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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10/01 , 2011, and ending 9/30 , 2012

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

C
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 $ 17,163,227.

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

H(a) Is this a group return for affiliates? [ ] Yes [X] No

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

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.danburyhospital.org

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	134
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)	8,146,160.	6,079,319.
9	Program service revenue (Part VIII, line 2g)	101,640.	56,258.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,225,236.	2,112,442.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,394.	1,494.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,646,430.	8,249,513.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,970,631.	7,792,719.
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)	1,729,132.	1,436,031.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	367,300.	
b	Total fundraising expenses (Part IX, column (D), line 25) ► 876,895.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,121,486.	1,125,666.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25).	15,188,549.	10,354,416.
19	Revenue less expenses Subtract line 18 from line 12	-542,119.	-2,104,903.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	74,333,883.	79,670,384.
21	Total liabilities (Part X, line 26)	1,208,162.	764,253.
22	Net assets or fund balances. Subtract line 21 from line 20	73,125,721.	78,906,131.

RECEIVED
JUL 31 2013
OGDEN, UT
793 IRS-OSC

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 — Date 7/22/13

► Grace Linhard — Executive Direc
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self employed	PTIN
Jennifer L Lynch	Jennifer L Lynch	07/17/2013		P01255855

Firm's name ► ERNST & YOUNG U.S. LLP
Firm's address ► 111 MONUMENT CIRCLE, SUITE 2600 INDIANAPOLIS, IN 46204
Firm's EIN ► 34-6565596
Phone no 317-681-7000

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 08/18/11 Form **990** (2011)

SCANNED AUG 20 2013

POSTMARK DATE JUL 25 2013 ENVELOPE

NE
GI7 12

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

4a (Code: [redacted]) (Expenses $ 8,221,694. including grants of $ 7,792,719.) (Revenue $)

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 ► 8,221,694.

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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	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 hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	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*	35b	X	
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 11		
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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12		
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	Did the organization have members or stockholders? See Schedule O	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? See Sch O	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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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	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,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 during the tax year See Schedule O

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

► 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
See Schedule O										
(1) John M Murphy, MD President & CEO	2	X		X				0.	1,039,775.	62,114.
(2) Joseph Platano to 6/4 Director	1	X						0.	0.	0.
(3) Michael R. Kaufman Secretary	1	X		X				0.	0.	0.
(4) Laura Mitchell to 10/1 Director	1	X						0.	50,543.	11,716.
(5) Paul Dinto Chairman	1	X		X				0.	0.	0.
(6) Frank J. Gavel, Jr. Director	1	X						0.	0.	0.
(7) Terri Masters to 6/1 Director	1	X						0.	0.	0.
(8) Donald Mitchell Director	1	X						0.	0.	0.
(9) Patricia Bam from 5/24 Director	1	X						0.	0.	0.
(10) Phil J. Fiore, Jr. Director	1	X						0.	0.	0.
(11) Ralph McIntosh Chair, Vice	1	X		X				0.	0.	0.
(12) Gregory D. Smith Director	1	X						0.	0.	0.
(13) Anthony Rizzo, Jr. Director	1	X						0.	0.	0.
(14) Robert Reby Director	1	X						0.	0.	0.

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 organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Ronald Tietjen MD to 5/8 Director	1	X						0.	0.	0.
(16) John Pezzimenti to 11/9 Director	2	X						0.	211,504.	50,202.
(17) Neil Marcus to 1/26 Director	1	X						0.	0.	0.
(18) Pierre Saldinger, MD to 4/30 Director/M.D.	2	X						0.	662,728.	57,990.
(19) Marilyn Polite to 1/26 Director	1	X						0.	0.	0.
(20) Cecilia Ruggles to 1/26 Director	1	X						0.	0.	0.
(21) Harold Spratt to 1/26 Director	1	X						0.	0.	0.
(22) Pat Weeden to 1/26 Director	1	X						0.	0.	0.
(23) Christopher Couri to Director 11/9	1	X						0.	0.	0.
(24) Jerry Walton Director	1	X						0.	0.	0.
(25) Steven Rosenberg CFO	2			X				0.	677,240.	53,042.
1b Sub-total							►	0.	2,641,790.	235,064.
c Total from continuation sheets to Part VII, Section A							►	956,831.	497,004.	287,004.
d Total (add lines 1b and 1c)							►	956,831.	3,138,794.	522,068.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 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 Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ► 0

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	747,820.			
	d Related organizations	1d	671,619.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,659,880.			
	g Noncash contributions included in lns 1a-1f: $		111,236.			
	h **Total.** Add lines 1a-1f		6,079,319.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Rental income from DH	531120	56,258.	56,258.		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a-2f		56,258.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,906,023.			1,906,023.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		264,149.			264,149.
		(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	8,660,903.				
	b Less. cost or other basis and sales expenses	8,454,484.				
	c Gain or (loss)	206,419.				
	d Net gain or (loss)		206,419.			206,419.
	8a Gross income from fundraising events (not including $ 764,699. of contributions reported on line 1c). See Part IV, line 18	a 196,575.				
	b Less. direct expenses	b 459,230.				
	c Net income or (loss) from fundraising events		-262,655.			-262,655.
	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		8,249,513.	56,258.	0.	2,113,936.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7,792,719.	7,792,719.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	282,624.	70,656.	0.	211,968.
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	822,093.	445,871.		376,222.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	101,090.	62,272.		38,818.
9 Other employee benefits	149,949.	41,986.		107,963.
10 Payroll taxes	80,275.	43,539.		36,736.
11 Fees for services (non-employees).				
a Management				
b Legal	26,826.		26,826.	
c Accounting	11,611.		11,611.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	259,110.		259,110.	
g Other	181,156.	107,981.	73,175.	
12 Advertising and promotion				
13 Office expenses	137,813.	137,813.		
14 Information technology	17,218.		17,218.	
15 Royalties				
16 Occupancy	86,397.		86,397.	
17 Travel	18,546.		18,546.	
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	58,394.		58,394.	
23 Insurance	4,001.		4,001.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Printing and Publications	104,664.	104,664.		
b Donor relations	58,365.			58,365.
c Employee recruitment	40,816.		40,816.	
d Annuity expense	40,205.	40,205.		
e All other expenses	80,544.	28,728.	4,993.	46,823.
25 Total functional expenses. Add lines 1 through 24e	10,354,416.	8,876,434.	601,087.	876,895.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		237,117.	1	844,986.
	2	Savings and temporary cash investments		261,245.	2	
	3	Pledges and grants receivable, net		7,957,126.	3	8,309,634.
	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	10,502.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 1,389,032.			
	b	Less: accumulated depreciation	10b 310,302.	1,117,861.	10c	1,078,730.
	11	Investments – publicly traded securities		45,354,724.	11	44,622,466.
	12	Investments – other securities See Part IV, line 11		16,653,355.	12	21,675,977.
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,752,455.	15	3,128,089.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		74,333,883.	16	79,670,384.
LIABILITIES	17	Accounts payable and accrued expenses		429,971.	17	298,032.
	18	Grants payable			18	
	19	Deferred revenue		12,416.	19	608.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		765,775.	25	465,613.
	26	**Total liabilities.** Add lines 17 through 25		1,208,162.	26	764,253.
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		17,139,907.	27	20,287,298.
	28	Temporarily restricted net assets		27,787,448.	28	29,794,087.
	29	Permanently restricted net assets		28,198,366.	29	28,824,746.
		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		73,125,721.	33	78,906,131.
	34	Total liabilities and net assets/fund balances		74,333,883.	34	79,670,384.

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	8,249,513.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,354,416.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,104,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,125,721.
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	7,885,313.
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	78,906,131.

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

2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	7,167,700.	7,599,785.	4,679,518.	8,146,160.	5,424,579.	33,017,742.
2 Tax revenues levied for the organization's benefit and either paid to 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	7,167,700.	7,599,785.	4,679,518.	8,146,160.	5,424,579.	33,017,742.
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)						8,510,702.
6 **Public support.** Subtract line 5 from line 4						24,507,040.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,167,700.	7,599,785.	4,679,518.	8,146,160.	5,424,579.	33,017,742.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,540,913.	1,255,916.	2,040,906.	1,585,491.	2,170,172.	11,593,398.
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						44,611,140.

12 Gross receipts from related activities, etc (see instructions) . . . . . 12 462,818.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	54.93%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	49.78%

16a **33-1/3% support test – 2011.** 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 – 2010.** 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 – 2011.** 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 – 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2011.** 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 – 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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

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

		Held at the End of the Tax Year
a Total number of conservation easements	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 the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		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	47,009,618.	55,816,115.	53,170,804.	53,485,439.	
b Contributions	353,008.	346,820.	281,865.	544,672.	
c Net investment earnings, gains, and losses	6,717,532.	2,081,622.	5,568,031.	1,589,161.	
d Grants or scholarships	6,205,978.	11,234,940.	3,204,585.	2,448,465.	
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	47,874,179.	47,009,618.	55,816,115.	53,170,807.	

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

a Board designated or quasi-endowment ► 17.40 %
b Permanent endowment ► 53.70 %
c Temporarily restricted endowment ► 28.90 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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 property	(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.	173,695.	521,084.
c Leasehold improvements		11,638.	6,723.	4,915.
d Equipment		211,022.	129,884.	81,138.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	1,078,730.

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	21,675,977.	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.)* ►	21,675,977.	

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) Book value
(1) Federal income taxes	
(2) Due to Danbury Hospital	465,613.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	465,613.

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	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue Add lines **3** and **4c.** *(This 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	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c.** *(This 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.

There is no FIN48 (ASC 740) footnote in the audited financial statements.

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

2011

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? [ ] Yes [X] 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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			►				0.

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 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 RX Fashion Sho (event type)	(b) Event #2 Golf Event (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	394,179.	322,056.	245,039.	961,274.
	2 Less: Charitable contributions	325,804.	267,056.	171,839.	764,699.
	3 Gross income (line 1 minus line 2)	68,375.	55,000.	73,200.	196,575.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	95,594.	8,287.		103,881.
	6 Rent/facility costs	10,866.	25,643.	9,628.	46,137.
	7 Food and beverages	66,992.	19,740.	62,934.	149,666.
	8 Entertainment	11,500.	1,435.	5,900.	18,835.
	9 Other direct expenses	109,112.	13,923.	17,676.	140,711.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			►	459,230.
	11 Net income summary. Combine line 3, column (d), and line 10			►	-262,655.

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.
► **Attach to Form 990.**

OMB No 1545 0047

2011

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)	7,792,719.	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 listed in the line 1 table ► 1

3 Enter total number of other organizations listed in the line 1 table ► 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

2011

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	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.			
a Receive a severance payment or change-of-control payment?	**4a**	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
	John M Murphy, MD	(i)	0.	0.	0.	0.	0.	0.	0.
1		(ii)	753,982.	280,000.	5,793.	22,040.	40,074.	1,101,889.	0.
	Steven Rosenberg	(i)	0.	0.	0.	0.	0.	0.	0.
2		(ii)	504,098.	150,000.	23,142.	22,040.	31,002.	730,282.	0.
	John Pezzimenti to	(i)	0.	0.	0.	0.	0.	0.	0.
3	11/9	(ii)	199,592.	0.	11,912.	22,040.	28,162.	261,706.	0.
	Pierre Saldinger,	(i)	0.	0.	0.	0.	0.	0.	0.
4	MD to 4/30	(ii)	545,292.	115,000.	2,436.	22,040.	35,950.	720,718.	0.
	Donna Kaplanis	(i)	0.	0.	0.	0.	0.	0.	0.
5		(ii)	180,814.	40,000.	1,632.	22,040.	37,612.	282,098.	0.
	Grace Linhard	(i)	188,199.	35,000.	498.	22,040.	8,046.	253,783.	0.
6		(ii)	0.	0.	0.	0.	0.	0.	0.
	Susan Kania	(i)	141,828.	562.	584.	16,585.	14,895.	174,454.	0.
7		(ii)	0.	0.	0.	0.	0.	0.	0.
	Liv Vesely	(i)	166,737.	15,534.	440.	21,194.	37,956.	241,861.	0.
8		(ii)	0.	0.	0.	0.	0.	0.	0.
	Catherine Halkett	(i)	106,729.	0.	300,720.	22,040.	32,034.	461,523.	0.
9		(ii)	0.	0.	0.	0.	0.	0.	0.
	Judith Ward	(i)	0.	0.	0.	0.	0.	0.	0.
10		(ii)	248,470.	25,000.	1,088.	22,040.	30,522.	327,120.	0.
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

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

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

During fiscal year ending September 30, 2012, Catherine Halkett received $300,000 in severance payments. A severance benefit of one (1) year of compensation, was paid in a lump sum within 60 days of the termination date of May 17, 2011.

During the fiscal year ending September 30, 2012, Dr. John Murphy, President and CEO, and Steven H. Rosenberg, CFO were the only participants of a new SERP plan. No payments were made to them.

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:

Part III Supplemental Information

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

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

Prior Service Costs

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

Current Service Costs

The current service cost (CSO) is the amount of benefits earned by the employee during the current period. The CSO is calculated as the difference in the actuarial present value of a life annuity, starting on the projected date of retirement, discounted to the beginning of the present accounting period; and the same annuity discounted to the end of the present accounting period.

Interest Component

Each year the beginning balance in the Unfunded Benefit Obligation is charged a discounted interest rate. The interest cost (implied) is the increase in the benefit obligation due to the passage of time.

Part III Supplemental Information

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

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

Summary of Executive Incentive Plan (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, 2011, and end September 30, 2012. 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

Part III Supplemental Information

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

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

Committee, with input provided by senior management, will determine which eligible individuals will participate in the Plan with respect to such Plan year and they will be listed accordingly.

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

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

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

Part III Supplemental Information

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

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

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

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

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

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

Part III Supplemental Information

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

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

thereafter as practicable.

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

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

Part III - Additional Information

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

Part III Supplemental Information

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

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.

OMB No 1545-0047

2011

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		425.	cost
5	Clothing and household goods	X		17,828.	cost
6	Cars and other vehicles				
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				
19	Food inventory	X	5	561.	cost
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 ► ( )				

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

		Yes	No
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?		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?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

Employer identification number: 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.

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

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.

Part VI, Lines #13 and #14

A written whistleblower policy along with a written document retention and destruction policy do have been approved by the Board as of September 2012.

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

The following significant changes were made to the bylaws of Western Connecticut Health Network Foundation, Inc. during the fiscal year ended September 30, 2012:

-Changes to the number, authority or duties of the governing body's voting members

-Changes to the role of the membership in governance

-Changes to the voting rights of the governing body members

-Changes to the authority or duties of the organization's officers

-Changes to the provisions to amend the organizing bylaws

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

Employer identification number: 23-7425557

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

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

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

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

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

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

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

Filling vacancies on the Board of Directors, which occur between elections;

reviewing, making, and approving changes in the bylaws; insuring that the objective, purposes and goals of Danbury Hospital as stated in the charter of the Danbury Hospital, Inc. are properly and effectively carried out by the Board of Directors;

delegating as appropriate, to the Board of Directors, policy-making functions, the supervision of the Hospital's operations and the control over the Hospital's assets.

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

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

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

Employer identification number: 23-7425557

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. General Counsel 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 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

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

Employer identification number: 23-7425557

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

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

The Board of Directors of WCHN recognizes the importance to WCHN of having a consistent policy applicable to the directors and officers of all corporations within its system. This Policy therefore applies to the directors and officers of

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

Employer identification number: 23-7425557

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

WCHN as well as the directors and officers of Danbury Hospital, New Milford Hospital, Western CT Health Network Foundation, Inc, .The Western CT Home Care, Inc., 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 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 regulatory guidelines, and representative of best practices.

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

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)

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:

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

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

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)

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 market competitive levels. Base salary plus short-term (annual) incentive awards (total cash) approximate market competitive levels for total cash compensation. Executive performance is expected to meet or exceed predetermined operational and financial metrics.

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

Roles of the Committee on Governance of the Western Connecticut Health Network, Inc. and Key Executives in the Executive Compensation Process

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

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)

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

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

The last executive compensation evaluation by an outside consultant was done in November 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 2012 includes:

The most current audited financial statements.

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

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

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

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

Employer identification number: 23-7425557

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. Per week an average of 47 hours were devoted to related organizations.

Laura Mitchell to 10/1

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation. Per week an average of 24 hours were devoted to related organizations.

Steven Rosenberg

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation. Per week an average of 46 hours were devoted to related organizations.

Ronald Tietjen MD to 5/8

Compensation for executive services to Danbury Hospital, a sister company of the Western Connecticut Health Network Foundation. Per week an average of 6 hours are devoted to related organizations.

John Pezzimenti to 11/9

Compensation for executive services to Western Connecticut Medical Group, a sister company of the Western Connecticut Health Network Foundation. Per week an average of 40 hours were devoted to related organizations.

Pierre Saldinger, MD to 4/30

Compensation for executive services to Western Connecticut Medical Group, a sister company of the Western Connecticut Health Network Foundation. Per week an average of 50 hours are devoted to related organizations.

Donna Kaplanis

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. Per week an average of 46 hours were devoted to related organizations.

Grace Linhard

Per week an average of 8 hours were devoted to related organization.

Judith Ward

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.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
23-7425557

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)					

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) Sec 512(b)(13) controlled entity? No
(1) Danbury Hospital 24 Hospital Avenue Danbury, CT 06810 06-0646597	ACUTE CARE	CT	501 (c) (3)	3	WCHN	X	
(2) Western CT Health Network Affiliat 95 Locust Avenue Danbury, CT 06810 22-2594968	OP HLTHCR SVC	CT	501 (c) (3)	9	WCHN	X	
(3) Western CT Health Network, Inc. 24 Hospital Avenue Danbury, CT 06810 22-2594977	PROGRAM DEVLP	CT	501 (c) (3)	11 Type II	N/A		X
(4) Western CT Medical Group, P.C. 14 Research Drive, Suite 201A Bethel, CT 06801 06-1137531	PHYSICIAN SERVICES	CT	501 (c) (3)	9	WCHN	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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
See Part VII												
(1) New Milford MRI 21 Elm Street New Milford, CT 27-1877801	IMAGING SERVICES	CT	N/A	N/A	0.	0.		X	N/A		X	
(2)												
(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	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) West. CT Health Network Insur. Co., 10 Main Street, PO Box 1051 GT Grand Cayman, Cayman Islands 98-0438151	MALPRCTICE	Cayman Islands	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 or **(iv)** rent from a controlled entity	1a X	
b	Gift, grant, or capital contribution to related organization(s)	1b X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Sale of assets to related organization(s)	1f	X
g	Purchase of assets from related organization(s)	1g	X
h	Exchange of assets with related organization(s)	1h	X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j X	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l X	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n	Sharing of paid employees with related organization(s)	1n	X
o	Reimbursement paid to related organization(s) for expenses	1o X	
p	Reimbursement paid by related organization(s) for expenses	1p	X
q	Other transfer of cash or property to related organization(s)	1q	X
r	Other transfer of cash or property from related 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	54,797.	cost
(2) Danbury Hospital	b	7,792,719.	cost
(3) Danbury Hospital	j	73,808.	cost
(4) Danbury Hospital	l	67,423.	cost
(5) Danbury Hospital	o	4,868,899.	cost
(6) Danbury Hospital	r	2,312,350.	cost

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(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)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII Supplemental Information

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

Part III - Partnership Full Name, Address, FEIN

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

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) Sec 512(b)(13) controlled entity? No
Western CT Home Care, Inc. 4 Liberty Street Danbury, CT 06810 06-0655138	HOME HEALTHCARE	CT	501 (c) (3)	9	WCHN	X	
New Milford Hospital 21 Elm Street New Milford, CT 06776 06-0669121	ACUTE CARE	CT	501 (c) (3)	3	WCHN	X	
New Milford Hospital Foundation 21 Elm Street New Milford, CT 06776 22-2515011	ADMIN CONTRIB	CT	501 (c) (3)	7	New Milford Hospital	X	

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Medical Services of Danbury 24 Hospital Avenue Danbury, CT 06810 06-1635945	Healthcare	CT	WCMG	C corp	0.	0.	

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

book to tax difference	$ -201,389.
change in trust held by others	375,629.
Net Unrealized Gains or Losses on Investments	7,711,073.
Total	$ 7,885,313.

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	70	$ 23,219.	cost
Jewelry	X	4	4,933.	cost
Rentals	X	8	58,450.	cost
Services	X	10	5,210.	cost
Tickets	X	4	610.	cost

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2011

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			
Donna Kaplanis Controller	2			X				0.	222,446.	59,652.
Grace Linhard Executive Director	40				X			223,697.	0.	30,086.
Susan Kania Dir Donor Relation	40					X		142,974.	0.	31,480.
Liv Vesely VP Major Gifts	40					X		182,711.	0.	59,150.
Catherine Halkett Former President	0						X	407,449.	0.	54,074.
Judith Ward Former CMO	0						X	0.	274,558.	52,562.