

**Return of Organization Exempt From Income Tax**

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

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

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

**D** Employer Identification Number 22-2594977

**E** Telephone number 203/739-8071

**G** Gross receipts \$ 788,368.

**F** Name and address of principal officer: John Murphy  
24 Hospital Avenue Danbury, CT 06810

**H(a)** Is this a group return for subordinates? Yes  No

**H(b)** Are all subordinates included? Yes  No   
 If 'No,' attach a list. (see instructions)

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

**J** Website: ▶ www.wcthn.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1985

**M** State of legal domicile: CT

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To enhance, through medical care, education and research, the health and well being of individuals in Danbury, Connecticut and surrounding communities in partnership with those we serve.</u>		
	2	Check this box <input type="checkbox"/> 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 16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0	
	6	Total number of volunteers (estimate if necessary)	6 0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	485,587.	788,356.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12.	12.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,888.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	488,487.	788,368.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	1,128,349.	2,026,073.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,372,833.	1,275,734.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,501,182.	3,301,807.	
19	Revenue less expenses. Subtract line 18 from line 12	-3,012,695.	-2,513,439.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	10,518,454.	358,662,655.
	22	Net assets or fund balances. Subtract line 21 from line 20	46,402,852.	83,601,485.
			-35,884,398.	275,061,170.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *Steven Rosenberg* Date: 8/5/15

Type or print name and title: STEVEN ROSENBERG, SR. VP / CFO & TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name: Jennifer Lynch Preparer's signature: *Jennifer Lynch* Date: 08/05/15 Check  if self-employed PTIN: P01255855

Firm's name: ERNST & YOUNG US LLP Firm's EIN: 34-6565596

Firm's address: 111 MONUMENT CIRCLE STE. 4000 INDIANAPOLIS, IN 46204 Phone no.: 317-681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To improve the health and well being of those we serve.

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ? [ ] Yes [X] No

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

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

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

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

4a (Code: ) (Expenses \$ 2,751,632. including grants of \$ ) (Revenue \$ 788,356.)

To enhance, through medical care, education and research, the health and well being of individuals in Danbury, Connecticut and surrounding communities in partnership with those we serve. As the parent organization, Western Connecticut Health Network, Inc. (WCHN) provides direction, gives support, sets standards for its affiliates and subsidiaries, insures financial soundness, and establishes new programs and services consistent with their mission.

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

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

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

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

4e Total program service expenses 2,751,632.

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

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

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2013)

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

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

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

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

Check if Schedule O contains a response or note to any line in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1 a</b> 16		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . .		
	<b>1 b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . See Schedule O	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . See Sch O	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O) See Sch. O
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ Jane A. Bucher 24 Hospital Avenue, Accounting Dept. Danbury CT 06810 203-739-8071

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
See Schedule O										
(1) John Murphy EX-officio/CEO	2 48	X		X			0.	1,243,861.	54,487.	
(2) Ervin R. Shames Chairman	3 4	X					0.	0.	0.	
(3) Neil Culligan, MD Director	1 2	X					0.	0.	0.	
(4) David Cyganowski Treas to 9/14/14	1 2	X		X			0.	0.	0.	
(5) Anthea Disney Director	1 2	X					0.	0.	0.	
(6) Spencer Houldin Director	1 3	X					0.	0.	0.	
(7) Diane M Allison Director	1 8	X					0.	0.	0.	
(8) George Bauer Director	1 4	X					0.	0.	0.	
(9) James Kennedy Vice Chairman	3 7	X		X			0.	0.	0.	
(10) Richard Jabara Director	1 3	X					0.	0.	0.	
(11) David Kramer, MD Director	1 2	X					0.	0.	0.	
(12) Barbara Butler Director	1 3	X					0.	0.	0.	
(13) Victor Liss Director	1 8	X					0.	0.	0.	
(14) Joseph D Skrzypczak Secretary	1 2	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Brian C White Director	1 4	X					0.	0.	0.
(16) Paul Gagne, MD Director	1 3	X					0.	0.	0.
(17) Andrew Whittingham Director	1 3	X					0.	0.	0.
(18) Steven H Rosenberg SVP/CFO, Treas.	2 49			X			0.	717,641.	45,409.
(19) Donna Kaplanis Asst. Secretary	2 48			X			0.	236,977.	57,460.
(20) Daniel DeBarba Exec VP/Pres.	1 49			X			0.	1,110,329.	26,151.
(21) Morris Gross VP Ops	0 0					X	0.	313,570.	53,026.
(22) Matthew A Miller, MD Medical Officer	0 0					X	0.	646,881.	48,643.
(23) Phyllis F. Zappala VP HR (Term 8/21)	0 0					X	0.	847,209.	39,459.
(24) Moreen O. Donahue SR VP/Chief Nurse Officer	0 0					X	0.	378,338.	63,432.
(25)									
<b>1 b Sub-total</b>							0.	5,494,806.	388,067.
<b>c Total from continuation sheets to Part VII, Section A.</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							0.	5,494,806.	388,067.

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 **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JHD Group 5055 Keller Springs Road, Suite 240 Addison, TX 75001	Management	1,193,826.
Ernst & Young LLC PO Box 640382 Pittsburgh, PA 15264-0382	Consultants	142,471.

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns.....	1 a					
	b Membership dues.....	1 b					
	c Fundraising events.....	1 c					
	d Related organizations.....	1 d					
	e Government grants (contributions)....	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f.....						
<b>PROGRAM SERVICE REVENUE</b>			Business Code				
	2 a Mgmt Fees Exempt Affiliat	900099	710,051.	710,051.			
	b Joint & Spine LLC	900099	78,305.	78,305.			
	c -----						
	d -----						
	e -----						
	f All other program service revenue ...						
g Total. Add lines 2a-2f.....		788,356.					
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts).....		12.			12.	
	4 Income from investment of tax-exempt bond proceeds..						
	5 Royalties.....						
	6 a Gross rents .....	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss) ...					
		d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory..	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses .....					
		c Gain or (loss).....					
		d Net gain or (loss).....					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....		a				
	b Less: direct expenses.....		b				
	c Net income or (loss) from fundraising events.....						
	9 a Gross income from gaming activities. See Part IV, line 19.....		a				
b Less: direct expenses.....		b					
c Net income or (loss) from gaming activities.....							
10 a Gross sales of inventory, less returns and allowances.....		a					
b Less: cost of goods sold .....		b					
c Net income or (loss) from sales of inventory.....							
Miscellaneous Revenue		Business Code					
11 a -----							
b -----							
c -----							
d All other revenue .....							
e Total. Add lines 11a-11d.....							
12 Total revenue. See instructions.....			788,368.	788,356.	0.	12.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	32,376.	32,376.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	1,988,311.	1,988,311.		
10 Payroll taxes.	5,386.	5,386.		
11 Fees for services (non-employees):				
a Management.				
b Legal.	9,210.		9,210.	
c Accounting.	151,020.		151,020.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	57,679.		57,679.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,026,463.	703,279.	323,184.	
12 Advertising and promotion.				
13 Office expenses.	1,509.	1,509.		
14 Information technology.				
15 Royalties.				
16 Occupancy.	14,275.	14,275.		
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	9,215.	1,081.	8,134.	
23 Insurance.	2,652.	1,704.	948.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Archive Services</u>	3,711.	3,711.		
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	3,301,807.	2,751,632.	550,175.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash -- non-interest-bearing	235,265.	1	709,576.	
	2	Savings and temporary cash investments	122,237.	2	122,249.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	17,147.	9	41,010.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	74,940.		
	b	Less: accumulated depreciation	10b	45,259.	10c	29,681.
	11	Investments -- publicly traded securities		11		
	12	Investments -- other securities. See Part IV, line 11		12	1,000.	
	13	Investments -- program-related. See Part IV, line 11	126,189.	13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	9,978,719.	15	357,759,139.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	10,518,454.	16	358,662,655.		
LIABILITIES	17	Accounts payable and accrued expenses	800,711.	17	72,262.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,602,141.	25	83,529,223.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	46,402,852.	26	83,601,485.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	-35,884,398.	27	225,712,056.	
	28	Temporarily restricted net assets		28	39,887,462.	
	29	Permanently restricted net assets		29	9,461,652.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances.</b>	-35,884,398.	33	275,061,170.		
34	<b>Total liabilities and net assets/fund balances.</b>	10,518,454.	34	358,662,655.		

BAA

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	788,368.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,301,807.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,513,439.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-35,884,398.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) <i>See Schedule O</i>	9	313,459,007.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	275,061,170.

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

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?  Yes  No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No

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.

	Yes	No
2 a		X
2 b	X	
2 c	X	
3 a		X
3 b		

BAA

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: **Western Connecticut Health Network, Inc.** Employer identification number: **22-2594977**

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

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

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III – Functionally integrated    d  Type III – Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
  - f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) See Part IV									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>0.</b>

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14. . . . .	15	%
16 a <b>33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17 a <b>10%-facts-and-circumstances test – 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

**19a 33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**b 33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

**Part IV** **Supplemental Information.** 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).

**Support Schedule Additional Supplemental Information**

As the parent organization, Western Connecticut Healthcare, Inc. provides services such as support, setting standards for its affiliates and subsidiaries, insuring financial soundness by other than monetary support and establishing new programs and services consistent with their mission.



Western Connecticut Health Network, Inc.

22-2594977

Schedule A, Part I, Line 11h  
Name(s) of Supported Organization(s)

Name of Supporting Organization	Federal EIN	Type of Organization	Listed in Governing Documents		Organization Organized Notified of in the Your Support U.S.		Amount of Support
			Yes	No	Yes	No	
Danbury Hospital	06-0646597	3	X				\$ 0.
W CT Health Network Foundation Inc	23-7425557	7	X				0.
W CT Health Network Affiliates Inc	22-2594968	9		X			0.
Western Connecticut Home Care Inc.	06-0655138	9		X			0.
W CT Medical Group PC	06-1137531	9		X			0.
New Milford Hospital	06-0669121	3		X			0.
Eastern NY Medical Services	45-5431389	9		X			0.
Total							<u>                    </u>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Employer identification number

Western Connecticut Health Network, Inc.

22-2594977

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.**

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

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

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

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		34,599.	25,288.	9,311.
d Equipment		40,341.	19,971.	20,370.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				29,681.

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Cash Value of Life Insurance	291,857.
(2) Cash Value of Life Insurance-COLI	9,502,795.
(3) Due from Intercompany Activity	217,857.
(4) Due from Joint & Spine	159,000.
(5) Due from related parties	1,133,735.
(6) Investment in Joint and Spine, LLC	203,494.
(7) Investment in Norwalk Health SC	346,250,401.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	357,759,139.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Danbury Hospital	145,008.
(3) Due to New Milford Hospital	13,992.
(4) Due to WCT Medical Group	1,154,753.
(5) IBNR Claims	2,665,930.
(6) Projected Benefit Obligation-Curren	5,830,426.
(7) Unfunded ABO	73,719,114.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	83,529,223.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4 a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**  Yes  No
- 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? **5 a**  Yes  No
- b** Any related organization? **5 b**  Yes  No
- 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? **6 a**  Yes  No
- b** Any related organization? **6 b**  Yes  No
- 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**  Yes  No

**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**  Yes  No

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
John Murphy	0.	0.	0.	0.	0.	0.	0.
1 EX-officio/CEO	821,391.	412,534.	9,936.	12,750.	41,737.	1,298,348.	0.
Steven H Rosenberg	0.	0.	0.	0.	0.	0.	0.
2 SVP/CFO, Treas.	505,212.	185,034.	27,395.	12,750.	32,659.	763,050.	0.
Donna Kaplanis	0.	0.	0.	0.	0.	0.	0.
3 Asst. Secretary	177,102.	40,034.	19,841.	24,188.	33,272.	294,437.	0.
Daniel DeBarba	0.	0.	0.	0.	0.	0.	0.
4 Exec VP/Pres.	632,299.	445,600.	32,430.	11,475.	14,676.	1,136,480.	0.
Morris Gross	0.	0.	0.	0.	0.	0.	0.
5 VP Ops	248,611.	60,034.	4,925.	25,500.	27,526.	366,596.	0.
Matthew A Miller, MD	0.	0.	0.	0.	0.	0.	0.
6 Medical Officer	441,938.	170,034.	34,909.	25,500.	23,143.	695,524.	0.
Phyllis F. Zappala	0.	0.	0.	0.	0.	0.	0.
7 VP HR (Term 8/21)	697,301.	125,071.	24,837.	22,950.	16,509.	886,668.	0.
Moreen O. Donahue	0.	0.	0.	0.	0.	0.	0.
8 SR VP/Chief Nurse Officer	292,422.	75,034.	10,882.	20,400.	43,032.	441,770.	0.
9							
10							
11							
12							
13							
14							
15							
16							

**Part III Supplemental Information**

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

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

Western Connecticut Health Network has established two Senior Executive Retirement Plans (SERP) to give supplemental retirement benefits to key members of the executive group. For both SERPs, amounts promised are based on targeted retirement benefits. The payment of benefits, under both SERPs, is subject to vesting. The benefits at the vested age are provided in the form of an actuarial equivalent lump sum plus tax gross-up amount to the participants.

During the fiscal year ending September 30, 2014, Dr. Matthew Miller, Chief Medical Officer and Phyllis Zappala, Senior VP of Human Resources were the only participants of the old SERP plan. A payment of \$371,198 was made to Phyllis Zappala during the year.

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

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

Summary of Executive Incentive Plan

The Plan is administered by the Executive Compensation Committee of Western



**Part III Supplemental Information**

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

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

Connecticut Health Network, Inc.

Eligibility to participate in the Plan is limited to those who are in positions in which their decisions, actions and counsel significantly affect the operations of Western Connecticut Health Network, Inc. and its subsidiaries.

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

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

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

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

**Part III Supplemental Information**

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

**Part III - Additional Information**

Western Connecticut Health Network, Inc. used the following methods to establish top

management's compensation:

- Compensation committee.

- Independent compensation.

- Written employment contract.

- Compensation survey or study.

- Approval by board or compensation committee.

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

**Supplemental Information on Tax Exempt Bonds**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization

Employer identification number

Western Connecticut Health Network, Inc.

22-2594977

**Part I Bond Issues**

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CHEFA Rev. Bonds Series K 06-0806186		999999999	6/17/2011	33,035,000.	See Part VI for purpose		X		X		X
B CHEFA Rev. Bonds Series L 06-0806186		999999999	7/13/2011	96,000,000.	See Part VI for purpose		X		X		X
C CHEFA Rev. Bonds Series M 06-0806186		2077408A6	7/13/2011	45,523,137.	See Part VI for purpose		X		X		X
D CHEFA Rev. Bonds Series N 06-0806186		20774YEJ2	11/22/2011	40,735,995.	See Part VI for purpose		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue					96,017,023.		45,576,281.	40,735,995.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds							7,328,241.	
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds					1,216,871.		908,228.	749,768.
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds					94,800,152.		37,337,594.	
11 Other spent proceeds					32,465,000.			39,986,227.
12 Other unspent proceeds								
13 Year of substantial completion	2011		2014		2014		2011	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X		X
15 Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

Schedule K (Form 990) 2013

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3 a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
<b>b</b> If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
<b>d</b> If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8 a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X		X		
<b>b</b> If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of. ....		%		%		%		%
<b>c</b> If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X			

**Part IV Arbitrage**

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

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

	A	B	C	D
	Yes	No	Yes	No
	X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**Additional Information**

Series K  
 Series K Bonds (\$33,035,000): Series J revenue bonds were refinanced in FY2011 by Series K bonds, which bear interest at the bank purchase rate and will mature serially from September 20, 2011 to September 30, 2036

Series L  
 Series L Bonds (\$96,000,000): Series L bonds were issued concurrently with Series M bonds and were used to fund the planning, design, acquisition, construction, equipping and furnishing of Danbury Hospital's new patient tower, expansion of a parking garage, capital improvements and to fund capitalized interest.

Series M  
 Series M Bonds (\$46,030,000): Series M Bonds were issued concurrently in 2011 with Series L bonds and were used to fund the planning, design, acquisition, construction, equipping and furnishing of Danbury Hospital's new patient tower, expansion of a parking garage, capital improvements and to fund capitalized interest.

Series N  
 Series N Bonds (\$39,880,000): Series N Bonds mature serially from July 1, 2014 to July 1, 2029. The proceeds were used to refund Danbury Hospital's Series G Bonds which were issued on September 29, 1999.

Part II, Line 3: \$17,023 in additional investment earnings for Series L and \$53,144 in additional investment earnings for Series M Bonds.

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

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

OMB No. 1545-0047

**2013**

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

**Form 990, Part VII Additional Information**

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

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

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

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

Richard Jabara and James Kennedy, both directors of Western Connecticut Health Network, have a business relationship.

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

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

The following significant changes were made to the by laws and articles of incorporation of Western CT Health Network for the fiscal year ending September 30, 2014:

**Section**

2.2 The revision to this section institutes a procedure whereby the NHA board of directors will nominate individuals for election as members and the total number of members shall be equally divided between NHA nominees and individuals associated with DH and NMH.

3.2 Board composition changes as follows: the Board will consist of 18 individuals,

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

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

11 will be current directors (who also serve on the DH and NMH boards) and 7 will be current directors of NHSC (who also service on the board of NHA).

The Board will be required to have some overlap with the board of directors of each of NMH, DH, and NHA going forward. This requirement is necessary for the Corporation's tax-exempt status.

3.3 Directors continue to serve staggered 3-year terms and to be limited to serving 3 consecutive terms, except for the initial post-affiliation directors (the "Initial Board"). Director nominations will be made at the hospital board level. The Board will now be divided into "Norwalk Directors" who are nominated for service by NHA, and "DH/NMH Directors" who are nominated for service by DH and NMH.

3.4 The Initial Board's eligibility for re-election must be established by resolution of the Board. Thereafter, directors continue to be subject to a three-term limit.

3.5 Nominees to fill vacancies on the Board will be made by NHA or NMH/DH as applicable. An individual may be elected to fill a vacancy by a majority vote of the Board, except that if the Board fails to elect two individuals nominated to fill the same vacancy it may only refuse to elect the third nominee by a super-majority vote.

3.8 Most fundamental actions and approvals relating to activities at the hospital level (NHA, DH and NMH) will now require a super-majority vote of directors, defined to be the affirmative vote of 2/3 of all directors then serving (and in the event of a vacancy among the Norwalk Directors, at least one Norwalk Director).

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

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

Section 3.8(b): Deleted the requirement that the Corporation approve managed care contracts or applications for a certificate of need by Affiliates. Approval of a certificate of need is not legally required and the Corporation is required to approve any changes in clinical services. Approval of the actual filing for a certificate of need was deemed duplicative.

4.1 The Corporation will now have an Executive Compensation Committee that may act for the Board. The Executive Compensation Committee will take over the responsibilities that the Governance Committee now has relating to compensation matters. Executive Compensation Committee will include the Chair, Vice Chair, and 3 other directors. The Technology Committee will become a subcommittee of the Planning Committee. There shall be an equitable distribution of DH/NMH Directors and Norwalk Directors appointed to each of the Corporation's standing committees.

4.3 The Governance Committee must include at least one Norwalk Director. The Governance Committee will develop nominations for the Board, all committees, the members, and the boards of directors of each of DH, NMH and NHA. When considering candidates for DH, NMH, NHA, the committee shall forward the nomination of the Board unless the nomination is opposed by a majority of the committee, including at least one Norwalk Director.

4.5 The Audit Committee's authority was expanded to include the 3 Section Description of Changes ability to appoint and dismiss the Corporation's auditors.

4.6 The revisions to this section allow the Finance Committee to act for the Board with respect to the investment of the Corporation's funds.



Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

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

This section also now clarifies that the Finance Committee may be authorized to act on behalf of the Board pursuant to the terms of any approved employee benefit plan.

5.1 For the first five years following the Closing, the Chair and Vice Chairs positions will rotate between a Norwalk Director and a DH/NMH Director (with the Norwalk Director serving as Chair first).

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

6.6 The bylaws may be amended by: (i) a super-majority vote of the board at any time, (ii) after 4 years, by a majority vote but only in the event that the Corporation becomes the controlling member of another acute care hospital, or (iii) after five years, by a majority vote, but only if at least 20% of the Corporation's Board is "independent."

**Amendments to Certificate of Incorporation**

**Article 3, Membership**

Individuals who have volunteered or donated to the Norwalk Hospital Association ("NHA") will be eligible for service as elected members. The following individuals will be added to the list of ex-officio members: President of NHA, the President of the Medical Staff of the Norwalk Hospital, and the Mayor of Norwalk.

**Article 5, Purposes**

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

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

This article provides that the Corporation supports The Danbury Hospital ("DH"), New Milford Hospital, Inc. ("NMH") and NHA and provides a list of the types of activities conducted by the Corporation in providing such support.

**Article 10, Indemnification**

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

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

Steven Rosenberg, CFO, will review the Form 990 prior to it being sent to the IRS. A preliminary Form 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 Form 990 with the Audit Committee and answer any questions. Prior to filing Form 990 with the IRS, the Board will receive a full and accurate copy on a secured website for their review.

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

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

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

Who Is Covered By the Policy

Name of the organization Western Connecticut Health Network, Inc.	Employer identification number 22-2594977
--	--

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

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

**Level At Which Determinations of Whether There Is a Conflict**

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

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

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

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

**Restrictions on The Conflicted Person**

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

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

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

matter shall use his or her personal influence on the matter.

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

**Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection**

Tax return information is available on Danbury Hospital's website (a related organization): [www.danburyhospital.org](http://www.danburyhospital.org).

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

The information has been posted on Danbury Hospital's website, a related organization, for 2014 and 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 available upon request.

**Form 990, Part VII - Compensation Explanation**

**Ervin R. Shames**

Became director on the Board of WCHN, Inc. as of 1/6/2014 as part of the affiliation with Norwalk Hospital.

**Neil Culligan, MD**

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

**Form 990, Part VII - Compensation Explanation (continued)**

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

**David Cyganowski**

David Cyganowski was Treasurer of the Board of WCHN, Inc. until September 14, 2014.

**Diane M Allison**

Became director on the Board of WCHN, Inc. as of 1/6/2014 as part of the affiliation with Norwalk Hospital.

**George Bauer**

Became director on the Board of WCHN, Inc. as of 1/6/2014 as part of the affiliation with Norwalk Hospital.

**James Kennedy**

Assumed Vice-Chairman position on 1/1/2014.

**David Kramer, MD**

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

**Barbara Butler**

Became director on the Board of WCHN, Inc. as of 1/6/2014 as part of the affiliation with Norwalk Hospital.

**Victor Liss**

Became director on the Board of WCHN, Inc. as of 1/6/2014 as part of the affiliation with Norwalk Hospital.

**Paul Gagne, MD**

Became director on the Board of WCHN, Inc. as of 1/6/2014 as part of the affiliation with Norwalk Hospital.

Western Connecticut Health Network, Inc.

22-2594977

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
Purch Svcs - Office Cleaning	1,040.	1,040.		
Purch Svcs - Waste Disposal	144.	144.		
Purchased Services - Board	24,535.		24,535.	
Purchased Services - Courier	30.	30.		
Purchased Services - ENYMS	702,015.	702,015.		
Purchased Services - General	26,363.		26,363.	
Purchased Services - JHD	270,886.		270,886.	
Purchased Services - Marcum	1,400.		1,400.	
Purchased Services - Payroll	50.	50.		
Total	\$ 1,026,463.	\$ 703,279.	\$ 323,184.	\$ 0.

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

Business Systems Inc, closing activity.....	\$ 20,000.
Danbury Hospital intercompany adjustment.....	35,980,803.
Equity Transfer received in acquisition of Norwalk.....	39,887,461.
Equity Transfer received in acquisition of Norwalk.....	9,461,653.
Inherent Contribution received in acquisition of Norwalk.....	296,901,287.
Pension liability adjustment.....	-68,821,691.
Ridgefield Surgical Center, closing activity.....	29,494.
Total	\$ 313,459,007.

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

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Western Connecticut Health Network, Inc.

Employer identification number

22-2594977

**2013**

Open to Public Inspection

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Danbury Hospital 24 Hospital Avenue Danbury, CT 06810 06-0646597	Acute care	CT	501(c)(3)	3	Western Connecticut Health Network		X
(2) Western CT Health Network Foundati 24 Hospital Avenue Danbury, CT 06810 23-7425557	Admin contrib	CT	501(c)(3)	7	Western Connecticut Health Network		X
(3) Western Connecticut Medical Group, 14 Research Drive, Suite 201A Bethel, CT 06801 06-1137531	Physician Services	CT	501(c)(3)	9	Western Connecticut Health Network		X
(4) New Milford Hospital 21 Elm Street New Milford, CT 06776 06-0669121	Acute care	CT	501(c)(3)	3	Western Connecticut Health Network		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Part VII												
(1) <u>New Milford MRI</u> <u>21 Elm Street</u> <u>New Milford, CT</u> <u>27-1877801</u>	Inactive	CT	NMH	N/A	0.	0.	X		N/A		X	
(2) <u>Ridgefield Surgi</u> <u>901 Ethan Allen</u> <u>Ridgefield, CT 0</u> <u>22-2594977</u>	Inactive	CT	WCHN	N/A	0.	0.	X		N/A		X	
(3) <u>Norwalk Surgery</u> <u>40 Cross Street</u> <u>Norwalk, CT 068</u> <u>27-2394942</u>	Surgery Center	CT	NH	Related	1,995,006.	5,601,544.	X		N/A		X	64.11

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) <u>Business Systems, Inc.</u> <u>95 Locust Avenue</u> <u>Danbury, CT 06810</u> <u>06-1119262</u>	Inactive	CT	WCHN, Inc.	C Corp	0.	0.	100.00	X	
(2) <u>Western CT Healthcare Ins. Co.</u> <u>23 Lime Tree Bay, PO Box 1051</u> <u>Grand Cayman, Cayman Islands</u> <u>98-0438151</u>	Malpractice	CJ	DH	C Corp	23,289,920.	123702901.	100.00		X
(3) <u>Medical Services of Danbury</u> <u>24 Hospital Avenue</u> <u>Danbury, CT 06811</u> <u>06-1635945</u>	Inactive	CT	WCMG	C Corp.	0.	0.			X



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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Danbury Hospital	o	32,376	Cost
(2) Danbury Hospital	r	3,916,178	Cost
(3) Danbury Hospital	s	250,000	Cost
(4) Western CT Health Network Foundation Inc	l	183,608	Cost
(5) Western CT Health Network Foundation Inc	q	168,308	Cost
(6) Western Connecticut Medical Group, Inc.	n	702,015	Cost

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

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

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

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

**Part III - Partnership Full Name, Address, FEIN**

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

Ridgefield Surgical Center, LLC 22-2594977 901 Ethan Allen Highway

Ridgefield, CT 06877

Norwalk Surgery 27-2394942 40 Cross Street Norwalk, CT 06850

**Part II Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
Western Connecticut Home Care, Inc. 4 Liberty Street Danbury, CT 06810 06-0655138	Home healthcare	CT	501(c)(3)	9	Western Connecticut Health Network		X
Western CT Health Network Affiliates 95 Locust Avenue Danbury, CT 06810 22-2594968	Outpatient healthcare services	CT	501(c)(3)	9	Western CT Health Network		X
Eastern NY Medical Services, P.C. 14 Research Drive, Suite 201A Bethel, CT 06801 45-5431389	Physician Services	NY	501(c)3	9	Western CT Health Network		X
Norwalk Hospital Association 24 Stevens Street Norwalk, CT 06850 06-6068853	Health Services	CT	501(c)(3)	3	NHSC		X
Norwalk Health Care, Inc. 24 Stevens Street Norwalk, CT 06850 22-2577722	Inactive	CT	9	501(c)(3)	NHSC		X
Norwalk Hospital Physicians & Surgeon 24 Stevens Street Norwalk, CT 06850 06-1522078	Physician Services	CT	501(c)(3)	11, Type 2	NHSC		X
Norwalk Health Services Corporation 24 Stevens Street Norwalk, CT 06850 22-2577711	Support Services	CT	501(c)(3)	11, Type 2	NHSC		X
Norwalk Hospital Foundation 34 Maple Street Norwalk, CT 06850 22-2577708	Admin Contrib	CT	7	501(c)(3)	NHSC		X
Advanced Center for Rehab Medicine 24 Stevens Street Norwalk, CT 06850 06-1304799	Inactive	CT	501(c)(3)	11, Type 2	NHSC		X

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership	(I) Section 512 (b)(13) controlled entity?	
								Yes	No
Maple Street Indemnity Company 40 Church St, PO Box 2062 Hamilton, HM HX BD Bermuda 98-0549986	MALPRCTICE	BD	NHSC	C Corp.	898,661.	0.	100.00		X
SWC Corporation 24 Stevens Street Norwalk, CT 06850 22-2577718	PHARMACY	CT	NHSC	C Corp	233,728.	2,566,751.	100.00		X
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									

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

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
New Milford Hospital	l	2,288,692.	Cost
New Milford Hospital	q	2,275,000.	Cost
Western Connecticut Home Care, Inc.	l	365,435.	Cost
Western Connecticut Home Care, Inc.	q	242,934.	Cost
Western CT Health Network Affiliates Inc.	l	797,034.	ost
Western CT Health Network Affiliates Inc.	q	730,671.	Cost
Eastern NY Medical Services, P.C.	j	8,036.	Cost
Eastern NY Medical Services, P.C.	l	38,759.	Cost
Eastern NY Medical Services, P.C.	n	702,015.	Cost
Eastern NY Medical Services, P.C.	q	975,000.	Cost
Eastern NY Medical Services, P.C.	r	300,000.	Cost
Business Systems, Inc.	c	20,000.	Cost