract line 21 from line 20	77,105,507.	73,125,721.

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Part II Signature Block

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

Sign Here

Signature of officer: Grace Linhard, Vice President / Exec. Director
Type or print name and title

Date: 8/14/12

Paid Preparer Use Only

Print/Type preparer's name: Angela M. Moore	Preparer's signature: Angela M Moore	Date: 08/07/2012	Check ☐ if self-employed	PTIN: P00244342
Firm's name ► ERNST & YOUNG U.S. LLP			Firm's EIN ► 34-6565596	
Firm's address ► 111 MONUMENT CIRCLE STE 2600 INDIANAPOLIS, IN 46204			Phone no 317-681-7000	

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/21/10 Form **990** (2010)

617 23

SEP 13 2012

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.

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

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: [redacted]) (Expenses $ 13,147,296. including grants of $ 11,970,631.) (Revenue $ 101,640.)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 13,147,296.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		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? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	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? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		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? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		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? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* [X] Yes [ ] No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 39		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country. ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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

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

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	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch O	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders? See Schedule O	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official See Schedule O	15a	X	
b	Other officers of key employees of the organization See Schedule O	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CT NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

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

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

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

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

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) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
See Schedule O										
(1) Joseph Platano Director	1	X						0.	0.	0.
(2) Michael R. Kaufman Chair, Assoc Bd	1	X						0.	0.	0.
(3) Laura Mitchell Director	1	X						0.	0.	0.
(4) Paul Dinto Chairman	1	X		X				0.	0.	0.
(5) Frank J. Gavel, Jr. Director	1	X						0.	0.	0.
(6) Terri Masters Director	1	X						0.	0.	0.
(7) Donald Mitchell Director	1	X						0.	0.	0.
(8) John F. Pezzimenti, MD Director/M.D.	2	X						0.	212,298.	49,745.
(9) Neil Marcus Director	1	X						0.	0.	0.
(10) Ralph McIntosh Chair, Vice	1	X		X				0.	0.	0.
(11) Gregory D. Smith Director	1	X						0.	0.	0.
(12) Marilyn Polite Director	1	X						0.	0.	0.
(13) Robert Reby Director	1	X						0.	0.	0.
(14) Ronald Tietjen Director	1	X						0.	0.	0.
(15) Noel Roy to 1/31 Director	1	X						0.	0.	0.
(16) Cecelia Ruggles Secretary	1	X		X				0.	0.	0.
(17) Pierre Saldinger, MD Director/M.D.	2	X						0.	663,870.	54,962.

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

(A) Name and title	(B) Average hours per week (describe hours for related organi-zations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Harold Spratt Director	1	X						0.	0.	0.
(19) Richard Jabara to 1/31 Director	1	X						0.	0.	0.
(20) Pat Weeden Director	1	X						0.	0.	0.
(21) Paul McNamara to 1/31 Director	1	X						0.	0.	0.
(22) Isabelle Farrington to 1/31 Director	1	X						0.	0.	0.
(23) Christopher J. Couri Director	1	X						0.	0.	0.
(24) Jerry Walton Director	1	X						0.	0.	0.
(25) John M Murphy, MD President & CEO	2			X				0.	1,021,607.	58,579.
(26) Steven Rosenberg CFO	2			X				0.	196,362.	29,046.
(27) Donna Kaplanis Controller	2			X				0.	262,712.	75,363.
(28) Grace Linhard Executive Direc	40				X			168,718.	0.	43,039.
(29) Catherine Halkett to 5/17 President	40				X			287,726.	0.	51,317.
1b Sub-total							►	456,444.	2,356,849.	362,051.
c Total from continuation sheets to Part VII, Section A							►	252,599.	1,351,673.	262,362.
d Total (add lines 1b and 1c)							►	709,043.	3,708,522.	624,413.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Graham-Pelton Consulting Inc. 39 Beechwood Road Summit, NJ 07901	Consulting	236,821.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	499,763.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,646,397.			
	g Noncash contributions included in lns 1a-1f. $		139,698.			
	h **Total.** Add lines 1a-1f		8,146,160.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Rental income from DH	531120	101,640.	101,640.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		101,640.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		523,140.			523,140.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		200,912.			200,912.
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	61155282.	68,680.			
	b Less. cost or other basis and sales expenses	55521866.				
	c Gain or (loss)	5,633,416.	68,680.			
	d Net gain or (loss)		5,702,096.			5,702,096.
	8a Gross income from fundraising events (not including $ 499,763. of contributions reported on line 1c) See Part IV, line 18	a 141,550.				
	b Less. direct expenses	b 169,068.				
	c Net income or (loss) from fundraising events		-27,518.			-27,518.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		14,646,430.	101,640.	0.	6,398,630.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	11,970,631.	11,970,631.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	484,865.	121,216.	0.	363,649.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	988,022.	630,681.		357,341.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	100,907.	59,455.		41,452.
9 Other employee benefits	91,828.	11,433.		80,395.
10 Payroll taxes	63,510.	26,968.		36,542.
11 Fees for services (non-employees)				
a Management				
b Legal	32,513.		32,513.	
c Accounting	5,775.		5,775.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	367,300.			367,300.
f Investment management fees	302,008.		302,008.	
g Other	127,808.	56,525.	71,283.	
12 Advertising and promotion				
13 Office expenses	153,445.	153,445.		
14 Information technology	34,342.		34,342.	
15 Royalties				
16 Occupancy	79,964.		79,964.	
17 Travel	56,795.		56,795.	
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	50,905.		50,905.	
23 Insurance	2,276.		2,276.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Donor recognition expense	78,874.			78,874.
b Printing and Publications	60,488.	60,488.		
c Donor relations	35,654.			35,654.
d Annuity expense	29,730.	29,730.		
e Employee campaign	16,125.	16,125.		
f All other expenses	54,784.	10,599.	14,841.	29,344.
25 Total functional expenses. Add lines 1 through 24f	15,188,549.	13,147,296.	650,702.	1,390,551.
26 Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		81,510.	1	237,117.
	2	Savings and temporary cash investments		1,183,550.	2	261,245.
	3	Pledges and grants receivable, net		4,264,041.	3	7,957,126.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	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 1,369,770.			
	b	Less: accumulated depreciation	10b 251,909.	1,123,055.	10c	1,117,861.
	11	Investments – publicly traded securities		36,261,503.	11	45,354,724.
	12	Investments – other securities. See Part IV, line 11		32,094,603.	12	16,653,355.
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,950,456.	15	2,752,455.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		77,958,718.	16	74,333,883.
LIABILITIES	17	Accounts payable and accrued expenses		521,227.	17	429,971.
	18	Grants payable			18	
	19	Deferred revenue		3,986.	19	12,416.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		327,998.	25	765,775.
	26	**Total liabilities.** Add lines 17 through 25		853,211.	26	1,208,162.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		21,134,616.	27	17,139,907.
	28	Temporarily restricted net assets		28,224,280.	28	27,787,448.
	29	Permanently restricted net assets		27,746,611.	29	28,198,366.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances.		77,105,507.	33	73,125,721.
	34	Total liabilities and net assets/fund balances.		77,958,718.	34	74,333,883.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,646,430.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,188,549.
3	Revenue less expenses. Subtract line 2 from line 1	3	-542,119.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,105,507.
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	-3,437,667.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	73,125,721.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [X] Accrual [ ] Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
Western Connecticut Health Network Foundation, Inc.	23-7425557

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	5,029,918.	7,167,700.	7,599,785.	4,679,518.	8,146,160.	32,623,081.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	5,029,918.	7,167,700.	7,599,785.	4,679,518.	8,146,160.	32,623,081.
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)						7,707,947.
6 **Public support.** Subtract line 5 from line 4						24,915,134.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,029,918.	7,167,700.	7,599,785.	4,679,518.	8,146,160.	32,623,081.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,007,646.	4,540,913.	1,255,916.	2,040,906.	1,585,491.	17,430,872.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 **Total support.** Add lines 7 through 10						50,053,953.

12 Gross receipts from related activities, etc (see instructions)	12	512,556.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	49.8 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	38.1 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Western Connecticut Health Network Foundation, Inc.

Employer identification number

23-7425557

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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

b Assets included in Form 990, Part X ► $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	55,816,115.	53,170,804.	53,485,439.		
b Contributions	346,820.	281,865.	544,672.		
c Net investment earnings, gains, and losses	2,081,622.	5,568,031.	1,589,161.		
d Grants or scholarships	11,234,940.	3,204,585.	2,448,465.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	47,009,618.	55,816,115.	53,170,807.		

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

a Board designated or quasi-endowment ► 15.40 %
b Permanent endowment ► 54.10 %
c Term endowment ► 30.50 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		471,593.		471,593.
b Buildings		694,779.	154,918.	539,861.
c Leasehold improvements		11,638.	6,114.	5,524.
d Equipment		191,760.	90,877.	100,883.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	1,117,861.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Partnerships	16,653,355.	End of Year Market Value
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►	16,653,355.	

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

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

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column(B), line 15)* ►	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Due to Danbury Hospital	765,775.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	765,775.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**			2e
3	Subtract line **2e** from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**.			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines **4a** and **4b**			4c
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5

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

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

Part XIV Supplemental Information

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The intended use of the endowment funds are to provide supplemental/sole financial support for a variety of Danbury Hospital programs and services. Examples include the funding for the operation of the research program, the equipment and the staff, and the behavioral health's music therapy program.

Part XIV Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] Special fundraising events

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

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1	Graham Pelton 39 Beechwood Rd Summit NJ	consulting		X	1,942,473.	236,821.	1,705,652.
2	Suka Creative 560 Broadway New York NY	communications		X	670,535.	81,750.	588,785.
3	Snavely Assoc 112 W Foster Av State Coll PA	communications		X	258,203.	31,479.	226,724.
4	Advancement Res 3349 Southgate Cedar Rapi IO 52404	workshops		X	100,478.	12,250.	88,228.
5	Harquin Creativ 629 5th Ave New York NY 10803	communications		X	41,011.	5,000.	36,011.
6							
7							
8							
9							
10							
Total					3,012,700.	367,300.	2,645,400.

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Event (event type)	(b) Event #2 Annual Ball (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	353,210.	288,103.		641,313.
	2 Less. Charitable contributions	293,210.	206,553.		499,763.
	3 Gross income (line 1 minus line 2)	60,000.	81,550.		141,550.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	8,038.	112.		8,150.
	6 Rent/facility costs	1,600.			1,600.
	7 Food and beverages	18,343.	47,878.		66,221.
	8 Entertainment	26,080.	5,900.		31,980.
	9 Other direct expenses	22,488.	38,629.		61,117.
	10 Direct expense summary. Add lines 4- through 9 in column (d)			►	169,068.
	11 Net income summary. Combine line 3, column (d), and line 10			►	-27,518.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain. _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $_____ and the amount of gaming revenue retained by the third party ► $_____.

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $_____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Western Connecticut Health Network

Employer identification number
23-7425557

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Danbury Hospital 24 Hospital Avenue Danbury, CT 06810	06-0646597	501(c)(3)	11,970,631.	0.			Financial support to the Hospital
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations ► 1

3 Enter total number of other organizations ► 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

All grants were made to Danbury Hospital, a related 501c3 organization, therefore it was not necessary to review the public charity status of the donee nor monitor the use of the funds, as the purpose of grant funds are reviewed and approved by Western Connecticut Health Network Foundation officers to assure compliance with donor intentions and/or Board approvals.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Western Connecticut Health Network

Employer identification number
23-7425557

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 — 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? — 2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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 from the organization or a related organization? — 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? — 4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? — 4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Part III		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? — 5a		X
b	Any related organization? — 5b		X
	If 'Yes' to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? — 6a	X	
b	Any related organization? — 6b	X	
	If 'Yes' to line 6a or 6b, describe in Part III. 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 — 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III — 8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? — 9		

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

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

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

	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
			(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	John M Murphy,	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	590,628.	426,415.	4,564.	22,040.	36,539.	1,080,186.	0.
2	Steven Rosenbe	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	70,340.	125,000.	1,022.	23,740.	5,306.	225,408.	0.
3	John F. Pezzim	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	200,386.	0.	11,912.	22,040.	27,705.	262,043.	0.
4	Pierre Salding	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	541,434.	120,000.	2,436.	22,040.	32,922.	718,832.	0.
5	Grace Linhard	(i)	153,441.	15,030.	247.	36,371.	6,668.	211,757.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	Catherine Halk	(i)	245,854.	40,000.	1,872.	22,040.	29,277.	339,043.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	Donna Kaplanis	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	176,420.	85,000.	1,292.	42,540.	32,823.	338,075.	0.
8	Judith Ward	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	245,850.	120,000.	1,131.	38,540.	28,397.	433,918.	0.
9	Susan Kania	(i)	132,884.	399.	530.	32,246.	16,235.	182,294.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	Liv Vesely	(i)	117,735.	772.	279.	14,397.	29,619.	162,802.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	Frank Kelly	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	300,425.	346,216.	5,967.	44,040.	17,646.	714,294.	0.
12	William Roe	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	240,333.	20,000.	71,751.	22,040.	19,202.	373,326.	0.
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

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

During the fiscal year ending September 30, 2011, Dr. John Murphy, President and CEO, was the only participant of a new SERP plan. No payments were made to him.

Due to a cap in the defined pension plan of $190,000 the SERP is intended to give supplemental retirement benefits to key members of the executive group, whose salary exceeds this amount. The SERP is designed to vest key executives with an incentive to remain with The System until they reach retirement age.

The SERP is not a qualified retirement plan and therefore is subject to certain tax implications upon vesting vs. the time retirement payments are made.

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

Prior Service Costs

The actual present value of SERP benefits for members of the SERP group as computed on the date the SERP is implemented. The intangible asset is amortized over the estimated working life of the executives in the SERP plan.

Current Service Costs

Part III Supplemental Information

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

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

The current service cost (CSO) is the amount of benefits earned by the employee during the current period.

The CSO is calculated as the difference in the actuarial present value of a life annuity, starting on the projected date of retirement, discounted to the beginning of the present accounting period; and the same annuity discounted to the end of the present accounting period.

Interest Component

Each year the beginning balance in the Unfunded Benefit Obligation is charged a discounted interest rate.

The interest cost (implied) is the increase in the benefit obligation due to the passage of time.

Part III Supplemental Information

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

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

Summary of Executive Incentive Plan (Excerpts From)

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

The Plan year will begin October 1, 2010, and end September 30, 2011. The measurement period for award purposes will be the same.

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

Prior to the start of each Plan year, or as soon as practicable thereafter, the Committee, with input provided by senior management, will determine which eligible individuals will participate in the Plan with respect to such Plan year and they will be listed accordingly.

Part III Supplemental Information

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

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

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

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

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

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

Part III Supplemental Information

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

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

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

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

Incentive awards will be modified or eliminated if at the level of performance specified in the circuit breaker is not achieved. The circuit breaker will be established by the Committee prior to the beginning of each fiscal year or as soon thereafter as practicable.

If EBITDA is less than basic, full elimination of incentive award will occur.

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

Part III Supplemental Information

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

Part III - Additional Information

Part I line 3

The organization relied on a related organization, Western Connecticut Health Network, Inc. which used the following methods described below to establish top management's compensation:

-Compensation committee

-Independent compensation

-Written employment contract

-Compensation survey or study

-Approval by board or compensation committee

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

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2010

Open To Public Inspection

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		5,258.	
5	Clothing and household goods	X		31,934.	
6	Cars and other vehicles	X	1	15,000.	
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	1	300.	
19	Food inventory	X	2	1,600.	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (See Part II)				
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If 'Yes,' describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.	2010 Open to Public Inspection

Name of the organization	Employer identification number
Western Connecticut Health Network Foundation, Inc.	23-7425557

FORM 990, PART VII (ADD'TL INFORMATION)

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

Hours per week devoted to related organizations, for which compensation was reported in columns (E) or (F):

John M. Murphy MD	38 Average hours
Steven Rosenberg	38 Average hours
Donna Kaplanis	38 Average hours
Judith Ward	38 Average hours
John F. Pezzimenti	38 Average hours
Pierre Saldinger	38 Average hours

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

Statement Regarding Form 5471 Filing Requirements

The taxpayer's Form 5471 filing requirements have been or will be satisfied by Danbury Hospital, 24 Hospital Avenue, Danbury, Connecticut, 06810, EIN: 06-0646597, the majority shareholder of Western Connecticut Healthcare Insurance Co., Ltd.. Danbury Hospital has filed or will file the Form 5471 and the applicable schedules with the IRS Service Center, Philadelphia, PA.

Schedule D, Part XIV

There is no FIN 48 (ASC 740) footnote in the audited financial statements.

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

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

The Western Connecticut Health Network Foundation has ammended and restated their bylaws and articles of incorporation due to the changing of their name. The documents were previously filed. The IRS has all of the required documents.

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

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

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

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

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

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

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

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

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

Name of the organization: Western Connecticut Health Network Foundation, Inc.

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

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

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

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

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

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

CONFLICT OF INTEREST POLICY

FOR DIRECTORS AND OFFICERS

The purpose of this Policy is to ensure that the directors and officers of Western Connecticut Health Network, Inc.(WCHN) (together the "Representatives" and individually a "Representative") are not prevented from performing services on behalf of WCHN solely because of possible conflicts of interest on their part, and that the Representatives will be able to govern and serve the best interests of WCHN

Name of the organization: Western Connecticut Health Network Foundation, Inc.

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

by exercising their best care, skill and honest judgment on its behalf.

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

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

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

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

Each actual or potential conflict of interest that is disclosed should be carefully examined and appropriate measures put into place to maintain the balance between

Name of the organization Western Connecticut Health Network Foundation, Inc.

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

ensuring fair and honest deliberations and encouraging participation of qualified Representatives in WCH.

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

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

Need for Resignation or Decision Not to Appoint. If the Board of Directors, in its sole discretion, determines that any Representative has conflicts of interest sufficient in number and/or importance that the effectiveness of such Representative on behalf of WCHN may be significantly impaired, the Board may ask the representative to resign.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

Compensation of CEO:

In order to achieve its mission and its overall performance objectives, Western

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment (continue

Connecticut Health Network, Inc. employs a performance-based total compensation program for its senior executives that is market competitive, compliant with regulatory guidelines, and representative of best practices.

Eligible executives are generally direct reports of the CEO along with other executives designated by the CEO.

Incentive compensation is a critical element of total compensation. Incentive compensation is intended to encourage and reward executives for achieving or surpassing specific short-term organizational performance objectives. The incentive plan supports the accountability and results-oriented at Western Connecticut Health Network Inc..

Resulting cash compensation levels will be competitive and within the limits considered reasonable with respect to the Taxpayer Bill of Rights.

Executives participate in the standard benefit package applicable to all Western Connecticut Health Network, Inc. employees. This benefit package is targeted at the 50th percentile level for all employers.

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

-Metropolitan New York area not-for-profit healthcare organizations.

-If relevant and reliable Metro New York surveys are not available, national not-for-profit healthcare data are used and a 10% premium is applied to reflect the

Name of the organization Western Connecticut Health Network Foundation, Inc.

Employer identification number 23-7425557

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment (continue

metropolitan New York area.

-For cross-industry executive positions, (Eg.CFO,CIO,VP Engineering, and VPHR) not-for-profit healthcare and for-profit general industry surveys are blended. (50-50%)

-For Physician executives, surveys covering physician compensation in accredited medical schools are used in combination with proprietary surveys compiled by nationally known consulting firms and the MGMA. (Also applicable to all other physicians)

The compensation consultant benchmarks Western Connecticut Health Network, Inc.'s executive positions based on job duties, scope and reporting relationships.

Premiums may be applied to market data for certain positions to reflect responsibilities that are in addition to those included in the survey position market matches.

Western Connecticut Health Network, Inc. targets cash compensation at the 75th percentile, and expects executives to perform at the 75th percentile. Base salary plus short-term (annual) incentive awards (total cash) approximate the 75th percentile of the competitive market for total cash compensation. Executive performance is expected to meet the 75th percentile on predetermined operational and financial metrics.

Other factors, such as competitive market forces, job performance, unique qualifications, and/or individual job responsibilities are also considered in Western Connecticut Health Network, Inc's executive compensation decisions.

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment (continue

Roles of the Committee on Governance and Key Executives in the Executive Compensation Process

- The Committee on Governance in consultation with the CEO and the VPHR selects the outside compensation consultants. The current consultant is the Hay Group, whose purpose is to provide a valid independent assessment of the relevent market rates and pay practices.

- The compensation consulting firm compiles appropriate market data, job evaluation and ranking information. Once the report is final it will be supplied to the Committee on Governance for their consideration and acceptance. Based on this review, the CEO submits salary recommendations to the Committee for review and final approval.

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

The last executive compensation evaluation by an outside consultant was done in 2011.

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

Compensation for Other Officers and Key Employees:

In order to achieve its mission and its overall performance objectives, Western Connecticut Health Network, Inc. employs a performance-based total compensation program for its senior executives that is market competitive, compliant with

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

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

regulatory guidelines, and representative of best practices.

Eligible executives are generally direct reports of the CEO along with other executives designated by the CEO.

Incentive compensation is a critical element of total compensation. Incentive compensation is intended to encourage and reward executives for achieving or surpassing specific short-term organizational performance objectives. The incentive plan supports the accountability and results-oriented at Western Connecticut Health Network Inc..

Resulting cash compensation levels will be competitive and within the limits considered reasonable with respect to the Taxpayer Bill of Rights.

Executives participate in the standard benefit package applicable to all Western Connecticut Health Network, Inc. employees. This benefit package is targeted at the 50th percentile level for all employers.

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

-Metropolitan New York area not-for-profit healthcare organizations.

-If relevant and reliable Metro New York surveys are not available, national not-for-profit healthcare data are used and a 10% premium is applied to reflect the metropolitan New York area.

-For cross-industry executive positions, (Eg.CFO,CIO,VP Engineering,and VPHR)

Name of the organization Western Connecticut Health Network Foundation, Inc. | Employer identification number 23-7425557

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

not-for-profit healthcare and for-profit general industry surveys are blended. (50-50%)

-For Physician executives, surveys covering physician compensation in accredited medical schools are used in combination with proprietary surveys compiled by nationally known consulting firms and the MGMA. (Also applicable to all other physicians)

The compensation consultant benchmarks Western Connecticut Health Network, Inc.'s executive positions based on job duties, scope and reporting relationships.

Premiums may be applied to market data for certain positions to reflect responsibilities that are in addition to those included in the survey position market matches.

Western Connecticut Health Network, Inc. targets cash compensation at the 75th percentile, and expects executives to perform at the 75th percentile. Base salary plus short-term (annual) incentive awards (total cash) approximate the 75th percentile of the competitive market for total cash compensation. Executive performance is expected to meet the 75th percentile on predetermined operational and financial metrics.

Other factors, such as competitive market forces, job performance, unique qualifications, and/or individual job responsibilities are also considered in Western Connecticut Health Network, Inc's executive compensation decisions.

Roles of the Committee on Governance and Key Executives in the Executive

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

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

Compensation Process

- The Committee on Governance in consultation with the CEO and the VPHR selects the outside compensation consultants. The current consultant is the Hay Group, whose purpose is to provide a valid independent assessment of the relevent market rates and pay practices.

- The compensation consulting firm compiles appropriate market data, job evaluation and ranking information. Once the report is final it will be supplied to the Committee on Governance for their consideration and acceptance. Based on this review, the CEO submits salary recommendations to the Committee for review and final approval.

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

The last executive compensation evaluation by an outside consultant was done in 2011.

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

The information that has been posted on the Western Connecticut Health Network, Inc. website for 2011 includes:

1) The 2011 audited financial statement for Danbury Hospital and Subsidiary.

2) The 2011 audited financial statement for Western Connecticut Health Network, Inc. and Subsidiaries.

3) The 2011 audited financial statement for Western Connecticut Home Care.

Name of the organization: Western Connecticut Health Network Foundation, Inc.

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

5) The 2011 audited financial statement for New Milford Hospital.

6) The 2010,2009,2008,and 2007 Return of Organization Exempt from Income Tax

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

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

The conflict of interest policy is not made available to the public.

Form 990, Part VII - Compensation Explanation

John M Murphy, MD

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation.

Steven Rosenberg

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation.

John F. Pezzimenti, MD

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation.

Pierre Saldinger, MD

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation.

Donna Kaplanis

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation.

Judith Ward

Name of the organization: Western Connecticut Health Network Foundation, Inc.

Employer identification number: 23-7425557

Form 990, Part VII - Compensation Explanation (continued)

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) No
(1) Danbury Hospital 24 Hospital Avenue	Provide medical				Western Connecticut		
(2) Danbury, CT 06810 06-0646597	care and diagnosis	CT	501 (c) (3)	3	Health Network	X	
(3) Western CT Health Network Affiliat 95 Locust Avenue	Provide outpatient				Western Connecticut		
(4) Danbury, CT 06810 22-2594968	healthcare services	CT	501 (c) (3)	9	Health Network	X	
(5) Western Connecticut Health Network 24 Hospital Avenue	Further the programs of						
(6) Danbury, CT 06810 22-2594977	affiliated companies	CT	501 (c) (3)	11 Type II	N/A		X
(7)							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Business Systems, Inc. 95 Locust Avenue Danbury, CT 06810 06-1119262	Retail pharmacy	CT	N/A	C Corp	0.	0.	
(2) Foundation for Community Health 95 Locust Avenue Danbury, CT 06810 06-1437131	Inactive	CT	N/A	C Corp	0.	0.	
(3) Western CT Insur Co., LTD 10 Main Street, PO Box 1051 GT Grand Cayman, Cayman Islands 98-0438151	Malpractic e	Cayman Isl	N/A	C Corp	0.	0.	

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Danbury Hospital	a	101,640.	cost
(2) Danbury Hospital	b	11,970,631.	cost
(3) Danbury Hospital	j	71,915.	cost
(4) Danbury Hospital	l	94,267.	cost
(5) Danbury Hospital	o	3,138,339.	cost
(6) Danbury Hospital	r	2,040,402.	cost

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										

Part VII Supplemental Information

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity? Yes	(G) No
Western Connecticut Medical Group 14 Research Drive, Ste 201A Bethel, CT 06801 06-1137531	Provide physician services to Danbury Hospital	CT	501 (c) (3)	9	Western Connecticut Health Network	X	
Western Connecticut Home Care, Inc. 4 Liberty Street Danbury, CT 06810 06-0655138	Provide home health care	CT	501 (c) (3)	9	Western Connecticut Health Network	X	
Regional Hospice of Western CT, Inc. 405 Main Street Danbury, CT 06810 06-1178847	Provide home health care to cancer patients	CT	501 (c) (3)	7	Western Connecticut Health Network	X	
New Milford Hospital 21 Elm Street New Milford, CT 06776 06-0669121	Acute Care Medical Facility	CT	501 (c) (3)	3	Western Connecticut Health Network	X	
New Milford Hospital Foundation 21 Elm Street New Milford, CT 06776 22-2515011	Soliciting & admin. contrib. on behalf of affiliates	CT	501 (c) (3)	7	New Milford Hospital	X	
New Milford Visiting Nurse Assn, Inc 68 Park Lane Road New Milford, CT 06776 06-0653153	Provide home care	CT	501 (c) (3)	9	New Milford Hospital	X	

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2010

Name of the Organization: Western Connecticut Health Network

Employer Identification number: 23-7425557

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Judith Ward CMO	2						X	0.	366,981.	66,937.
Susan Kania Dir Donor Relation	40					X		133,813.	0.	48,481.
Liv Vesely VP Major Gifts	40					X		118,786.	0.	44,016.
Frank Kelly Former President and CEO	0						X	0.	652,608.	61,686.
William Roe Former CFO	0						X	0.	332,084.	41,242.

Western Connecticut Health Network Foundation, Inc.

23-7425557

Sch M, Part I, Lines 25-28
Other Non-Cash Contributions

Description	Appl?	Number of Contr.	Revenue on Form 990, Part VIII	Method of Deter. Rev.
Gift Certificat	X	40	$ 6,630.	
Jewelry	X	4	6,515.	
Rentals	X	6	64,830.	
Services	X	2	6,036.	
Tickets	X	6	1,495.	
ITouch	X	1	100.	

Form 990, Part XI, Line 5
Other Changes in Net Assets or Fund Balances

book to tax difference	$ 936,838.
change in trust held by others	-197,999.
Net Unrealized Gains or Losses on Investments	-4,176,506.
Total	$ -3,437,667.