

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

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 2013

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **THE NORWALK HOSPITAL ASSOCIATION**
Doing Business As: _____
Number and street (or P.O. box if mail is not delivered to street address): **24 STEVENS STREET** Room/suite: _____
City, town or post office, state, and ZIP code: **NORWALK, CT 06850**

D Employer identification number: **06-6068853**

E Telephone number: **(203) 852-2000**

F Name and address of principal officer: **DANIEL DEBARBA**
24 STEVENS STREET NORWALK, CT 06850

G Gross receipts \$ **356,006,160.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

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

J Website: ▶ **WWW.NORWALKHOSPITAL.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1893** **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>THE MISSION OF NORWALK HOSPITAL IS TO PROVIDE UNIQUELY EXCELLENT, INNOVATIVE AND COMPASSIONATE HEALTH CARE WITH EXCEPTIONAL OUTCOMES.</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	22.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,169.
	6 Total number of volunteers (estimate if necessary)	6	426.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,053,352.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,029,547.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,577,196.	4,120,997.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	371,139,088.	343,278,008.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,649,560.	2,326,994.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,719,656.	2,933,358.
		385,085,500.	352,659,357.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,428,040.	7,902,784.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,765,374.	191,892,401.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	169,436,679.	136,085,835.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	358,630,093.	335,881,020.	
19 Revenue less expenses. Subtract line 18 from line 12	26,455,407.	16,778,337.	
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)	432,888,470.	538,094,167.
	22 Net assets or fund balances. Subtract line 21 from line 20	266,195,478.	290,881,051.
	166,692,992.	247,213,116.	

Part II Signature Block

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

Sign Here

▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **SUSAN TURNBAUGH** Preparer's signature: *Susan Turnbaugh* Date: **08/14/14** Check if self-employed PTIN: **P01081752**

Firm's name ▶ **ERNST & YOUNG U.S. LLP** Firm's EIN ▶ **34-6565596**

Firm's address ▶ **1101 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005** Phone no. **202-327-7097**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 38,268,551. including grants of \$) (Revenue \$ 45,063,976.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 41,617,679. including grants of \$) (Revenue \$ 41,340,352.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 35,347,384. including grants of \$) (Revenue \$ 38,849,017.)

ATTACHMENT 4

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

(Expenses \$ 162,029,325. including grants of \$ 7,902,784.) (Revenue \$ 167,402,718.)

4e Total program service expenses 277,262,939.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and 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	
24 a	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 25.</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
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a	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	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TONI HORNE, CONTROLLER 24 STEVENS STREET NORWALK, CT 06850 203-852-2071

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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			
(1) DIANE M. ALLISON, ESQ CHAIRMAN	5.00 3.00	X		X				0	0	0
(2) FRED AFRAGOLA TRUSTEE	2.00 3.00	X						0	0	0
(3) THOMAS AYOUB TRUSTEE, CHIEF OF STAFF	18.00 1.00	X					85,000.	0	0	0
(4) GEORGE BAUER TRUSTEE	2.00 2.00	X					0	0	0	0
(5) MARIA BORGES-LOPEZ TRUSTEE	3.00 1.00	X					0	0	0	0
(6) BARBARA BUTLER SECRETARY EFFECTIVE 1/1/13	3.00 1.00	X					0	0	0	0
(7) DANIEL DEBARBA PRESIDENT & CEO	50.00 6.00	X		X			935,506.	0	31,978.	0
(8) HOWARD EISON, MD TRUSTEE EFFECTIVE 1/1/2013	2.00 2.00	X					0	0	0	0
(9) PAUL GAGNE, MD TRUSTEE	2.00 1.00	X					0	0	0	0
(10) MARK GUDIS TRUSTEE	2.00 1.00	X					0	0	0	0
(11) ED KANGAS VICE CHAIRMAN	4.00 2.00	X		X			0	0	0	0
(12) DAVID KOMANSKY TRUSTEE	2.00 1.00	X					0	0	0	0
(13) DAVID LEHN, ESQ TRUSTEE	2.00 3.00	X					0	0	0	0
(14) VICTOR LISS TRUSTEE	3.00 5.00	X					0	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	Former			
15) ED MAHONY TRUSTEE	3.00 3.00	X					0	0	0	
16) JOSEPH E. MANN TRUSTEE EFFECTIVE 1/1/13	2.00 1.00	X					0	0	0	
17) ROBERT READY TRUSTEE	2.00 3.00	X					0	0	0	
18) GARY REINER TRUSTEE	3.00 1.00	X					0	0	0	
19) AMY SCHAFRANN TRUSTEE	2.00 3.00	X					0	0	0	
20) ERV SHAMES TRUSTEE EFFECTIVE 1/1/2013	2.00 2.00	X					0	0	0	
21) ANDREW WHITTINGHAM TREASURER	3.00 1.00	X		X			0	0	0	
22) RICHARD ZELKOWITZ TRUSTEE	2.00 1.00	X					0	0	0	
23) CHARLES AUGENBRAUN, MD TRUSTEE THRU 12/31/12	0 0	X					0	0	0	
24) PATRICK MINICUS VP AND CHIEF FINANCIAL OFFICER	50.00 3.00			X			512,593.	0	27,285.	
25) LISA BRADY CHIEF OPERATING OFFICER	50.00				X		465,604.	0	32,678.	
1b Sub-total							1,020,506.	0	31,978.	
c Total from continuation sheets to Part VII, Section A							4,425,813.	0	484,617.	
d Total (add lines 1b and 1c)							5,446,319.	0	516,595.	

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 **329**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **69**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARY NOLAN VP NURSING & PATIENT CARE SERV	50.00				X			345,539.	0	65,558.
(27) ANTHONY ACETO VP HUMAN RESOURCES	50.00				X			400,646.	0	60,246.
(28) RENEE MAURIELLO VP NURSING & PATIENT CARE SERV	50.00				X			242,132.	0	26,470.
(29) BRIAN MCGOVERN PHYSICIAN	50.00					X		566,771.	0	54,103.
(30) MICHAEL CARIUS CHAIRMAN, EMERGENCY DEPARTMENT	50.00					X		502,319.	0	60,256.
(31) ARTHUR STICHMAN PHYSICIAN	50.00					X		410,492.	0	56,449.
(32) EDWARD EISENBERG PHYSICIAN	50.00					X		385,005.	0	50,211.
(33) KAHTERINE MICHAEL CHAIRMAN, PSYCHIATRY	50.00					X		376,463.	0	51,361.
(34) GEOFFREY COLE FORMER PRESIDENT & CEO							X	218,249.	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 329

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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>	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>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	2,129,762.					
	e Government grants (contributions) . .	1e	1,991,235.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			4,120,997.				
	Program Service Revenue	Business Code						
2a NET PATIENT SERVICES REVENUE			621400	331,172,930.	331,172,930.			
b OTHER MEDICAL SERVICES			900099	1,177,728.	1,177,728.			
c NORWALK SURGERY CENTER JOINT VENTURE			900099	2,728,341.	2,728,341.			
d LAB SERVICES			621400	3,053,352.		3,053,352.		
e MEANINGFUL USE			900099	2,403,617.	2,403,617.			
f All other program service revenue				2,742,040.	2,742,040.			
g Total. Add lines 2a-2f				343,278,008.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,311,619.			2,311,619.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	4,041,828.					
		(ii) Personal						
		b Less: rental expenses		3,138,901.				
		c Rental income or (loss)		902,927.				
	d Net rental income or (loss)			902,927.			902,927.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other		15,375.				
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)		15,375.				
	d Net gain or (loss)			15,375.			15,375.	
	8a 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			0					
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities			0					
10a Gross sales of inventory, less returns and allowances	a	448,542.						
	b Less: cost of goods sold	b	207,902.					
	c Net income or (loss) from sales of inventory			240,640.			240,640.	
Miscellaneous Revenue			Business Code					
11a CAFETERIA/VEMDING		900099	1,549,881.	1,549,881.				
b PARKING		900099	239,910.	239,910.				
c _____								
d All other revenue								
e Total. Add lines 11a-11d			1,789,791.					
12 Total revenue. See instructions			352,659,357.	342,014,447.	3,053,352.	3,470,561.		

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	7,902,784.	7,902,784.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,230,966.	3,230,966.		
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			
7 Other salaries and wages	135,352,539.	110,777,820.	24,574,719.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,012,119.	10,998,684.	2,013,435.	
9 Other employee benefits	29,368,771.	24,999,225.	4,369,546.	
10 Payroll taxes	10,928,006.	9,246,410.	1,681,596.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,900,681.		1,900,681.	
c Accounting	251,958.		251,958.	
d Lobbying	111,500.		111,500.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 6</u>	41,648,114.	33,299,950.	8,348,164.	
12 Advertising and promotion	1,526,419.	27,245.	1,499,174.	
13 Office expenses	3,473,382.	2,322,344.	1,151,038.	
14 Information technology	7,698,332.	5,868,981.	1,829,351.	
15 Royalties	0			
16 Occupancy	16,258,728.	12,834,352.	3,424,376.	
17 Travel	581,632.	498,269.	83,363.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	30,828.	29,903.	925.	
20 Interest	2,529,391.	2,529,391.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,635,476.	13,210,244.	5,425,232.	
23 Insurance	6,115,870.	6,005,060.	110,810.	
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>PHARMACY</u>	7,534,002.	7,534,002.		
b <u>RADIOLOGY & LAB SUPPLIES</u>	2,597,071.	2,597,071.		
c <u>MEDICAL SUPPLIES</u>	20,380,339.	20,380,339.		
d <u>SUPPORT NORWALK COMMUNITY HE</u>	1,350,000.	1,350,000.		
e All other expenses	3,462,112.	1,619,899.	1,842,213.	
25 Total functional expenses. Add lines 1 through 24e	335,881,020.	277,262,939.	58,618,081.	
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)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	79,838,027.	1	73,750,817.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	30,103,755.	4	26,795,462.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	983,779.	7	912,778.
	8 Inventories for sale or use	1,860,656.	8	1,845,044.
	9 Prepaid expenses and deferred charges	2,373,762.	9	1,589,839.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 470,519,318.		
	b Less: accumulated depreciation	10b 310,387,552.	136,573,309.	10c 160,131,766.
	11 Investments - publicly traded securities	55,114,847.	11	89,661,793.
	12 Investments - other securities. See Part IV, line 11	2,267,986.	12	2,267,986.
	13 Investments - program-related. See Part IV, line 11	49,220,441.	13	45,162,957.
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	74,551,908.	15	135,975,725.
16 Total assets. Add lines 1 through 15 (must equal line 34)	432,888,470.	16	538,094,167.	
Liabilities	17 Accounts payable and accrued expenses	45,455,394.	17	53,040,490.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	52,395,000.	20	122,700,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	168,345,084.	25	115,140,561.
	26 Total liabilities. Add lines 17 through 25	266,195,478.	26	290,881,051.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	123,000,420.	27	207,578,029.
	28 Temporarily restricted net assets	34,246,719.	28	30,180,235.
	29 Permanently restricted net assets	9,445,853.	29	9,454,852.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	166,692,992.	33	247,213,116.
	34 Total liabilities and net assets/fund balances	432,888,470.	34	538,094,167.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	352,659,357.
2	Total expenses (must equal Part IX, column (A), line 25)	2	335,881,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,778,337.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	166,692,992.
5	Net unrealized gains (losses) on investments	5	7,760,507.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	55,981,280.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	247,213,116.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011 Schedule A; 16a 33 1/3% support test - 2012; b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2012

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORWALK HOSPITAL FOUNDATION ----- 24 STEVENS STREET ----- NORWALK, CT 06850 -----	\$ 2,129,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STATE OF CT, DEPARTMENT OF MENTAL HEALTH ----- 410 CAPITAL AVENUE ----- HARTFORD, CT 06134 -----	\$ 1,947,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF CT, DEPARTMENT OF PUBLIC HEALTH ----- 410 CAPITAL AVENUE ----- HARTFORD, CT 06134 -----	\$ 43,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
--	---

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, media advertisements, mailings, publications, grants, direct contact, rallies, and other activities. Total amount for line 1 is 438,611.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, and No. Rows include questions about dues received, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question and Amount. Rows include questions about dues from members, nondeductible lobbying and political expenditures (current year, carryover, total), and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

OTHER ACTIVITIES

SCHEDULE C PART II-B LINE I

NORWALK HOSPITAL ASSOCIATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES, THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES. NORWALK HOSPITAL ENGAGED THE FIRM BROWN RUDNICK LLP FOR GOVERNMENT RELATIONS IN CONNECTICUT AND ON THE FEDERAL LEVEL. BROWN RUDNICK KEEPS NORWALK HOSPITAL ASSOCIATION APPRAISED OF FEDERAL HEALTHCARE POLICY, GRANT OPPORTUNITIES AND REALTED BILLS & PENDING LEGISLATION THAT MAY BE OF INTEREST TO THE WELL BEING OF THE HOSPITAL.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 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)?, 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.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b 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

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

Schedule D (Form 990) 2012

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,517,609.		5,517,609.
b Buildings		167,257,328.	93,633,249.	73,624,079.
c Leasehold improvements		10,384,823.	2,920,425.	7,464,398.
d Equipment		251,254,314.	212,512,351.	38,741,963.
e Other		36,105,244.	1,321,527.	34,783,717.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).				160,131,766.

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

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

Part VIII Investments - Program Related. 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, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	3,410,889.
(2) INTEREST RATE SWAP	4,554,026.
(3) DUE FROM AFFILIATES	1,346,260.
(4) CONSTRUCTION FUND/COST OF ISSU	59,708,986.
(5) MALPRACTICE TUST FUND	327.
(6) GOODWILL - NRM C PURCHASE	13,843,749.
(7) NON-COMPETE - NRM C PURCHASE	5,958,797.
(8) CHEFA BOND ISSUE EXPENSE	1,289,383.
(9) MALPRACTICE RECEIVABLE	45,863,308.
(10) MALPRACTICE RECEIVABLE	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	135,975,725.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	30,484,686.
(3) MALPRACTICE RESERVE	51,278,308.
(4) ASSET RETIREMENT OBLIGATION	10,653,327.
(5) CHA TRUST LOAN	402,355.
(6) WORKERS' COMP RESERVE	2,567,866.
(7) LONG TERM DISABILITY RESERVE	2,072,930.
(8) LEASE - CURRENT AND LONG TERM	3,767,601.
(9) ACCRUED PENSION LIABILITY	13,061,730.
(10) DUE TO AFFILIATES	851,758.
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	115,140,561.

2. FIN 48 (ASC 740) Footnote. 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

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

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

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

Part XIII Supplemental Information

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

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

THERE WAS NO FIN 48/ASC 740 FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		17076	12,130,987.	4,964,575.	7,166,412.	2.11
b Medicaid (from Worksheet 3, column a)		46085	59,385,091.	41,428,745.	17,956,347.	5.30
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		63161	71,516,078.	46,393,320.	25,122,759.	7.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		1397468	1,780,359.	97,272.	1,683,087.	.05
f Health professions education (from Worksheet 5)		22	12,372,639.	4,399,270.	7,973,369.	2.35
g Subsidized health services (from Worksheet 6)		10014	3,465,077.	1,360,322.	2,104,755.	.62
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits		1407504	17,618,075.	5,856,864.	11,761,211.	3.02
k Total. Add lines 7d and 7j.		1470665	89,134,153.	52,250,184.	36,883,970.	10.43

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	320	24,570.		24,570.	.01
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1	320	24,570.		24,570.	.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,836,044.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	7,965,577.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	89,000,371.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	118,035,020.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,034,649.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	64.11000		31.10000
2				
3				
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group NORWALK HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) _____

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply):	1	X
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted,	3	X
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	5	X
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . .	7	X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy NORWALK HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> 2 </u> <u> 0 </u> <u> 0 </u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u> 4 </u> <u> 0 </u> <u> 0 </u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) NORWALK HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

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

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

20		X

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

21		X

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of Facility (describe)
1 NORWALK HOSP. OUTPATIENT REHAB. SERVICES 520 WEST AVENUE NORWALK CT 06850	OUTPATIENT REHABILITATION FAC.
2 NORWALK HOSP. OUTPATIENT REHAB. SERVICES 40 CROSS STREET, SUITE 110 NORWALK CT 06851	OUTPATIENT SERVICES
3 NORWALK HOSP. SLEEP DISORDERS SERVICES 520 WEST AVENUE NORWALK CT 06850	SLEEP DISORDER SERVICES
4 NORWALK HOSP. RAD. & MAMMOGRAPHY CTR. 148 EAST AVENUE, SUITE 1R NORWALK CT 06851	RADIOLOGY & MAMMOGRAPHY CENTER
5 NORWALK HOSPITAL NEW CANAAN RADIOLOGY 29-30 EAST AVENUE NEW CANAAN CT 06840	RADIOLOGY SERVICES
6 NORWALK HOSPITAL WESTPORT RADIOLOGY 728 POST ROAD EAST WESTPORT CT 06880	RADIOLOGY SERVICES
7 NEW CANAAN BLOOD COLLECTION CENTER 28-30 EAST AVENUE NEW CANAAN CT 06840	BLOOD COLLECTION
8 WESTPORT BLOOD COLLECTION 728 POST ROAD EAST WESTPORT CT 06880	BLOOD COLLECTION
9 NORWALK BLOOD COLLECTION 40 CROSS STREET NORWALK CT 06851	BLOOD COLLECTION
10 NORWALK BLOOD COLLECTION 148 EAST AVENUE NORWALK CT 06851	BLOOD COLLECTION

Schedule H (Form 990) 2012

Part V Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 NORWALK SURGERY CENTER, LLC 40 CROSS STREET NORWALK CT 06851	SURGERY CENTER
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9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART I, LINE 7, COLUMN F

NORWALK HOSPITAL HAS AN ACGME ACCREDITED MEDICAL RESIDENCY PROGRAM PARTNERED WITH YALE UNIVERSITY SCHOOL OF MEDICINE. APPROXIMATELY 58 RESIDENTS AND FELLOWS ROTATE IN THE MEDICINE, RADIOLOGY, GASTROENTEROLOGY, PULMONARY OR SLEEP PROGRAMS. THE ASSOCIATED COSTS AND REVENUES ARE DERIVED FROM THE MEDICARE COST REPORT.

SUBSIDIZED HEALTH SERVICES LINE G - NORWALK HOSPITAL RECEIVES A DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE OUTPATIENT PSYCHIATRIC CLINIC. THESE DOLLARS HELP OFFSET THE SHORTFALL FROM UNDER OR UNINSURED PATIENTS.

PART II

PROJECT LEAN(LEARNING WITH ENERGY FROM ACTIVITY AND NUTRITION) IS AN INNOVATIVE, COMMUNITY-WIDE COLLABORATIVE PROGRAM DESIGNED TO ACTIVELY ENGAGE ELEMENTARY SCHOOL CHILDREN WITH A HANDS-ON INTERACTIVE CURRICULUM TO COMBAT CHILDHOOD OBESITY. PROJECT LEAN'S GOAL IS TO IMPROVE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

ATTITUDES, INCREASE KNOWLEDGE, AND KEEP BODY MASS INDEX AT OR BELOW THE CENTER FOR DISEASE CONTROL AND PREVENTION AVERAGE GAINS THROUGH NUTRITION EDUCATION AND INCREASED ACTIVITY. THE AIM IS TO IMPROVE THE OVERALL HEALTH OF THE STUDENTS THROUGH HEALTHY NUTRITION AND EXERCISE WITH THE GOAL TO MAKE A SUSTAINABLE DIFFERENCE IN THEIR LIVES. THE PROGRAM HAS THREE COMPONENTS. THE BEFORE-SCHOOL "BREAKFAST CLUB BOOT CAMP" BEGINS AT 7:30AM AND INCLUDES A FREE HEALTHY BREAKFAST SERVED AFTER 40 MINUTES OF STRUCTURED, VIGOROUS EXERCISES. THE IN-SCHOOL COMPONENT PROVIDES THE CHILDREN WITH A WEEKLY 40 MINUTE NUTRITION AND ACTIVITY EDUCATION PROGRAM DIRECTED BY A REGISTERED DIETITIAN FROM NORWALK HOSPITAL. THE DIETITIAN BRINGS NUTRITION EDUCATION TO LIFE IN THE CLASSROOM WITH WEEKLY INTERACTIVE, HANDS-ON ACTIVITIES. THE AFTER-SCHOOL ACTIVITIES INCLUDE A MONTHLY "FAMILY NIGHT" AIMED AT ENGAGING THE ENTIRE FAMILY AND PROVIDING EDUCATIONAL SESSIONS ON PHYSICAL ACTIVITIES, HEALTHY EATING, AND LEADING CIRCUIT TRAINING, COOKING CLASSES, SHOPPING ACTIVITIES, ETC. SINCE WEIGHT PROBLEMS IN CHILDHOOD OFTEN CONTINUE INTO ADULTHOOD,

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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TARGETING THIS AGE GROUP ALLOWS US TO MAKE A LASTING EFFECT ON HEALTHY LIVING MINIMIZING FUTURE POTENTIAL MEDICAL RISKS AND SIGNIFICANTLY IMPACTING THE BATTLE AGAINST OBESITY. ADDITIONALLY, IMPLEMENTING THIS PROGRAM AT THIS POINT IN CHILDREN'S LIVES GREATLY INCREASES THE CHANCES THE CHILDREN WILL RETAIN THE INFORMATION AS THEY AGE. WE STRESS THE BENEFIT OF THE ENTIRE FAMILY WORKING TOGETHER TO LEAD A HEALTHY, ACTIVE LIFESTYLE AND GIVE THEM THE SKILLS TO DO SO. THE \$24,570 REPRESENTS THE VALUE OF THE HOURS DEVOTED TO PROVIDING THESE PROGRAMS AND COLLABORATING WITH COMMUNITY AGENCIES INVOLVED.

PART III, LINE 4

LINE 2 - BAD DEBT EXPENSE IS A FUNCTION OF ACTUAL BAD DEBT WRITE-OFFS AND ESTIMATED BAD DEBTS FOR BALANCES STILL IN ACCOUNTS RECEIVABLE (AR) AS OF THE MEASUREMENT DATE. THE HOSPITAL CALCULATES THE ESTIMATED BAD DEBTS IN AR BY COMPUTING HISTORICAL PAYMENT % BY PAYOR, SERVICE TYPE, AND BY ACCOUNT AGE AND APPLIES THOSE PERCENTAGES ADJUSTED FOR PRICE INCREASES TO CURRENT AR.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

LINE 3 - THE PERCENT OF CHARITY CARE APPLICATIONS UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY THAT RESULTED IN A DISCOUNT WAS 44.66%. WE APPLIED THIS % TO OUR BAD DEBT EXPENSE OF \$17,836,044 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$7,965,577.

WE HAVE NO FOOTNOTE IN OUR AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE.

PART III, LINE 8

ALL HOSPITALS MUST RECORD PROFITS IN ORDER TO GENERATE THE CAPITAL NEEDED TO INVEST IN FACILITIES AND SERVICES. SERVICES THAT RESPOND TO PUBLIC HEALTH NEEDS PROVIDED TO MEDICARE PATIENTS AT NORWALK HOSPITAL GENERATE NEGATIVE MARGINS AVERAGING AROUND 25% OF COST. IT IS POSSIBLE THAT SOME OF THESE SERVICES WOULD BE DISCONTINUED IF THE DECISION WAS MADE ON A PURELY FINANCIAL BASIS. FOR THIS REASON, IT WOULD BE APPROPRIATE TO CONSIDER THE MEDICARE PAYMENT SHORTFALL A COMMUNITY BENEFIT. THE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 WERE COMPUTED USING THE COST TO CHARGE RATIO FROM THE MEDICARE COST REPORT MULTIPLIED AGAINST MEDICARE CHARGES.

PART III, LINE 9B

NORWALK HOSPITAL COLLECTION PRACTICES CONSIST PRIMARILY OF BILLING NOTICES AND FOLLOW UP COURTESY CALLS. THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE. NOTIFICATION IS SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED. IF AT ANY TIME DURING THE COLLECTION PROCESS A PATIENT WOULD LIKE TO PARTICIPATE IN THE FAP PROGRAM COLLECTION ACTIVITY CEASES. THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL COUNSELLING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNTS.

PART V, SECTION B, LINE 3

NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ARE LEADING A

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF GREATER NORWALK AREA RESIDENTS. INVOLVED IN THIS EFFORT ARE THE HEALTH DEPARTMENTS OF NEW CANAAN, WESTPORT, WESTON, WILTON, DARIEN, AND FAIRFIELD, AS WELL AS THE NORWALK COMMUNITY HEALTH CENTER, NON-PROFIT AGENCIES, COMMUNITY AND FAITH BASED ORGANIZATIONS, AS WELL AS THE PUBLIC BEING SERVED. A BROAD REPRESENTATION OF THE COMMUNITY ALLOWS US TO SHARE EXPERTISE AND RESOURCES.

PART V, SECTION B, LINE 7

A SUBCOMMITTEE OF THE NORWALK HOSPITAL BOARD OF TRUSTEES, THE COMMUNITY HEALTH COMMITTEE (CHC), WAS ESTABLISHED TO PROVIDE OVERSIGHT AND DEVELOP PROJECTS AND PROGRAMS AIMED AT IMPROVING THE HEALTH OF CITIZENS IN LOWER FAIRFIELD COUNTY. THE CHC ASSURES STAKEHOLDER ENGAGEMENT, SETS GOALS, STRATEGIES AND METRICS, MEASURES PROGRAM IMPACT TO PRIORITY COMMUNITY NEEDS, AND MONITORS AND REPORTS PERFORMANCE.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

CO-LEADS (CONTENT EXPERTS AND OPERATIONAL LEADERS) WERE SELECTED TO FORMULATE WORKGROUPS FROM THE TASK FORCE TO DISCUSS, DEVELOP AND IMPLEMENT WAYS TO COMPLETE THE IMPROVEMENT PLAN WITH THE EMPHASIS ON CROSS-TOWN, CROSS-INSTITUTION COLLABORATION. WORKGROUPS, COMPRISED OF REPRESENTATIVES FROM A WIDE VARIETY OF COMMUNITY AGENCIES FROM THROUGHOUT THE REGION, FORMED THE OBESITY/HEALTHY LIFESTYLE INITIATIVE COMMITTEE AND MENTAL HEALTH/SUBSTANCE ABUSE INITIATIVE COMMITTEE. EACH COMMITTEE REVIEWED EVIDENCE-BASED STRATEGIES FOR THE HEALTH PRIORITIES WITH A FOCUS ON COMMUNITIES AND SUB-GROUPS OF THE COMMUNITY, SET RELATED PERFORMANCE MEASURES FOR SHORT- AND INTERMEDIATE-TERM PLANS, AND ESTABLISHED TIMELINES FOR ACHIEVING GOALS AND OBJECTIVES.

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS PRESENTED TO THE NORWALK HOSPITAL BOARD OF TRUSTEES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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NEEDS ASSESSMENT

PART VI, QUESTION 1

SERVING OUR COMMUNITIES SPECIAL NEEDS THROUGH OUTREACH PROGRAMS

NORWALK HOSPITAL TAKES PARTICULAR PRIDE IN -- NOT ONLY SERVING THE LOCAL COMMUNITIES WITH OUTSTANDING CARE -- BUT IN ITS ABILITY TO ACCOMMODATE EVERYONE WHO COMES THROUGH ITS DOORS. NO PATIENT IS TURNED AWAY FOR LACK OF FUNDS. NORWALK HOSPITAL PROVIDES NUMEROUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS WITHOUT CHARGE, SUCH AS CANCER SUPPORT, BEREAVEMENT SUPPORT, SMOKING CESSATION, ETC. THE HOSPITAL STAFF PARTICIPATES IN HEALTH FAIRS AND COMMUNITY LECTURES FOR ASSISTED LIVING CENTERS, SENIOR CENTERS, CHURCHES, PUBLIC SCHOOLS AND PROVIDES AMBULANCE TOURS TO THE ELEMENTARY SCHOOLS IN NORWALK.

NORWALK HOSPITAL OFFERS PROGRAM AND FINANCIAL SUPPORT TO THE NORWALK COMMUNITY HEALTH CENTER, A COMMUNITY-BASED HEALTH CENTER, AND PROVIDES SUPPORT TO AMERICARES CLINIC. SPECIALTY CLINICS FOR THE MEDICALLY

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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UNDERSERVED ARE STAFFED BY VOLUNTEER ATTENDING PHYSICIANS IN THE
 FOLLOWING SPECIALTIES: SURGERY, GI, PULMONARY, ORTHOPEDICS, PODIATRY,
 PHYSIATRY, NEPHROLOGY, NEUROLOGY, SEIZURE, DERMATOLOGY, CARDIOLOGY,
 RHEUMATOLOGY, LIVER AND BREAST.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, QUESTION 3

THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WITH
 EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE. NOTIFICATION IS
 SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS
 SCHEDULED. THE FACILITY ALSO EMPLOYS FINANCIAL COUNSELORS TO FACILITATE
 PATIENT EDUCATION REGARDING ALL PROGRAMS AVAILABLE TO INCLUDE STATE,
 LOCAL AND INTERNAL. IF AT ANYTIME DURING THE COLLECTION PROCESS A PATIENT
 WOULD LIKE TO PARTICIPATE IN THE FAP PROGRAM COLLECTION ACTIVITY CEASES.
 THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL
 COUNSELING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNTS.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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COMMUNITY INFORMATION

PART VI, QUESTION 4

COMMUNITY INFORMATION:

NORWALK HOSPITAL SERVES AN AREA POPULATION OF ABOUT 270,000 IN LOWER FAIRFIELD COUNTY. THE PRIMARY SERVICE AREA INCLUDES NORWALK, NEW CANAAN, WESTPORT, WESTON AND WILTON, AND THE SECONDARY SERVICE AREA INCLUDES DARIEN, FAIRFIELD, REDDING AND RIDGEFIELD. THERE ARE NO OTHER HOSPITALS LOCATED IN NORWALK HOSPITAL'S PRIMARY OR SECONDARY SERVICE AREAS, BUT THERE ARE FIVE OTHER HOSPITALS LOCATED IN FAIRFIELD COUNTY. A DIVERSE SOCIO-ECONOMIC POPULATION, NORWALK HOSPITAL SERVICES AN AGING POPULATION, FROM THE AFFLUENT TO THE MEDICALLY UNDERSERVED. THE MEDIAN HOUSEHOLD INCOME IN THE GREATER NORWALK AREA IS \$103,996 AND THE ESTIMATED UNINSURED POPULATION IN NORWALK IS 8.9%. THE PERCENTAGE OF THE POPULATION IN THE PRIMARY AND SECONDARY AREAS THAT IS 65+ IS EXPECTED TO INCREASE FROM 13.8% IN 2010 TO 15.0% IN 2015, AND WOMEN OF CHILDBEARING AGE (20-44) ARE FORECAST TO DECLINE 7.5% OVER THE SAME PERIOD OF TIME.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PROMOTION OF COMMUNITY HEALTH

PART VI, QUESTION 5

IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, NORWALK HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH EDUCATION AND SOCIAL SERVICES IN THE COMMUNITY (IE, LONG TERM FACILITIES, COMMUNITY OUTREACH, HEALTH PROMOTION/ILLNESS PREVENTION, ETC.) TO OPTIMIZE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST EFFECTIVE MANNER. AS A NOT-FOR-PROFIT ORGANIZATION, NORWALK HOSPITAL PROVIDES NEEDED MEDICAL CARE TO ALL, INCLUDING THOSE WHO CANNOT PAY FOR IT. THIS IS PART OF THE HOSPITAL'S "VISION AND VALUES."

NORWALK HOSPITAL PROVIDES A VAST ASSORTMENT OF SERVICES FREE OF CHARGE AND FURTHER CARRIES OUT ITS CITIZENSHIP BY MEETING THE NEEDS OF THE UNDERSERVED. THE HOSPITAL MAKES AVAILABLE TO THE COMMUNITY AN IMPRESSIVE LIST OF SPECIALTIES, SUCH AS:

CHILDBIRTH CENTER - NORWALK HOSPITAL PROVIDES EXCEPTIONAL MATERNITY AND

Part VI Supplemental Information

Complete this part to provide the following information.

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PEDIATRIC SERVICES. THE OBSTETRICIANS ARE SUPPORTED BY HIGHLY SKILLED NURSES, CERTIFIED NURSE MIDWIVES, PHYSICIAN ASSISTANTS, NEONATOLOGISTS AND YALE PERINATOLOGISTS TO HELP MANAGE HIGH-RISK PREGNANCIES. THE HOSPITAL ALSO OFFERS COMPREHENSIVE CHILDBIRTH EDUCATION AND SUPPORT PROGRAMS.

THE SMILOW FAMILY BREAST HEALTH CENTER - ADDRESSES BREAST CARE IN A SEAMLESS MANNER, BEGINNING WITH COMMUNITY EDUCATION AND SCREENING. FOCUSING ON RAPID DIAGNOSIS, THE PROGRAM PROVIDES ON-GOING SUPPORT THROUGHOUT THE PROCESS OF REFERRAL AND SCHEDULING TO ALL NEEDED SERVICES AND PHYSICIANS.

TRAUMA CENTER - NORWALK HOSPITAL IS DESIGNATED AS A LEVEL II TRAUMA CENTER, DEDICATED TO THE SURVIVAL AND RESTORATION OF PATIENTS TO THEIR BEST FUNCTIONAL OUTCOME.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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FOR STROKE CARE. THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS AWARDED NORWALK HOSPITAL PRIMARY STROKE CENTER CERTIFICATION "FOR DEMONSTRATING THAT ITS STROKE CARE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN SIGNIFICANTLY IMPROVE OUTCOMES FOR STROKE PATIENTS."

CANCER DIAGNOSTICS AND THERAPY - A COMPREHENSIVE PROGRAM THROUGH THE WHITTINGHAM CANCER CENTER BRINGS TO SOUTHWESTERN CONNECTICUT THE LATEST KNOWLEDGE, TECHNIQUES AND TECHNOLOGY FOR THE DIAGNOSIS AND TREATMENT OF CANCER. THE CANCER CENTER IS COMMITTED TO ASSURING A FULL SPECTRUM OF ONCOLOGY SERVICES TO THE PEOPLE OF OUR COMMUNITY. FROM PREVENTION AND SCREENINGS, TO DIAGNOSIS AND TREATMENT, THE STAFF IS CONTINUALLY RESPONDING TO THE CHANGING NEEDS OF HEALTH CARE AND CANCER PATIENTS.

SURGICAL SERVICES - NORWALK HOSPITAL'S DEDICATED SURGICAL STAFF OFFERS HIGH QUALITY SURGICAL CARE BY ALL MEASURABLE STANDARDS. OUTSTANDING SURGEONS ARE IN THE FOREFRONT OF SURGICAL PROCEDURES INCLUDING

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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LAPAROSCOPIC SURGERY, MAJOR JOINT REPLACEMENT AND UROLOGICAL SERVICES.

SLEEP CENTER - A NATIONALLY ACCREDITED CENTER PROVIDES FOR DIAGNOSIS AND MANAGEMENT OF THE FULL RANGE OF SLEEP DISORDERS, INCLUDING SLEEP APNEA AND INSOMNIA

BARIATRIC CENTER - THE BARIATRIC CENTER HAS BEEN NAMED AN AMERICAN SOCIETY FOR BARIATRIC SURGERY (ASBS) BARIATRIC SURGERY CENTER OF EXCELLENCE. THE ASBS CENTER OF EXCELLENCE DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY.

WOUND CARE AND HYPERBARIC MEDICINE CENTER - AS A REFERRAL CENTER FOR COMPREHENSIVE WOUND MANAGEMENT, THE CENTER HAS HAD VERY SUCCESSFUL RESULTS BY PROVIDING ADVANCED TREATMENT TO CURE WOUNDS THAT PREVIOUSLY WOULD NOT HEAL.

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STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, QUESTION 7

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PSYCHIATRY, NEPHROLOGY, NEUROLOGY, SEIZURE, DERMATOLOGY, CARDIOLOGY,

RHEUMATOLOGY, LIVER AND BREAST.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NORWALK HOSPITAL FOUNDATION 24 STEVENS STREET NOWALK, CT 06850	22-2577708	501(C)(3)	628,184.				FUND OPERATIONS
(2)	NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC 24 STEVENS STREET NOWALK, CT 06850	05-1522078	501(C)(3)	7,274,600.				STRATEGIC SUPPORT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

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

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

Schedule I (Form 990) (2012)

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
 FUNDS ARE PROVIDED TO NORWALK HOSPITAL FOUNDATION AND NORWALK HOSPITAL
 PHYSICIANS AND SURGEONS, INC., RELATED 501(C)(3) ORGANIZATIONS, WHICH ARE
 SUBJECT TO THE SAME POLICIES AND PROCEDURES AS NORWALK HOSPITAL
 ASSOCIATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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**

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
1a		
1b		
2		
3		
4a	<input checked="" type="checkbox"/>	
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FRED AFRAGOLA TRUSTEE	(i)	0	0	0		0	0	
	(ii)	0	0	0		0	0	
2 DANIEL DEBARBA PRESIDENT & CEO	(i)	562,950.	325,000.	47,556.	11,250.	20,728.	967,484.	
	(ii)	0	0	0		0	0	
3 PATRICK MINICUS VP AND CHIEF FINANCIAL OFFICER	(i)	348,692.	145,875.	18,026.	7,857.	19,428.	539,878.	
	(ii)	0	0	0		0	0	
4 LISA BRADY CHIEF OPERATING OFFICER	(i)	349,791.	97,103.	18,710.	11,250.	21,428.	498,282.	
	(ii)	0	0	0		0	0	
5 MARY NOLAN VP NURSING & PATIENT CARE SERV	(i)	290,444.	43,867.	11,228.	46,130.	19,428.	411,097.	
	(ii)	0	0	0		0	0	
6 ANTHONY ACETO VP HUMAN RESOURCES	(i)	289,597.	85,827.	25,222.	40,818.	19,428.	460,892.	
	(ii)	0	0	0		0	0	
7 RENEE MAURIELLO VP NURSING & PATIENT CARE SERV	(i)	172,896.	59,067.	10,169.	7,042.	19,428.	268,602.	
	(ii)	0	0	0		0	0	
8 BRIAN MCGOVERN PHYSICIAN	(i)	255,764.	293,809.	17,198.	29,675.	24,428.	620,874.	
	(ii)	0	0	0		0	0	
9 MICHAEL CARIUS CHAIRMAN, EMERGENCY DEPARTMENT	(i)	397,419.	76,139.	28,761.	39,788.	20,468.	562,575.	
	(ii)	0	0	0		0	0	
10 ARTHUR STICHMAN PHYSICIAN	(i)	224,577.	161,326.	24,589.	35,821.	20,628.	466,941.	
	(ii)	0	0	0		0	0	
11 EDWARD EISENBERG PHYSICIAN	(i)	237,273.	136,519.	11,213.	30,783.	19,428.	435,216.	
	(ii)	0	0	0		0	0	
12 KAHTERINE MICHAEL CHAIRMAN, PSYCHIATRY	(i)	288,271.	78,982.	9,210.	28,933.	22,428.	427,824.	
	(ii)	0	0	0		0	0	
13 GEOFFREY COLE FORMER PRESIDENT & CEO	(i)	0	0	218,249.			218,249.	
	(ii)	0	0	0			0	
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART III, LINE 4A

GEOFFREY COLE RECEIVED PART OF A TWO YEAR SEVERANCE ARRANGEMENT BASED UPON HIS COMPENSATION AT THE TIME OF TERMINATION. THE AMOUNT PAID DURING THE YEAR, \$218,249, HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4B

NORWALK HOSPITAL ASSOCIATION HAS ESTABLISHED THE NORWALK HOSPITAL SENIOR DEFERRED COMPENSATION PLAN, PRIMARILY FOR THE PURPOSE OF PROVIDING A PROGRAM OF DEFERED COMPENSATION TO DANIEL DEBARBA, PRESIDENT & CEO. AMOUNTS PROMISED UNDER THE PLAN ARE BASED ON TARGETED RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PLAN IS SUBJECT TO VESTING, NO AMOUNTS WERE VESTED OR REPORTED AS TAXABLE INCOME ON MR. DEBARBA'S 2012 W2.

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 7

BONUSES ARE PROVIDED BASED ON ACHIEVEMENT OF QUANTIFIABLE AND MEASUREABLE GOALS. GOALS ARE ESTABLISHED FOR ELIGIBLE EXECUTIVES AT THE BEGINNING OF EACH FISCAL YEAR. BONUSES ARE PAID IN ACCORDANCE WITH THE OVERALL FINANCIAL PERFORMANCE OF THE HOSPITAL AS WELL AS THE EXECUTIVE'S SUCCESS IN MEETING OR EXCEEDING THOSE GOALS.

TARGET INCENTIVE AWARD OPPORTUNITIES RANGE FROM 15% TO 25% FOR SENIOR LEADERS AND 40% FOR THE PRESIDENT AND CEO. MAXIMUM AWARD OPPORTUNITIES ARE 150% OF THE TARGET, AWARDED FOR EXCEPTIONAL AND SUPERIOR PERFORMANCE EVIDENCED BY ACTUAL, MEASURABLE RESULTS.

ACTUAL INCENTIVE AWARDS WERE APPROVED BY THE PRESIDENT AND CEO AND COMPENSATION COMMITTEE BAED ON EACH SENEIOR LEADER'S FY 2013 PERFORMANCE RATING, USING A 5 POINT SCALE:

-A PERFORMANCE RATING OF 3 GENERALLY EQUATES TO 100% OF TARGET

OPPORTUNITY

Part III Supplemental Information

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

-A PERFORMANCE RATING OF 4 GENERALLY EQUATES TO 125% OF TARGET

OPPORTUNITY

-A PERFORMANCE RATING OF 5 GENERALLY EQUATES TO 150% OF TARGET

OPPORTUNITY

ACTUAL AWARDS ARE INTERPOLATED FOR PERFORMANCE RATINGS THAT FALL BETWEEN

LEVELS, E.G, A RATING OF 3.6.

THE PRESIDENT AND CEO AND COMPENSATION COMMITTEE ALSO EXERCISE AND APPLY

DISCRETION TO REFLECT SPECIAL ACCOMPLISHMENTS AND INDIVIDUAL RESULTS, AND

CAN RECOMMEND HIGHER FINAL AWARDS.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

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 STATE OF CT HEALTH & EDU FACILITIES AUTHORITY	06-0806186		12/09/2010	46,840,000.	SEE PART V		X		X		X
B STATE OF CT HEALTH & EDU FACILITIES AUTHORITY	06-0806186	NONE	12/01/2012	82,000,000.	SEE PART V		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	6,140,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	46,844,821.		82,005,910.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds	1,198,321.		1,741,177.					
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	829,268.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds	463,600.							
10 Capital expenditures from proceeds	46,381,221.							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2012		2015					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

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

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)	STATE OF CT HEALTH & EDU FACILITIES AUTHORITY							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d 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?								
4 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 ▶	2.2700	%		%		%		%
5 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 ▶	.4400	%		%		%		%
6 Total of lines 4 and 5	2.7100	%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a 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				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	2.7100	%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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					

Part IV Arbitrage	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?			X					
b Name of provider	PEOPLES UNITED BANK							
c Term of hedge	12.000							
d Was the hedge superintegrated?								
e Was the hedge terminated?				X				

Part VI **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

USE OF BOND PROCEEDS - A

SCHEDULE K, PART I - A

THE PROCEEDS OF THE BOND WERE USED FOR CONSTRUCTION OF A PARKING GARAGE
AND FOR THE PURCHASE OF OTHER CAPITAL EQUIPMENT.

USE OF BOND PROCEEDS - B

SCHEDULE K, PART I - B

THE PROCEEDS OF THE BOND ARE BEING USED FOR CONSTRUCTION OF AN AMBULATORY
PAVILION AND FOR THE PURCHASE OF OTHER CAPITAL EQUIPMENT.

PRIVATE BUSINESS USE

SCHEDULE K, PART III, LINE 4 & 5

PRIVATE BUSINESS USE IS BASED ON PHYSICIAN RESERVED SPACES IN FINANCED
PARKING GARAGE. THESE RESERVED SPACES ARE USED BY BOTH EMPLOYED AND
ATTENDING PHYSICIANS VISITING HOSPITAL PATIENTS TO FURTHER THE HOSPITAL'S
MISSION

POST ISSUANCE COMPLIANCE - NONQUALIFIED BONDS

SCHEDULE K, PART III, LINE 9

EFFECTIVE 1/1/2014, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) BECAME THE
SOLE CORPORATE MEMBER OF NORWALK HEALTH SERVICES CORPORATION AND A

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

CORPORATE AFFILIATION WAS COMPLETED. NORWALK HEALTH SERVICES CORPORATION

AND ALL SUBSIDIARIES ARE NOW COVERED UNDER THE POLICIES OF WCHN AND AS

SUCH, THE TAX EXEMPT DEBT POLICY APPLIES TO NHA AS OF 1/1/2014.

PROCEDURES TO UNDERTAKE CORRECTIVE ACTION

SCHEDULE K, PART V

EFFECTIVE 1/1/2014, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) BECAME THE

SOLE CORPORATE MEMBER OF NORWALK HEALTH SERVICES CORPORATION AND A

CORPORATE AFFILIATION WAS COMPLETED. NORWALK HEALTH SERVICES CORPORATION

AND ALL SUBSIDIARIES ARE NOW COVERED UNDER THE POLICIES OF WCHN AND AS

SUCH, THE TAX EXEMPT DEBT POLICY APPLIES TO NHA AS OF 1/1/2014.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number
06-6068853

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SOUTHERN CONNECTICUT VASCULAR CTR.	SEE PART V	42,000.	SEE PART V		X
(2) THE BANKWELL	SEE PART V	3,006.	SEE PART V		X
(3) FIRST COUNTRY BANK	SEE PART V	23,278.	SEE PART V		X
(4) NORWALK MEDICAL GROUP	SEE PART V	155,430.	SEE PART V		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV, LINE 1

PAUL GAGNE, M.D. IS A MEMBER OF THE BOARD OF NORWALK HOSPITAL ASSOCIATION (NHA) AND THE MEDICAL DIRECTOR OF SOUTHERN CONNECTICUT VASCULAR CENTER. NHA PAID SOUTHERN CONNECTICUT VASCULAR CENTER \$42,000 FOR CARDIAC AND VASCULAR SERVICES.

SCHEDULE L, PART IV, LINE 2

THOMAS AYOUB, FRED AFRAGOLA, VICTOR LISS AND GEORGE BAUER ARE MEMBERS OF THE BOARD OF NHA AND DIRECTORS OF THE BANKWELL. NHA RECEIVED INTEREST INCOME FROM THE BANKWELL IN THE AMOUNT OF \$3,006.

SCHEDULE L, PART IV, LINE 3

MARY FRANCO IS AN EMPLOYEE OF NHA AND A DIRECTOR OF FIRST COUNTY BANK. NHA RECEIVED INTEREST INCOME FROM FIRST COUNTY BANK IN THE AMOUNT OF \$23,278

SCHEDULE L, PART IV, LINE 4

RICHARD ZELKOWITZ, M.D. IS A MEMBER OF THE BOARD OF NHA AND THE MEDICAL

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

DIRECTOR OF NORWALK MEDICAL GROUP. NHA PAID NORWALK MEDICAL GROUP

\$155,430 FOR CANCER SERVICES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

OTHER PROGRAM SERVICE DESCRIPTIONS

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE:

ED TREATED AND RELEASED;

CARDIOVASCULAR SERVICES;

CANCER SERVICES;

PULMONARY & RESPIRATORY SERVICES;

REHAB SERVICES;

ALL OTHER SURGICAL SERVICES;

PEDIATRIC SERVICES;

PSYCHIATRY SERVICES;

ALL OTHER MEDICAL SERVICES; AND

ALL OTHER LAB SERVICES

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINES 6 AND 7A

NORWALK HEALTH SERVICES CORPORATION, INC. IS THE SOLE MEMBER OF NORWALK
HOSPITAL ASSOCIATION (NHA) AND APPOINTS NHA'S BOARD OF DIRECTORS.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, LINE 11

NORWALK HOSPITAL ASSOCIATION'S (NHA) FORM 990 IS PREPARED WITH THE

ASSISTANCE OF ERNST & YOUNG LLP AND REVIEWED BY NHA'S INTERNAL

MANAGEMENT. FOLLOWING THAT REVIEW, NHA'S INTERNAL MANAGEMENT PRESENTS THE

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
--	--

FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT. THE COMPLETED FORM 990 IS PROVIDED, VIA EMAIL, TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO THE FORM BEING FILED WITH THE IRS.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, LINE 12C
MONITORING

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, EACH PERSON COVERED BY THE POLICY, INCLUDING BOARD MEMBERS, AND KEY MANAGEMENT PERSONNEL, INCLUDING THE CEO, VICE PRESIDENTS, CHAIRMEN, EXECUTIVE DIRECTORS, NORWALK HOSPITAL PHYSICIANS & SURGEONS AND ANY OTHER HOSPITAL EMPLOYED PHYSICIANS, DIRECTORS, AND ANY OTHER PERSONNEL WITH FINANCIAL DECISION MAKING AUTHORITY AS DESIGNATED BY THE CEO, SENIOR VICE PRESIDENT, VICE PRESIDENTS OR DEPARTMENT CHAIRMEN SHALL SIGN A STATEMENT AFFIRMING THAT SUCH PERSON RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY. ADDITIONALLY, THE SIGNED STATEMENT AFFIRMS THAT THE PERSON UNDERSTANDS THE HOSPITAL IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, THE HOSPITAL MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

ENFORCEMENT

FAILURE TO COMPLY WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY SHALL CONSTITUTE GROUNDS FOR REMOVAL OF A PERSON COVERED BY THE POLICY AS A BOARD MEMBER OR BOARD COMMITTEE MEMBER, AND, IN THE CASE OF KEY MANAGEMENT PERSONNEL, TERMINATION OF EMPLOYMENT.

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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WHO IS COVERED?

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS EACH PERSON COVERED BY THE POLICY, INCLUDING BOARD MEMBERS, AND KEY MANAGEMENT PERSONNEL, INCLUDING THE CEO, VICE PRESIDENTS, CHAIRMEN, EXECUTIVE DIRECTORS, NHP&S AND ANY OTHER HOSPITAL EMPLOYED PHYSICIANS, DIRECTORS, AND ANY OTHER PERSONNEL WITH FINANCIAL DECISION MAKING AUTHORITY AS DESIGNATED BY THE CEO, SENIOR VICE PRESIDENT, VICE PRESIDENTS OR DEPARTMENT

LEVEL OF DETERMINATION AND REVIEW OF CONFLICTS

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. 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 EXISTS. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE IF THE HOSPITAL CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER

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CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, THE GOVERNING BOARD OR COMMITTEE SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

RESTRICTIONS PLACED ON CONFLICTED PERSONS
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

DOCUMENT RETENTION AND DESTRUCTION POLICY

FORM 990 PART VI, LINE 14

EFFECTIVE 1/1/2014, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) BECAME THE SOLE CORPORATE MEMBER OF NORWALK HEALTH SERVICES CORPORATION AND A CORPORATE AFFILIATION WAS COMPLETED. NORWALK HEALTH SERVICES CORPORATION AND ALL SUBSIDIARIES ARE NOW COVERED UNDER THE POLICIES OF WCHN AND AS

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SUCH, THE RECORD RETENTION POLICY APPLIES TO NHA AS OF 1/1/2014.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, LINES 15 A & B
AN OUTSIDE CONSULTING FIRM CONDUCTS AN EXECUTIVE COMPENSATION ANALYSIS
UTILIZING THIRD-PARTY, BLINDED SURVEY DATA SOURCES. THE CONSULTANT THEN
PRESENTS FINDINGS TO THE COMPENSATION COMMITTEE OF THE BOARD, WHO DECIDE
WHAT ACTION TO TAKE, IF ANY, FOR EACH EXECUTIVE. THIS PROCEDURE ONLY
APPLIES TO THE PRESIDENT, VICE PRESIDENTS, AND CERTAIN KEY EMPLOYEES. FOR
THOSE KEY EMPLOYEES WHOSE SALARIES ARE NOT SUBJECT TO THE COMPENSATION
COMMITTEE REVIEW, THEIR RESPECTIVE VICE PRESIDENTS ASSESS THEIR
PERFORMANCE AND DETERMINE SALARY INCREASES BASED ON THE GUIDELINES
ESTABLISHED BY THE ANNUAL REVIEW PROGRAM AND FINAL REVIEW RATINGS.
COMPENSATION DECISIONS ALSO EMPLOY EXTERNAL MARKET SURVEY DATA AND
INTERNAL ANALYSIS BASED ON NORWALK HOSPITAL ASSOCIATION'S SALARY RANGES.
THIS PROCESS IS UNDERTAKEN EACH YEAR.

JOINT VENTURE POLICY

FORM 990, PART VI, SECTION B, LINE 16B
WHILE A WRITTEN POLICY HAS NOT BEEN ADOPTED REGARDING THE EVALUATION OF
PARTICIPATION IN JOINT VENTURES, MANAGEMENT FOLLOWS A PROCEDURE IN WHICH
ALL POSSIBLE JOINT VENTURE ARRANGEMENTS ARE EVALUATED UNDER APPLICABLE
FEDERAL TAX LAWS. MANAGEMENT UTILIZES THE SERVICES OF APPROPRIATE
CONSULTANTS AND LEGAL COUNSEL TO EVALUATE EACH JOINT VENTURE OPPORTUNITY.
THIS EVALUATION ALSO INCLUDES AN ANALYSIS OF HOW THE JOINT VENTURE WILL
FURTHER THE HOSPITAL'S MISSION. THE HOSPITAL HAS TAKEN ALL APPROPRIATE

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STEPS TO SAFEGUARD ITS TAX EXEMPT STATUS WITH RESPECT TO ALL JOINT VENTURE ARRANGEMENTS. JOINT VENTURE ARRANGEMENTS ARE APPROVED BY THE BOARD OF TRUSTEES.

GOVERNING DOCUMENTS

FORM 990 PART VI, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER FEES EXCEED 10%

FORM 990, PART IX, LINE 11G

PHYSICIANS

CONTRACT MANAGEMENT

AGENCY AND TEMPORARY HELP

PATIENT CARE AND ADMIN. SERVICES

COLLECTION EXPENSE

PROFESSIONAL FEES - AFFILIATES

PROFESSIONAL FEES - CONSULTING

OUTSIDE SERVICES

OTHER

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

TRANSFER TO NORWALK HEALTH SERVICES CORPORATION (5,302,411)

TRANSFER TO NORWALK HOSPITAL FOUNDATION (1,155,442)

TRANSFER FROM NORWALK HOSPITAL FOUNDATION 10,627,037

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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PENSION RELATED CHANGES OTHER THAN NET PERIODIC

PENSION COST	51,307,939
DECREASE IN BENEFICIAL INTEREST IN NORWALK HOSPITAL - TEMPORARILY RESTRICTED	(4,066,484)
INCREASE IN BENEFICIAL INTEREST IN NORWALK HOSPITAL FOUNDATION - PERMANENTLY RESTRICTED	8,999
NORWALK SURGERY CENTER/JOINT VENTURE INCOME	(2,728,341)
INTEREST RATE SWAP	4,554,026
NET UNRESTRICTED OTHER CHANGES IN JOINT VENTURE	2,735,957
TOTAL OTHER CHANGES IN NET ASSETS	55,981,280

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF NORWALK HOSPITAL IS TO PROVIDE UNIQUELY EXCELLENT, INNOVATIVE AND COMPASSIONATE HEALTH CARE WITH EXCEPTIONAL OUTCOMES. VISION: NORWALK HOSPITAL WILL BE THE HOSPITAL OF CHOICE FOR PATIENTS, PHYSICIANS, AND HEALTH CARE PROFESSIONALS, RECOGNIZED FOR DELIVERING INNOVATIVE CLINICAL SERVICES WITH COMPASSION. WE ARE GUIDED BY THESE VALUES - PATIENT-CENTERED: HONORING EACH INDIVIDUAL'S DIGNITY, PRIVACY, AND CONFIDENTIALITY, EMPOWERING PATIENTS AND THEIR FAMILIES AS PARTNERS IN THEIR CARE, FACILITATING SIMPLE, CONVENIENT WAYS FOR PATIENTS AND THEIR FAMILIES TO USE OUR PROGRAMS AND SERVICES - EXCELLENCE: SETTING THE HIGHEST STANDARDS FOR SAFETY, CLINICAL OUTCOMES AND PERSONAL SERVICE, AND CONTINUOUSLY MEASURING, MONITORING AND RAISING THOSE STANDARDS - INNOVATION: CONTINUOUSLY PIONEERING NEW AND BETTER WAYS TO DELIVER CARE, INCLUDING BRINGING STATE-OF-THE-ART TECHNOLOGY TO REAL-WORLD CARE DELIVERY, RESEARCH AND PREVENTION OF

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ILLNESS - LEADERSHIP: ATTRACTING AND DEVELOPING THROUGHOUT THE ORGANIZATION PEOPLE WHO ARE RECOGNIZED AS EXCEPTIONAL LEADERS AND WHO SUBSCRIBE TO THESE VALUES - TEAMWORK: WORKING TOGETHER TO ACHIEVE OUR MISSION AND GOALS IN A COOPERATIVE, RESPECTFUL, OPEN ENVIRONMENT - TRUST AND FAIRNESS: WE FOSTER A CLIMATE OF OPENNESS IN WHICH ALL WHO WORK HERE TREAT ONE ANOTHER WITH TRUST AND FAIRNESS, WE SUPPORT OPEN COMMUNICATION TO ENHANCE THIS CLIMATE - EDUCATION: PROVIDING NATIONALLY RECOGNIZED MEDICAL EDUCATION PROGRAMS FOR FUTURE PROVIDERS, PARTICIPATING IN CLINICAL RESEARCH AND OFFERING A RANGE OF EDUCATIONAL PROGRAMS TO OUR PATIENTS AND THE COMMUNITY TO ENHANCE THEIR HEALTH AND WELL-BEING - FINANCIAL RESPONSIBILITY: BEING ACCOUNTABLE AS FINANCIAL STEWARDS FOR CONSTANT IMPROVEMENT IN THE EFFICIENCY AND EFFECTIVENESS OF SERVICE DELIVERY, COORDINATING THE SERVICES OF NORWALK HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY (E.G. LONG-TERM CARE FACILITIES, COMMUNITY OUTREACH, HEALTH PROMOTION/ILLNESS PREVENTION ORGANIZATIONS, ETC.) IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER - CHARITY: AS A NOT-FOR-PROFIT ORGANIZATION, PROVIDING NEEDED MEDICAL CARE TO ALL, INCLUDING THOSE WHO CANNOT PAY FOR IT.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

WOMEN'S HEALTH: ONE OF THE HOSPITAL'S PREMIER SIGNATURE CLINICAL PROGRAMS, OUR WOMEN'S AND CHILDREN'S SERVICES FEATURES A TOP NOTCH

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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ATTACHMENT 2 (CONT'D)

TEAM OF OBSTETRICIANS/GYNECOLOGISTS, PEDIATRICIANS, CERTIFIED NURSES MIDWIVES, PEDIATRIC HOSPITALISTS, NEONATOLOGISTS, PEDIATRIC SPECIALISTS, PHYSICIAN ASSISTANTS AND NURSES. THIS TEAM'S COMPASSIONATE AND EXPERT CARE IS FURTHER ENHANCED BY THE ONSITE AVAILABILITY OF FULL-TIME PERINATOLOGISTS FROM YALE UNIVERSITY MEDICAL SCHOOL. OUR OBSTETRICIANS AND CERTIFIED NURSE MIDWIVES DELIVER BABIES IN THE HOSPITAL'S MODERN, HOME-LIKE CHILDBIRTH CENTER. THE CENTER FEATURES IN-SUITE AMENITIES, INCLUDING BEAUTIFUL SINGLE ROOMS WITH PRIVATE BATHS AND SHOWERS, MASSAGE THERAPY FOR INFANTS AND MOTHERS, WIRELESS INTERNET ACCESS AND FLAT-SCREEN TELEVISIONS. FOR ADDITIONAL EXPERTISE, THE HOSPITAL ALSO PROVIDES PERINATOLOGY SERVICES, FOR HIGH-RISK PREGNANCY, AS WELL AS REPRODUCTIVE ENDOCRINOLOGY SERVICES. IN ADDITION, ADVANCED, MINIMALLY INVASIVE ROBOTIC SURGERY FOR SEVERAL GYNECOLOGIC PROCEDURES, INCLUDING HYSTERECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE CANCERS, ARE NOW AVAILABLE AT THE HOSPITAL. WOMEN'S HEALTH HAD TOTAL INPATIENT DISCHARGES OF 3,046 FOR THE FISCAL YEAR ENDED 9/30/2013.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ORTHOPEDICS AND NEUROSPINE SERVICES: NORWALK HOSPITAL PROVIDES COMPREHENSIVE, HIGH-QUALITY ORTHOPEDIC AND NEUROSPINE CARE TO RESIDENTS OF GREATER FAIRFIELD COUNTY, CONNECTICUT THROUGH AN

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

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ATTACHMENT 3 (CONT'D)

EXPERT TEAM OF BOARD-CERTIFIED OR ELIGIBLE ORTHOPEDISTS AND NEUROSURGEONS WHO HAVE TRAINED AT SOME OF THE NATION'S MOST PRESTIGIOUS HOSPITALS AND MEDICAL SCHOOLS. A SIGNATURE SERVICE, OUR ORTHOPEDIC AND NEUROSPINE PROGRAM FEATURES A COLLABORATIVE, TEAM APPROACH FOR THE EVALUATION, TREATMENT, AND REHABILITATION OF DISEASES AND CONDITIONS AFFECTING THE BONES, JOINTS, CARTILAGE, MUSCLES, TENDONS AND LIGAMENTS. CLINICAL SERVICES PROVIDED INCLUDES: ARTHRITIS & JOINT PAIN TREATMENT, FOOT AND ANKLE CARE, FRACTURE CARE, HAND AND UPPER EXTREMITY CARE, INCLUDING SHOULDER AND ELBOW REPLACEMENT SURGERY), JOINT REPLACEMENT (HIP & KNEE), SPINE SURGERY, SPORTS MEDICINE, TRAUMA CARE FOR ORTHOPEDIC INJURIES. ORTHONEURO HAD TOTAL INPATIENT DISCHARGES OF 1,591 FOR THE FISCAL YEAR ENDED 9/30/2013.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

GASTROENTEROLOGY & DIGESTIVE SERVICES: NORWALK HOSPITAL IS NOTED FOR ITS ADVANCED GASTROENTEROLOGY PROGRAM, WHICH IS CONSIDERED TO BE A LEADING PROGRAM IN CONNECTICUT AS WELL AS IN NEARBY WESTCHESTER COUNTY, NEW YORK, FOR THE DIAGNOSIS AND TREATMENT OF A WIDE RANGE OF DIGESTIVE DISEASES AND CONDITIONS. ONE OF THE HOSPITAL'S PREMIER SIGNATURE CLINICAL SERVICES, THIS PROGRAM FEATURES EXPERIENCED AND HIGHLY RESPECTED GASTROENTEROLOGISTS, ON THE NORWALK HOSPITAL MEDICAL STAFF, WHO SEE PATIENTS IN THEIR OFFICES THROUGHOUT LOWER FAIRFIELD COUNTY AS WELL AS AT THE

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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ATTACHMENT 4 (CONT'D)

HOSPITAL'S CENTER FOR DIGESTIVE DISEASES. A KEY COMPONENT OF NORWALK HOSPITAL'S DIGESTIVE DISEASES SERVICE IS A COLORECTAL CANCER SCREENING PROGRAM. COLORECTAL CANCERS ARE HIGHLY PREVENTABLE AND TREATABLE IF CAUGHT EARLY. HEALTH EXPERTS RECOMMEND A SCREENING COLONOSCOPY AT AGE 50 FOR ADULTS CONSIDERED AT AVERAGE RISK. COLONOSCOPIES ARE PERFORMED BY GASTROENTEROLOGISTS IN THE HOSPITAL'S MODERN AND NATIONALLY ACCREDITED GASTROINTESTINAL (GI) LAB. NORWALK HOSPITAL IS THE ONLY HOSPITAL IN CONNECTICUT TO OFFER THIRD EYE RETROSCOPE-ENHANCED COLONOSCOPIES. THIS NEW TECHNOLOGY HAS BEEN SHOWN IN CLINICAL STUDIES TO IMPROVE THE DETECTION RATE OF POTENTIALLY PRE-CANCEROUS COLON POLYPS BY UP TO 25%. ONCE DETECTED, THE COLON POLYPS CAN BE REMOVED DURING THE COLONOSCOPY. SEVERAL GASTROENTEROLOGISTS ON THE HOSPITAL'S MEDICAL STAFF ARE OFFERING THIRD EYE RETROSCOPE-ENHANCED COLONOSCOPIES TO PATIENTS. THE NORWALK HOSPITAL CENTER FOR DIGESTIVE DISEASES PROVIDES STATE-OF-THE-ART, ACADEMIC MEDICAL CENTER-LEVEL CARE IN A CONVENIENTLY LOCATED, COMMUNITY HOSPITAL SETTING. THE CENTER'S WIDELY RECOGNIZED, FELLOWSHIP-TRAINED; SPECIALIST PHYSICIANS PROVIDE LEADING-EDGE

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ATTACHMENT 4 (CONT'D)

DIAGNOSTICS AND TREATMENTS FOR DISORDERS OF THE ESOPHAGUS, STOMACH, SMALL INTESTINE, COLON, RECTUM, GALLBLADDER, PANCREAS AND LIVER. A LEADER IN ADVANCED ENDOSCOPIC PROCEDURES FOR THE TREATMENTS OF GASTROINTESTINAL DISORDERS, THE CENTER ALSO OFFERS A CHRONIC HEARTBURN PROGRAM, AND, IN PARTNERSHIP WITH YALE SCHOOL OF MEDICINE, A COMPREHENSIVE LIVER CENTER. CLINICAL SERVICES PROVIDED BY THE CENTER'S SPECIALIST PHYSICIANS INCLUDE, BUT ARE NOT LIMITED TO: ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, CHRONIC HEARTBURN (GERD) EVALUATION AND TREATMENT, COLON CANCER SCREENING, COLONOSCOPIES, DOUBLE BALLOON-ASSISTED ENTEROSCOPY, ENDOSCOPIC PROCEDURES, INCLUDING ENDOSCOPIC ULTRASOUND, INFLAMMATORY BOWEL DISEASE EVALUATION AND TREATMENTS, LIVER DISEASES, INCLUDING HEPATITIS C, EVALUATIONS AND TREATMENTS. THE CENTER SERVES AS A MAJOR TEACHING SITE FOR THE YALE SCHOOL OF MEDICINE. WILLIAM HALE, MD, DIRECTOR OF GASTROENTEROLOGY AND HEPATOLOGY; DENNIS MEIGHAN, DO, DIRECTOR OF ENDOSCOPY; AND SETH A. GROSS, MD, DIRECTOR OF ADVANCED ENDOSCOPY; HELP TRAIN RESIDENTS AND FELLOWS, AND ALSO CONDUCT CLINICAL RESEARCH STUDIES DESIGNED TO IMPROVE CARE FOR PATIENTS. GASTRO & DIGESTIVE HAD TOTAL INPATIENT DISCHARGES OF

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ATTACHMENT 4 (CONT'D)

1,608 FOR THE FISCAL YEAR ENDED 9/30/2013.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MORRISON MANAGEMENT SPECIALISTS INC. P.O.BOX 102289 ATLANTA, GA 30368	FOOD SERVICE	2,752,117.
RIGHTSOURCING INC. P.O. BOX 9695 UNIONDALE, NY 11555	STAFFING SERVICES	3,243,726.
FREEMANWHITE, INC. 75 NAVY STREET L6J2ZCAN OAKVILLE ONTARIO CANADA	ARCHITECT	3,053,633.
NORWALK RADIOLOGY CONSULTANTS PC 148 EAST AVENUE NORWALK, CT 06851	PHYS GROUP-RADIOLOGY	1,615,542.
DONALD MURPHY DBA MURPHY SECURITY PO BOX 356 NEW BRITAIN, CT 06050	SECURITY SERVICES	1,411,859.

ATTACHMENT 6FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
PHYSICIANS	7,455,185.	7,455,185.		
CONTRACT MANAGMENT	8,225,874.	5,758,369.	2,467,505.	
AGENCY AND TEMPORARY HELP	1,691,521.	1,520,120.	171,401.	
PATIENT CARE & ADMIN SERVICES	6,945,811.	6,945,766.		45.

Name of the organization

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ATTACHMENT 6 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
COLLECTION EXPENSE	1,500,631.	5,599.	1,495,032.	
PROFESSIONAL FEES - AFFILIATES	3,989,343.	3,989,343.		
PROFESSIONAL FEES - CONSULTING	4,227,969.	2,491,641.	1,736,328.	
OUTSIDE SERVICES	7,086,120.	5,127,769.	1,958,351.	
OTHER	525,660.	6,158.	519,502.	
TOTALS	<u>41,648,114.</u>	<u>33,299,950.</u>	<u>8,348,164.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

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

(a) Name, address, and EIN (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) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORWALK HOSPITAL PHYSICIANS & SURGEONS 06-1522078 24 STEVENS STREET NORWALK, CT 06850	PHYS PRACTICE	CT	501(C)(3)	11B	NHSC	X	
(2) NORWALK HEALTH CARE, INC 22-2577722 24 STEVENS STREET NORWALK, CT 06850	INACTIVE	CT	501(C)(3)	9	NHSC	X	
(3) NORWALK HEALTH SERVICES CORPORATION 22-2577711 24 STEVENS STREET NORWALK, CT 06850	SUPPORT SVCS	CT	501(C)(3)	11B	N/A	X	
(4) NORWALK HOSPITAL FOUNDATION 22-2577708 34 MAPLE STREET NORWALK, CT 06850	FUNDRAISING	CT	501(C)(3)	7	NHSC	X	
(5) ADVANCED CENTER FOR REHABILITATION MEDIC 06-1304799 24 STEVENS STREET NORWALK, CT 06850	INACTIVE	CT	501(C)(3)	11B	NHSC	X	
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) NORWALK SURGERY CENTER, LLC 27 40 CROSS STREET	SURGERY CENTER	CT	NONE	RELATED	2,728,341.	4,925,659.		X	0		X	64.1000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MAPLE STREET INDEMNITY COMPANY LTD ----- 98-0549862 40 CHURCH ST. PO BOX 2062 HAMILTON HM HX, BD	CAPTIVE INSURANCE	BD	NHSC	C-CORP					
(2) SWC CORPORATION ----- 22-2577718 24 STEVENS STREET NORWALK, CT 06850	PHARMACY	CT	NHSC	C-CORP					
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORWALK HOSPITAL PHYSICIANS & SURGEONS	J	522,245.	FMV
(2) NORWALK HOSPITAL PHYSICIANS & SURGEONS	M	14,341,190.	FMV
(3) NORWALK HOSPITAL PHYSICIANS & SURGEONS	Q	7,699,806.	FMV
(4) NORWALK HOSPITAL PHYSICIANS & SURGEONS	R	13,300,000.	FMV
(5) NORWALK HOSPITAL PHYSICIANS & SURGEONS	S	9,000,000.	FMV
(6) MAPLE STREET INDEMNITY COMPANY LTD	R	6,827,000.	FMV

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORWALK HEALTH SERVICES CORPORATION	R	14,499,475.	FMV
(2) NORWALK HOSPITAL FOUNDATION	B	628,184.	FMV
(3) NORWALK HOSPITAL FOUNDATION	C	2,129,762.	FMV
(4) NORWALK HOSPITAL FOUNDATION	L	65,160.	FMV
(5) NORWALK HOSPITAL FOUNDATION	Q	1,498,950.	FMV
(6) NORWALK HOSPITAL FOUNDATION	R	1,155,442.	FMV

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORWALK HOSPITAL FOUNDATION	S	11,483,036.	FMV
(2) SWC CORPORATION	L	138,000.	FMV
(3) SWC CORPORATION	M	3,504,475.	FMV
(4) SWC CORPORATION	Q	236,179.	FMV
(5) SWC CORPORATION	R	3,157,946.	FMV
(6)			

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) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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



Ernst & Young LLP
55 Ivan Allen Jr. Boulevard
Suite 1000
Atlanta, GA 30308

Tel: +1 404 874 8300
ey.com

Instructions for filing
The Norwalk Hospital Association
Form CT-990T
Connecticut Form CT-990T - Unrelated Bus. Inc. Tax
for the period ended September 30, 2013

Signature...

The original return should be dated and signed by an officer of the organization if applicable.

Filing...

The signed return should be filed on or before August 15, 2014 with...

Department of Revenue Services
State of Connecticut
P.O. Box 5014
Hartford, Connecticut 06102-5014

To document the timely filing of your return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of approved delivery method provide by the state designated private delivery service.

Form CT-990T

Connecticut Unrelated Business Income Tax Return

2012

Complete this return in blue or black ink only.

Enter Income Year Beginning **10/01**, 2012, and Ending **09/30/2012**

Taxpayer (Please type or print)	Organization name <i>(please type or print)</i> THE NORWALK HOSPITAL ASSOCIATION	CT Tax Registration Number 4392965-000
	Address <i>number and street</i> PO Box 24 STEVENS STREET	DRS use only - - 20
	City or town State ZIP code NORWALK, CT 06850	Federal Employer ID Number (FEIN) 06-6068853

Check and Complete All Applicable Boxes If the organization is annualizing its income check here

Change of: Mailing address Closing month (Attach explanation.) **Return status:** Amended return Initial return Final return

If final return: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. Number. _____

Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

1. Date unrelated trade or business began in Connecticut: VAR

2. Nature of unrelated trade or business income activity: LABORATORY SERVICE

3. **Corporation only:** Enter state of incorporation: CONNECTICUT Date of organization: 03/13/1985

Date qualified in Connecticut if not incorporated in Connecticut: _____

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income		
1. Federal unrelated business taxable income from 2012 federal Form 990-T, Part II, Line 34	1	00
2. Federal net operating loss deduction from 2012 federal Form 990-T, Part II, Line 31	2	00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3	00
4. Total: Add Lines 1, 2, and 3.	4	00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5	00
6. Unrelated business taxable income: Subtract Line 5 from Line 4.	6	00

Computation of Tax		
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3.	1	00
2. Apportionment fraction from <i>Schedule A</i> , Line 5 on back page. Carry to six places.	2	
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2.	3	00
4. Operating loss carryover from <i>Schedule B</i> , Line 13 on back page	4	2,057,009.00
5. Income subject to tax: Subtract Line 4 from Line 3.	5	00
6. Tax: Multiply Line 5 by 7.5% (.075).	6	00

Computation of Amount Payable		
1. Tax: Include surtax if applicable. See instructions	1	00
2. <i>Reserved for future use</i>	2	
3. Total Tax: Enter the amount from Line 1.	3	00
4. Tax credits from Form CT-1120K , Part III, Line 9. Do not exceed amount on Line 1.	4	00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5	00
6a. Paid with application for extension from Form CT-990T EXT	6a	00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b	00
6c. Overpayment from prior year	6c	00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.	6	00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.	7	00
8. Add Penalty ▶ (8a) <u>.00</u> Interest ▶ (8b) <u>.00</u> CT-1120I Interest ▶ (8c) <u>.00</u>	8	00
9. Amount to be credited to 2013 estimated tax ▶ (9a) <u>.00</u> Refunded ▶ (9b) <u>.00</u>	9	00

For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.

9c. Checking Savings 9d. Routing number

9e. Account number 9f. Will this refund go to a bank account outside the U.S.? Yes

10. **Balance due with this return:** Add Line 7 and Line 8. 10 00

Visit the DRS website at www.ct.gov/DRS to pay electronically. **TSC** Taxpayer Service Center Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014 Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Signature of officer or fiduciary	Date	May DRS contact the preparer shown below about this return? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Title	Telephone number 203-852-2000	
Keep a copy of this return for your records.	Officer's email address		
	Paid preparer's signature	Date	Preparer's SSN or PTIN P01081752
	Firm's name and address ERNST & YOUNG U.S. LLP 1101 NEW YORK AVENUE WASHINGTON, DC 20005	FEIN 34-6565596	Telephone number 202-327-7097

Schedule A - Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut		Column B Everywhere		Column C
						Divide Column A by Column B. Carry to six places
Property (Average value)	1. (a) Inventories		00		00	
	(b) Tangible property		00		00	
	(c) Real property		00		00	
	(d) Capitalized rent		00		00	
	1. Total		00		00	
Receipts	2. (a) Sales of tangibles		00		00	
	(b) Services		00		00	
	(c) Rentals		00		00	
	(d) Other		00		00	
	2. Total		00		00	
Wages, salaries, and other compensation	3. Total		00		00	
4. Total: Add Lines 1, 2, and 3 in Column C.						
5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C</i> , Line 4; and also on front page, <i>Computation of Tax</i> , Line 2.						

Schedule B - Connecticut Apportioned Operating Loss Carryover

1. 2000 Connecticut net operating loss available for use in 2012	1.		00
2. 2001 Connecticut net operating loss available for use in 2012	2.		00
3. 2002 Connecticut net operating loss available for use in 2012	3.		00
4. 2003 Connecticut net operating loss available for use in 2012	4.		00
5. 2004 Connecticut net operating loss available for use in 2012	5.		00
6. 2005 Connecticut net operating loss available for use in 2012	6.		00
7. 2006 Connecticut net operating loss available for use in 2012	7.		00
8. 2007 Connecticut net operating loss available for use in 2012	8.	924,423.	00
9. 2008 Connecticut net operating loss available for use in 2012	9.	627,539.	00
10. 2009 Connecticut net operating loss available for use in 2012	10.	317,236.	00
11. 2010 Connecticut net operating loss available for use in 2012	11.		00
12. 2011 Connecticut net operating loss available for use in 2012	12.	187,811.	00
13. Total: Add Lines 1 through 12. Enter here and on <i>Computation of Tax</i> , Line 4.	13.	2,057,009.	00

Schedule C - Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero.	1.		00
2. Add back specific deduction from 2012 federal Form 990-T, Part II, Line 33.	2.		00
3. Subtotal: Add Line 1 and Line 2.	3.		00
4. Apportionment fraction from <i>Schedule A</i> , Line 5.	4.		
5. 2012 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by line 4	5.	3,266,556.	00