

**Return of Organization Exempt From Income Tax**

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

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> The Norwalk Hospital Association 24 Stevens Street Norwalk, CT 06850		<b>D</b> Employer Identification Number 06-6068853
	<b>F</b> Name and address of principal officer: <b>Micahel Daglio</b>		<b>E</b> Telephone number 203 852-2000
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 344,054,451.	
<b>J</b> Website: <b>norwalkhospital.org</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1893	<b>M</b> State of legal domicile: CT
<b>H(c)</b> Group exemption number ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	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)	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	2,147	
	6	Total number of volunteers (estimate if necessary)	425	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,468,814.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-1,166,977.		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	4,120,997.	3,133,943.
	9	Program service revenue (Part VIII, line 2g)	343,278,008.	332,314,811.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,326,994.	1,594,693.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,933,358.	3,329,326.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,659,357.	340,372,773.	
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,902,784.	7,666,306.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	191,892,401.	168,179,279.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	136,085,835.	131,459,491.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	335,881,020.	307,305,076.
19	Revenue less expenses. Subtract line 18 from line 12	16,778,337.	33,067,697.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	538,094,167.	609,496,496.
	21	Total liabilities (Part X, line 26)	290,881,051.	296,336,288.
22	Net assets or fund balances. Subtract line 21 from line 20	247,213,116.	313,160,208.	

**Part II Signature Block**

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

<b>Sign Here</b>	<input checked="" type="checkbox"/> <u>Steven Rosenberg</u> Signature of officer	<input checked="" type="checkbox"/> 8/5/15 Date
	Steven H. Rosenberg Type or print name and title.	SVP & CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Jennifer Lynch	Preparer's signature <u>Jennifer Lynch</u>	Date 08/05/15	Check <input type="checkbox"/> if self-employed	PTIN P01255855
	Firm's name ERNST & YOUNG US LLP	Firm's address 111 MONUMENT CIRCLE STE. 4000 INDIANAPOLIS, IN 46204		Firm's EIN 34-6565596	Phone no. 317-681-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code: ) (Expenses \$ 39,910,370. including grants of \$ ) (Revenue \$ 39,911,610.)

See Schedule O

4b (Code: ) (Expenses \$ 35,589,052. including grants of \$ ) (Revenue \$ 44,162,372.)

See Schedule O

4c (Code: ) (Expenses \$ 34,175,537. including grants of \$ ) (Revenue \$ 39,279,476.)

See Schedule O

4d Other program services. (Describe in Schedule O.) See Schedule O (Expenses \$ 155,962,583. including grants of \$ 7,666,306.) (Revenue \$ 208,961,353.)

4e Total program service expenses 265,637,542.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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
12a 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
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">1 a 450</span>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">1 b 0</span>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <span style="float:right">1 c</span>	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2 a 2,147</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <span style="float:right">3 a</span>	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <span style="float:right">3 b</span>	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <span style="float:right">4 a</span>		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <span style="float:right">5 a</span>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <span style="float:right">5 b</span>		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <span style="float:right">5 c</span>		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <span style="float:right">6 a</span>		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">6 b</span>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <span style="float:right">7 a</span>		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <span style="float:right">7 b</span>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <span style="float:right">7 c</span>		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right">7 d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <span style="float:right">7 e</span>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <span style="float:right">7 f</span>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <span style="float:right">7 g</span>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <span style="float:right">7 h</span>		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <span style="float:right">8</span>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966? <span style="float:right">9 a</span>		
b	Did the organization make a distribution to a donor, donor advisor, or related person? <span style="float:right">9 b</span>		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
a	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right">10 a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right">10 b</span>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
a	Gross income from members or shareholders. <span style="float:right">11 a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11 b</span>		
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12 a</span>		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <span style="float:right">12 b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <span style="float:right">13 a</span>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float:right">13 b</span>		
c	Enter the amount of reserves on hand. <span style="float:right">13 c</span>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? <span style="float:right">14 a</span>		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <span style="float:right">14 b</span>		

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

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

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 a	23		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
1 b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . See Sch O	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Did the organization have members or stockholders? . . . . . See Schedule O	X	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body? . . . . .	X	
8 b	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ Toni Horne, Controller 14 Research Drive Bethel Ct 06801 (203) 739-4530

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Diane M. Allison, Esq. Chairman	5 4	X		X				0.	0.	0.
(2) Fred Afragola Secretary	2 1	X		X				0.	0.	0.
(3) Thomas Ayoub, MD Trustee	18 1	X					85,000.	0.	0.	0.
(4) George Bauer Trustee	2 3	X					0.	0.	0.	0.
(5) Maria Borges-Lopez Trustee	2 1	X					0.	0.	0.	0.
(6) Barbara Butler Secretary	2 2	X		X			0.	0.	0.	0.
(7) Daniel DeBarba President	40 10	X		X			1,110,329.	0.	26,151.	0.
(8) Howard Eison, MD Trustee	2 3	X					0.	0.	0.	0.
(9) Paul Gagne Trustee	2 2	X					0.	0.	0.	0.
(10) Mark Gudis Treasurer	2 1	X		X			0.	0.	0.	0.
(11) Ed Kangas Vice Chairman	2 1	X		X			0.	0.	0.	0.
(12) David Komansky Trustee	2 1	X					0.	0.	0.	0.
(13) David Lehn, Esq Trustee	2 1	X					0.	0.	0.	0.
(14) Victor Liss Trustee	2 7	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 Vice Chairman	4 2	X		X				0.	0.	0.
(16) Joseph E. Mann thru 12/31/13 Trustee	2 1	X						0.	0.	0.
(17) Robert Ready Trustee	2 3	X						0.	0.	0.
(18) Gary Reiner Trustee	2 1	X						0.	0.	0.
(19) Amy Schafrann Trustee	2 3	X						0.	0.	0.
(20) Erv Shames Trustee	2 5	X						0.	0.	0.
(21) Andrew Whittingham Treasurer	2 1	X		X				0.	0.	0.
(22) Richard Zelkowitz, MD Trustee	2 1	X						0.	0.	0.
(23) James Kennedy - Eff 1/1/14 Trustee	0 10	X						0.	0.	0.
(24) John Murphy, MD - Eff 1/1/14 CEO	0 50	X		X				0.	1,243,861.	54,487.
(25) Patrick Minicus CFO	40 5			X				575,018.	0.	22,770.
<b>1 b Sub-total</b>								<b>1,770,347.</b>	<b>1,243,861.</b>	<b>103,408.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>4,078,473.</b>	<b>717,641.</b>	<b>373,875.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>5,848,820.</b>	<b>1,961,502.</b>	<b>477,283.</b>

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 **344**

	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	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Morrison Management Specialists Inc, P. O. Box 102289 Atlanta, GA 30	Food Service	3,311,576.
Norwalk Radiology Consultants, PC 148 East Avenue Norwalk, CT 06851	Physicians-Radiology	2,062,342.
Rightsourcing, Inc P.O. Box 9695 Uniondale, NY 11555	Staffing Services	1,397,415.
Pullman & Comley, LLC 850 Main Street Bridgeport, CT 06601	Legal Services	1,262,223.
Donald Murphy, DBA Murphy Security P.O. Box 356 New Britain, CT 0605	Security Services	1,219,890.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **54**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d	1,156,023.			
	e Government grants (contributions)	1 e	1,977,920.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		<b>3,133,943.</b>			
PROGRAM SERVICE REVENUE	Business Code					
	2 a Net Patient Service Rev	621400	320737855.	320737855.		
	b Norwalk Surgery Center JV	900099	2,941,039.	2,941,039.		
	c Lab Services Revenue		2,468,814.		2,468,814.	
	d Meaningful Use	900099	1,562,219.	1,562,219.		
	e Other Medical Services	900099	1,207,873.	1,207,873.		
	f All other program service revenue	WKS	3,397,011.	3,397,011.		
<b>g Total.</b> Add lines 2a-2f		<b>332314811.</b>				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2,263,259.		2,263,259.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	4,076,876.			
		(ii) Personal				
		b Less: rental expenses	2,822,130.			
		c Rental income or (loss)	1,254,746.			
	<b>d Net rental income or (loss)</b>		<b>1,254,746.</b>			<b>1,254,746.</b>
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	1,585.			
		b Less: cost or other basis and sales expenses	670,151.			
		c Gain or (loss)	-668,566.			
	<b>d Net gain or (loss)</b>		<b>-668,566.</b>			<b>-668,566.</b>
	8 a Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
<b>c Net income or (loss) from fundraising events</b>						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
<b>c Net income or (loss) from gaming activities</b>						
10 a Gross sales of inventory, less returns and allowances	a	437,282.				
	b Less: cost of goods sold	b	189,397.			
	<b>c Net income or (loss) from sales of inventory</b>		<b>247,885.</b>			<b>247,885.</b>
Miscellaneous Revenue		Business Code				
11 a Cafeteria/Vending	900099	1,611,422.			1,611,422.	
b Parking	900099	215,273.			215,273.	
c						
d All other revenue						
<b>e Total.</b> Add lines 11a-11d		<b>1,826,695.</b>				
<b>12 Total revenue.</b> See instructions		<b>340372773.</b>	<b>329845997.</b>	<b>2,468,814.</b>	<b>4,924,019.</b>	

**Part IX Statement of Functional Expenses**

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

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

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	7,666,306.	7,666,306.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,272,959.	0.	4,272,959.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	129,236,968.	114,431,222.	14,805,746.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,062,303.	2,751,863.	310,440.	
9 Other employee benefits	20,383,311.	18,530,648.	1,852,663.	
10 Payroll taxes	11,223,738.	9,900,578.	1,323,160.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,806,649.		1,806,649.	
c Accounting	206,306.		206,306.	
d Lobbying	89,206.		89,206.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Sch. O	38,038,177.	32,319,706.	5,718,471.	
12 Advertising and promotion	1,494,445.	62,036.	1,432,409.	
13 Office expenses	2,594,780.	1,535,947.	1,058,833.	
14 Information technology	7,973,364.	6,273,779.	1,699,585.	
15 Royalties				
16 Occupancy	18,301,932.	17,158,795.	1,143,137.	
17 Travel	591,795.	503,422.	88,373.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,197.	27,197.		
20 Interest	2,456,725.	2,456,725.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,637,806.	13,501,840.	5,135,966.	
23 Insurance	3,751,740.	3,643,197.	108,543.	
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>Medical Supplies</u>	19,910,787.	19,910,787.		
b <u>Pharmacy</u>	9,140,729.	9,140,729.		
c <u>Radiology &amp; Lab Supplies</u>	2,939,370.	2,939,370.		
d <u>Support Norw Comm Health Ctr</u>	1,350,000.	1,350,000.		
e All other expenses	2,148,483.	1,533,395.	615,088.	
25 Total functional expenses. Add lines 1 through 24e	307,305,076.	265,637,542.	41,667,534.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash -- non-interest-bearing	73,750,817.	1	74,550,518.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	26,795,462.	4	40,426,872.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	912,778.	7	812,885.
	8	Inventories for sale or use	1,845,044.	8	1,774,961.
	9	Prepaid expenses and deferred charges	1,589,839.	9	1,172,206.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 573,432,626.		
	10b	Less: accumulated depreciation	10b 328,979,796.		
	10c		160,131,766.	10c	244,452,830.
	11	Investments -- publicly traded securities	89,661,793.	11	125,266,668.
	12	Investments -- other securities. See Part IV, line 11	2,267,986.	12	2,002,502.
	13	Investments -- program-related. See Part IV, line 11	45,162,957.	13	47,837,445.
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	135,975,725.	15	71,199,609.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	538,094,167.	16	609,496,496.	
LIABILITIES	17	Accounts payable and accrued expenses	53,040,490.	17	60,551,105.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	122,700,000.	20	119,435,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	115,140,561.	25	116,350,183.
	26	<b>Total liabilities.</b> Add lines 17 through 25	290,881,051.	26	296,336,288.
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	207,578,029.	27	265,968,153.
	28	Temporarily restricted net assets	30,180,235.	28	37,730,403.
	29	Permanently restricted net assets	9,454,852.	29	9,461,652.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	247,213,116.	33	313,160,208.	
34	<b>Total liabilities and net assets/fund balances</b>	538,094,167.	34	609,496,496.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	340,372,773.
2	Total expenses (must equal Part IX, column (A), line 25)	2	307,305,076.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,067,697.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	247,213,116.
5	Net unrealized gains (losses) on investments	5	6,339,426.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9	26,539,969.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	313,160,208.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3 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.	X	

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Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization <b>The Norwalk Hospital Association</b>	Employer identification number <b>06-6068853</b>
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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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III — Functionally integrated    d  Type III — Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF  
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization  
**The Norwalk Hospital Association**

Employer identification number  
**06-6068853**

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,** Schedule B (Form 990, 990-EZ, or 990-PF) (2013)  
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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,156,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,962,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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 total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ N/A  
 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
	N/A		
(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	
-----		-----	
-----		-----	



**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.

<b>Limits on Lobbying Expenditures</b> (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 style="width: 70%;">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.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable 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 .....					

BAA

**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)).

	(a)		(b)
	Yes	No	Amount
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
1 See Part IV			
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		88,954.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		252.
j Total. Add lines 1c through 1i.			89,206.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**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.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

**Part IV** Supplemental Information

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.

**Part II-B - Description of Lobbying Activity**

Largely state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and underserved. A part of this effort, lobbyists and staff time are included in 1g and miscellaneous expenses are noted in 1i.

**Part IV** Supplemental Information (continued)

**Part II-B - Description of Lobbying Activity (continued)**

Dues were paid to Connecticut Hospital Association (CHA) in the amount of \$279,183 during fiscal 2014. CHA has determined that for CHA's fiscal year ending April 30, 2014, 15.79% of its membership dues were expended on activities that meet the Medicare definition of unallowable lobbying (those activities that are directly related to communications with legislators or actions on specific legislative bills). CHA continues to invest resources on advocacy efforts and governmental interactions that are supported by dues and not considered unallowable.

Dues were paid to American Hospital Association (AHA) in the amount of \$45,610 during fiscal 2014. AHA had determined that 23.65% and 22.8% of its membership dues for calendar 2013 and 2014, respectively, were expended on activities that meet the Medicare definition of unallowable lobbying. AHA continues to invest resources on a broad range of advocacy and representation initiatives to help the field understand and respond to the legislative and regulatory changes on the horizon and to support hospitals as they strive to deliver an ever-higher quality of care in the face of changes. Many of these activities went well beyond the scope of the narrow definition of lobbying activities captured in the lobbying % number.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization <b>The Norwalk Hospital Association</b>	Employer identification number <b>06-6068853</b>
---	---

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	9,454,852.	9,445,852.	9,439,242.	9,428,708.	9,343,642.
b Contributions	6,800.	9,000.	6,610.	10,534.	85,066.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	9,461,652.	9,454,852.	9,445,852.	9,439,242.	9,428,708.

- 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  100.00 %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                                 | No                                  |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. See Part XIII

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		26,000,000.		26,000,000.
b Buildings		199,718,425.	101,279,338.	98,439,087.
c Leasehold improvements		10,247,139.	3,644,378.	6,602,761.
d Equipment		257,351,553.	222,629,944.	34,721,609.
e Other		80,115,509.	1,426,136.	78,689,373.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				244,452,830.

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Ben Int in Norwalk Hospital Found	47,837,445.	End of Year Market Value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) ... ▶	47,837,445.	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Construction Fund/Cost of Issuance	23,405,407.
(2) Due from affiliates	135,428.
(3) Interest in Charitable Remainder Trust	8,007,837.
(4) Interest Rate Swap	2,510,102.
(5) Malpractice Receivable	34,724,445.
(6) Malpractice Trust	327.
(7) Other Receivables	2,093,004.
(8) Value Care Alliance	323,059.
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.) ... ▶	71,199,609.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Pension Liability	20,983,507.
(3) Asset Retirement Obligation	8,907,306.
(4) CHA Trust Loan	132,785.
(5) Debt Fair Value Adjustment	3,958,971.
(6) Due to affiliates	1,096,562.
(7) Due to Third Parties	36,052,621.
(8) Lease - Current and Long Term	2,793,582.
(9) Long Term Disability Reserve	1,744,769.
(10) Malpractice Reserve	38,342,918.
(11) Workers Comp Reserve	2,337,162.
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) ... ▶	116,350,183.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**Part V, Line 4 - Intended Uses Of Endowment Fund**

Norwalk Hospital Foundation, Inc. (NHF) manages the fundraising for Norwalk Hospital Association. The income generated on the permanently endowed funds held by NHF are used to support the capital and operating needs of Norwalk Hospital as designated by the donor, if applicable. During fiscal 2014 endowment income was used to support nursing education and scholarships, department of medicine grand rounds, gift shop staff and cancer services.

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Name of the organization

Employer identification number

The Norwalk Hospital Association

06-6068853

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a.....	X	
<b>1b</b> If 'Yes,' was it a written policy?.....	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to the 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		
<b>3</b> 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.		
<b>a</b> 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>b</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% Other _____ %	X	
<b>c</b> 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, to determine eligibility for free or discounted care.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?.....	X	
<b>b</b> If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount?.....		X
<b>c</b> 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?.....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?.....	X	
<b>b</b> If 'Yes,' did the organization make it available to the public?.....	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1).....			12,462,792.	5,692,260.	6,770,532.	2.20
<b>b</b> Medicaid (from Worksheet 3, column a).....		66,613	56,242,926.	44,109,286.	12,133,640.	3.95
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs...	0	66,613	68,705,718.	49,801,546.	18,904,172.	6.15
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4).....	11	1980017	446,291.	3,384.	442,907.	0.14
<b>f</b> Health professions education (from Worksheet 5).....	2	320	11,896,794.	4,677,499.	7,219,295.	2.35
<b>g</b> Subsidized health services (from Worksheet 6).....	1	68	2,300,236.	1,406,748.	893,488.	0.29
<b>h</b> Research (from Worksheet 7).....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)...	1		574.		574.	0.
<b>j</b> Total. Other Benefits.....	15	1980405	14,643,895.	6,087,631.	8,556,264.	2.78
<b>k</b> Total. Add lines 7d and 7j.....	15	2047018	83,349,613.	55,889,177.	27,460,436.	8.93

**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	91,801	134,887.		134,887.	0.04
7 Community health improvement advocacy.....	1	902,703	1,376,101.		1,376,101.	0.45
8 Workforce development.....						
9 Other.....						
10 Total.....	2	994,504	1,510,988.	0.	1,510,988.	0.49

**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?.....		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..... Part VI		
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 rationale, if any, for including this portion of bad debt as community benefit..... Part VI		
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. Part VI		
<b>Section B. Medicare</b>		
5 Enter total revenue received from Medicare (including DSH and IME).....		
6 Enter Medicare allowable costs of care relating to payments on line 5.....		
7 Subtract line 6 from line 5. This is the surplus (or shortfall).....		
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		
<b>Section C. Collection Practices</b>		
9a Did the organization have a written debt collection policy during the tax year?.....	X	
9b 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..... Part VI	X	

**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 Center	Ambulatory Surgery Center	64.1100		31.1000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (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. ....	1 X	
If 'Yes,' indicate what the CHNA report describes (check all that apply):		
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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>2013</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If 'Yes,' describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted. .... <u>Part V</u>	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 Section C. ....	4	X
5 Did the hospital facility make its CHNA widely available to the public? .....	5 X	
If 'Yes,' indicate how the CHNA was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.norwalkhospital.org</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Part VI</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply) as of the end of the tax year):		
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 checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If 'No,' explain in Section C 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)** Norwalk Hospital Copy 1 of 1

Financial Assistance Policy		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>200</u> % If 'No,' explain in Section C 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>400</u> % If 'No,' explain in Section C 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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
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? .....	X	
If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" 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 Section C)		

**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 individual'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 Section C)		
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 individual's eligibility under the facility's FAP?.....		X
If 'Yes,' check all actions in which the hospital facility or a third party engaged:			
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 Section C)		

**Part V Facility Information** (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions checked 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 individuals regarding the individuals' bills
- d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

	Yes	No
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? .....	X	
If 'No,' indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Financial 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
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? .....	21	X
If 'Yes,' explain in Section C.		
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? .....	22	X
If 'Yes,' explain in Section C.		

**Part V Facility Information** (continued)

Copy of

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by 'Facility A,' 'Facility B,' etc.

**Part V, Line 3 - Account Input from Person Who Represent the Community**

Facility: Norwalk Hospital

In conducting its most recent CHNA in 2012, Norwalk Hospital and the Norwalk Health Department engaged in a collaborative community planning process to improve the health of the Greater Norwalk Area residents including Norwalk, New Canaan, Westport, Weston, Wilton, Darien, and Fairfield. The initiative included a community health assessment (CHA) to identify the health-related strengths and needs of the area and a community health improvement plan (CHIP) to identify priorities, goals, and implement and coordinate strategies to address these priority issues across the region.

Findings from the CHA identified obesity, mental health and substance abuse as priorities for the area.

The community health assessment was guided by a participatory, collaborative approach, which examined health in its broadest sense. This process included integrating existing data regarding social, economic, and health indicators in the region with qualitative information from 15 focus groups with community residents and service providers and 17 interviews with community stakeholders. Focus groups and interviews were conducted with individuals from the 7 municipalities that comprise the Greater Norwalk Area, with individuals representing youth; the Hispanic and African American communities; individuals receiving services from a federally-qualified health center; social service, health care, and mental health providers; businesses; housing; law enforcement; and the local government. This qualitative assessment process engaged over 200 individuals.

**Part V, Line 20d - Other Billing Determination of Individuals Without Insurance**

Facility: Norwalk Hospital

Norwalk Hospital intends to be in compliance with the regulations regarding the maximum amounts that can be charged to FAP-eligible individuals for emergency and other medically necessary care by the effective date (10/1/16)

**Part V Facility Information** (continued)**Section D. 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 Hospital Outpatient Rehabilitation Services 520 West Avenue Norwalk, CT 06850	Outpatient Rehabilitation Facility
2 Norwalk Hospital Outpatient Rehabilitation Services 40 Cross Street, Suite 110 Norwalk, CT 06851	Outpatient Services
3 Norwalk Hospital Sleep Disorder Center 520 West Avenue Norwalk, CT 06850	Sleep Disorder Services
4 Norwalk Hospital Radiology and Mammography Center 148 East Avenue Suite 1R Norwalk, CT 06851	Radiology and Mammography Center
5 Norwalk Hospital New Canaan Radiology 28-30 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 25-30 East Avenue New Canaan, CT 06840	Blood Collection
8 Westport Blood Collection Center 728 Post Road East Westport, CT 06880	Blood Collection
9 Norwalk Blood Collection Center 40 Cross Street Norwalk, CT 06851	Blood Collection
0 Norwalk Blood Collection Center 148 East Avenue Norwalk, CT 06851	Blood Collection

BAA



**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

**Part I, Line 7g - Costs Associated With Physicians Clinics**

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 III, Line 2 - Methodology Used To Estimate Bad Debt Expense**

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 increase to current AR.

**Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit**

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 \$8,362,636 to arrive at our estimate of bad debt expense attributable to patients eligible under Norwalk Hospital's financial assistance policy of \$3,734,753.

**Part III, Line 4 - Bad Debt Expense**

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for uncollectible accounts result from the provision for uncollectible accounts. Accounts written off as uncollectible are

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

**Part III, Line 4 - Bad Debt Expense (continued)**

deducted from the allowance for uncollectible accounts.

The Hospital's estimation of the allowance for uncollectible accounts is based primarily upon the type and age of the patient receivable and the effectiveness of the Hospital's collection efforts. The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. On a monthly basis, the Hospital reviews its accounts receivable balances and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following: Historical write-off and collection experience using a hindsight or look-back approach; Revenue and volume trends by payor, particularly the self-pay components; Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients; Cash collections as a percentage of net patient revenue less the provision for uncollectible accounts; Trending of days revenue in accounts receivable.

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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**Part III, Line 4 - Bad Debt Expense (continued)**

reasonableness of its process for estimating the allowance for uncollectible accounts.

**Part III, Line 8 - Explanation Of Shortfall As Community Benefit**

All hospitals must record profits in order to generate the capital needed to invest in facilities and services. Service 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 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 - Provisions On Collection Practices For Qualified Patients**

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 financial assistance program collection activity ceases. The patient is then sent an application and works with the financial counseling team for approval of

**Part VI Supplemental Information**

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**Part III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)**

full or partial discount.

**Part VI - Needs Assessment**

In 2012 Norwalk Hospital and the Norwalk Health Department engaged in a collaborative community planning process to improve the health of the Greater Norwalk Area residents. The initiative included a community health assessment (CHA) to identify the health-related strengths and needs of the area and a community health improvement plan (CHIP) to identify the priorities, goals and implement and coordinate strategies to address these priority issues across the region. The community health assessment was guided by a collaborative approach, which included integrating existing health indicators, social and economic data with qualitative information from community residents and stakeholders. Focus groups and interviews were conducted with participation from youth, ethnic communities, social services, health care provider businesses, law enforcement and local government agencies. For example, Mid-Fairfield Child Guidance Center participated in these focus groups and interviews. Through the process, they were able to identify mental health/substance abuse as a priority need. They also provided data and input on barriers and challenges to access and quality care for children in the area, as well as strategies on how to enhance treatment and care.

**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 and Part III, lines 2, 3, 4, 8, and 9b.
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**Part VI - Needs Assessment (continued)**

In addition to the CHNAs reported in Part V, Section B, the Western CT Health Network (of which Norwalk Hospital is a part) conducted a Physician Resource Assessment to evaluate the supply of healthcare providers within its combined service area towns. This is done to document community need for healthcare providers, and to develop a plan to the healthcare needs of the community served.

Through Western CT Health Network's annual Planning Process, an environmental assessment is conducted to identify healthcare gaps and needs of the service area community brought about by local and national trends in economic, legislative, demographic, healthcare industry and other environmental factors. These forces are incorporated in meeting the healthcare needs of the community by helping to frame the priorities, goals and initiatives of Western CT Health Network's long range and annual strategic plans.

**Part VI - Patient Education of Eligibility for Assistance**

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 any time in the collection

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**Part VI - Patient Education of Eligibility for Assistance (continued)**

process a patient would like to participate in the FAP collection activity ceases.

The patient is then sent an application and works with the financial counseling team for approval of full or partial discount.

**Part VI - Community Information**

Norwalk Hospital serves an area with a population of about 280,000 people. The Primary Service Area includes Norwalk, New Canaan, Westport, Weston and Wilton, CT, and the Secondary Service Area includes Fairfield, Darien, Redding, Ridgefield (in Fairfield County, CT) and South Salem (in Westchester County, NY). This service area is comprised of a densely populated core of the urban/suburban City of Norwalk surrounded by predominantly affluent residential towns. No other general medical/surgical hospitals are located in this service area. This area is home to a diverse socio-economic population, from the affluent to the medically under served; Central Norwalk is listed as a Medically Under served Area, or MUA).

Norwalk has a median household income of \$75,446, and a poverty rate of 9.4%. The uninsured population rate is estimated to be 9.0%. Although the population of the primary and secondary service areas is expected to remain virtually level from 2010 to 2015, the cohort aged 65 and over is expected to increase by 1.8%, while the age 20-44 age cohort is forecast to decline 1.3% over the same time period.

**Part VI Supplemental Information**

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**Part VI - Community Building Activities**

Part II: Community Building Activities: Obesity/Healthy Lifestyles: Through initiatives led by the Obesity/Healthy Lifestyles Initiative Committee, prevent and reduce obesity in the community by promoting healthy lifestyles. This was done through three programs in 2014: Walk to School Day; Story Walk Program; NorWALKer walking routes; Healthy Restaurant Initiative

Objective 2.1: Increase the number of children and adults who meet physical activity guidelines, and Objective 2.2: Increase access to and consumption of healthy and affordable foods throughout the region. Initiatives taken: To combat obesity, the Greater Norwalk Healthy Lifestyles work group was formed. The work group is a coalition of organizations, agencies, and community members from the Greater Norwalk area. The mission of the work group is to reduce and prevent obesity and chronic disease in the community by promoting healthy lifestyles.

Two Walk to School Day events were planned this year in collaboration with Norwalk Department of Health, Sacred Heart University Exercise Science students, City officials, and the Public School Systems of Norwalk, Darien, Westport, and New Canaan. Forty area school systems throughout our catchment area were contacted and provided a tool kit containing information on how to conduct a Walk to School Day event. On October 9, 2013, a total of 90 students and family members participated on

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**Part VI - Community Building Activities (continued)**

the first Walk to School Day event. The second event, conducted on May 2, 2014, attracted more than 350 students from area elementary and middle schools, family members, including school staff, and city officials. Both events generated \$2,220 in community benefit expense.

Two Family Story Walk initiatives were organized (October 10, 2013 and April 8, 2014) as a collaborative effort between Stepping Stones Museum, Norwalk Public Library, Family and Children's Agency, Norwalk Early Childhood Council, Norwalk Health Department, and Norwalk Hospital. The events, attracting children and family members from throughout the Greater Norwalk area, consisted of a one-mile walking route which encouraged literacy. The October 2013 event attracted 10 participants while the April 2014 event attracted 60 participants - demonstrating a 500% increase in participation. These initiatives generated \$1,482 in community benefit expense.

With the objective to increase physical activity among community members and those working within the community, the NorWALKer neighborhood walking project was developed. The project plan identified sixteen neighborhoods in Norwalk and mapped out walking routes in each. Approximately 7,500 printed maps were distributed throughout the community during FY2014. In addition, the Norwalk Department of Health's NorWALKer section of the website has seen a 20% increase in individuals seeking information on NorWALKer routes when compared to 2013 data.

**Part VI Supplemental Information**

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**Part VI - Community Building Activities (continued)**

The Greater Norwalk Healthy Restaurant Initiative (HRI) was developed to help meet the goal of increasing access to and consumption of healthy and affordable foods.

This healthy restaurant program will help restaurants in the Greater Norwalk area highlight healthy menu options to diners of all ages. The program is voluntary for restaurant owners, and thus far more than 40 area restaurant establishments have shown interest in the program and participated in discussions and/or guided focus groups. The 40 restaurants range from fast food chains, caterers and diners to fine dining establishments. The HRI generated \$3,852 in community benefit expense.

Coalition Building: Largely state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and underinsured. The total advocacy investment for fiscal 2014 is \$116,168.

Norwalk Hospital provided \$4,428 in EMS ambulance tours for the community and elementary schools. They also provided \$14,291 in donations/sponsorships to various organizations, such as Norwalk Housing Foundation, Tiny Miracles Foundation and American Heart Association.

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**Part VI - Community Building Activities (continued)**

Community Health Improvement Advocacy: For fiscal 2014, Norwalk Hospital provided 1,350,000 in support to Norwalk Community Health Center. \$3,511 was generated in support for Elementary School Outreach. \$2,220 was provided to walk to school events. \$1,482 was provided to the story walk program. \$3,852 was provided to the healthy restaurant initiative. \$14,811 was provided to Mental Health and Substance Abuse.

**Part VI - Explanation Of How Organization Furthers Its Exempt Purpose**

Schedule H - Part I, Line 7e - Community Health Improvement Services and Community Benefit Operations - Obesity/Healthy Lifestyles: Through initiatives led by the Obesity/Healthy Lifestyles Initiative Committee, prevent and reduce obesity in the community by promoting healthy lifestyles. One initiative was Project LEAN

Objective 2.1: Increase the number of children and adults who meet physical activity guidelines, and Objective 2.2: Increase access to and consumption of healthy and affordable foods throughout the region. Initiatives taken: To combat obesity, the Greater Norwalk Healthy Lifestyles work group was formed. The work group is a coalition of organizations, agencies, and community members from the Greater Norwalk area. The mission of the work group is to reduce and prevent obesity and chronic disease in the community by promoting healthy lifestyles.

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**Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)**

Project LEAN (Learning with Energy from Activity and Nutrition) is an innovative, community-wide program collaborative between Norwalk Hospital, Norwalk Health Department, Jefferson and Kendall\* Elementary Schools, and Pepperidge Farm, Inc. which is designed to actively engage approximately 600 elementary school children with a hands-on interactive curriculum to combat childhood obesity. Project LEAN's goal is to improve 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. Approximately 600 students in two city elementary schools have demonstrated (through survey measures) increased knowledge about nutrition and positive behavior changes.

Mental Health and Substance Abuse: Through initiatives led by the Mental Health/Substance Abuse Initiative Committee, provide education on and access to quality mental health and substance abuse prevention, intervention and treatment services across the life span. These initiatives generated \$14,811 in community benefit expense.

**Part VI Supplemental Information**

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**Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)**

Objective 1.1: Increase providers' and community members' awareness and use of quality mental health and substance abuse services and educational resources for prevention, intervention, treatment and recovery.

Initiative taken: Regional Database for Mental Health/Substance Abuse: In collaboration with Family & Children's Agency, Mid-Fairfield Child Guidance Center and the Norwalk Healthy Family Collaborative (which comprises more than 25 area organizations including the Norwalk Health Department), a regional assessment of existing mental health and substance abuse resources available to children and adults was conducted over the course of a year. After verifying and cross-referencing each resource, a comprehensive database was compiled. The resource guide is updated on a regular basis and community agencies are encouraged to self-report and update any changes related to their agency and/or services.

Objective 1.2: Enhance local and regional partnerships to improve access to timely, comprehensive, and coordinated services for diverse populations across the lifespan.

Initiative taken: Over several months, health officials from the University of

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**Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)**

Connecticut Health Center provided on-site SBIRT (Screening, Brief Intervention and Referral to Treatment) Practice Training for Norwalk Hospital Emergency Department and Behavioral Health Services staff. UCONN experts prepared staff to establish a process for assessing those at risk of or with substance abuse/misuse disorders.

This practice allows us to enhance collaborative planning, service delivery, and resource sharing to best serve this patient population. Behavioral Health Services staff is working towards implementing this practice and engaging active involvement from emergency services when appropriate.

Initiative taken: In April 2014, Norwalk Hospital launched a community care team with the goal of targeting mental health and substance abuse populations. This has allowed us to deliver enhanced care to individuals with complex medical and psychosocial challenges by providing wrap around services to individuals with housing instability suffering from mental health and/or substance abuse issues or serious medical conditions. As of September 30, 2014, the Greater Norwalk CCT has been active for six months. Individualized care plans have been developed for 150 individuals. The CCT has enabled Norwalk Hospital to break down existing silos by increasing communication and collaboration among community providers, improve patient engagement to appropriate services,

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**Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)**

and decrease patient turn-over in community programs with a decrease in inappropriate ED utilization.

Objective 1.3: Reduce financial barriers to treatment. The strategy for this is to convene payers in ACO/PHO (Accountable Care Organization/Physician Hospital Organization) to address reimbursement issues around mental health and substance abuse.

Initiative taken: The Western Connecticut Health Network, which includes Norwalk Hospital, has applied to form a Medicare Shared Savings Program

Accountable Care Organization (ACO) to work together to provide higher-quality coordinated care for our patients, while helping to slow health care cost growth.

The ACO will also help to provide better care to Medicare's seniors and people with disabilities. In addition to helping us serve our community members in a more

comprehensive way, the ACO will help us identify gaps in care. High-quality care would be defined by meeting 33 quality measure benchmarks in 4 domains: Patient caregiver experience; care coordination; patient safety; preventative health;

at-risk populations. The ACO must also have defined processes and procedures to

promote evidence-based medicine and patient engagement and must report on quality

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**Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)**

and cost measures. It must also meet patient-centeredness criteria such as the use of patient and caregiver assessments or individualized care teams which will align with our current Greater Norwalk CCT initiative to improve management of complex patients and reduce unnecessary emergency department visits and admissions. The ACO would serve approximately 17,000 Medicare beneficiaries throughout our region. We anticipate a decision regarding the application in January 2015.

**Part VI - Affiliated Health Care System Roles and Promotion**

Western Connecticut Health Network (WCHN) is an integrated health care delivery system comprised of three community hospitals and their affiliated entities. In addition to Danbury, New Milford and Norwalk Hospitals, the continuum of care includes a large medical group, home health care services, a nationally renowned biomedical research institute, the WCHN and Norwalk Hospital Foundations, and other related affiliates. WCHN's mission is to improve the health of every person we serve through the efficient delivery of excellent, innovative and compassionate care. For 2014, WCHN provided \$10,362,060 in total charity care.

Danbury, New Milford and Norwalk Hospitals provide medical services to the community regardless of the individual's ability to pay. Services include routine inpatient ancillary and outpatient care in support of the hospital's mission statement, to

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

**Part VI - Affiliated Health Care System Roles and Promotion (continued)**

improve the health and well-being of those we serve. For 2014, WCHN provided charity care in the following amounts: Norwalk Hospital \$4,331,000, Danbury Hospital \$4,731,000, and New Milford Hospital \$346,000.

Western Connecticut Medical Group/Norwalk Hospital Physicians & Surgeons: The mission of Western Connecticut Medical Group is to provide safe, innovative, convenient and coordinated primary and specialty health care in the communities they serve and strive to be aware of and respond to their patients' needs. They support a commitment to advance the health and well-being of individuals in their community by delivering quality care, participating in medical research and medical residency programs and the provision of medical services to patients. Western Connecticut Health Network Foundation Inc.'s mission is to raise funds, reinvest and administer these funds and make distributions to Danbury Hospital and other not-for-profit health care affiliates. For 2014, WCMG/NHP&S provided \$880,627 in charity care.

Western Connecticut Health Network Affiliates principal purpose is to provide outpatient health care services in various locations and also provide ambulance services to Danbury and surrounding towns, while serving those that cannot afford the care. For 2014, WCHN Affiliates provided \$1,454 in charity care. Western

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

**Part VI - Affiliated Health Care System Roles and Promotion (continued)**

Connecticut Home Care, Inc. (WCHC) provides state of the art clinical services ranging from pediatric patients to the elderly utilizing best practice in home care to meet the needs of their patients. For 2014, WCHC provided \$70,695 in charity care.

Eastern New York Medical Services (ENYMS) was formed in April, 2013. The mission at ENYMS is to provide safe, innovative, convenient and coordinated primary and Castro health care in the communities we serve and strive to be aware of and respond to our patients' needs. For 2014, ENYMS provided \$1,284 in charity care.

**Part VI - States Where Community Benefit Report Filed**

CT

**Additional Information**

Part I Line 7e Promotion of community health. 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 (e.g. long-term care facilities, community outreach, health promotion/illness prevention organizations, etc.). These services are promoted in order to optimize the availability of a full scope of services in a cost-effective manner.

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

**Additional Information (continued)**

In FY14, Norwalk Hospital served over 2 million persons through over 240 community health events. One of the highest impact outreach activities includes the weekly 30 minute Health Talk show, airing on Cablevision's local programming. Health Talk reached an estimated 25,000 viewers each week, with topics ranging from heart health, cancer, therapy, and weight loss. Norwalk Hospital staff and affiliated physicians participated in health fairs, community education lectures and screenings with community YMCAs, senior centers, school, and other organizations.

Norwalk Hospital offers programs and financial support to the city of Norwalk and surrounding areas. Examples include the Community Health Center and a FQHC and program support to Americares Clinic. Norwalk Hospital sub-specialty clinics are also staffed by volunteer attending physicians for surgical, breast, GI, liver, dermatology, pulmonary, cardiology, orthopedics, podiatry, psychiatry, rheumatology, nephrology, and neurology for under served patients.

SCHEDULE H - PART I, LINE 7f - Health Professional Education - 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

**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 and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

**Additional Information (continued)**

revenues are derived from the Medicare cost report.

Part II: Community Health Improvement Advocacy: Largely state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and under insured.

Part V Line 5 - The most recently completed CHNA was made available on:

a) Norwalk Hospital's website: [www.norwalkhealth.org](http://www.norwalkhealth.org),

b) on the CT Hospital Association's website:

<http://www.chime.org/advocacy/community-health/>

on the City of Norwalk website: [www.norwalkct.org/DocumentCenter/View/4397](http://www.norwalkct.org/DocumentCenter/View/4397) and

on the Norwalk Health Department's website:

[http://www.ct.gov/dph/lib/dph/ohca/community\\_needs\\_assessment/chna/2014/norwalk\\_hospital.pdf](http://www.ct.gov/dph/lib/dph/ohca/community_needs_assessment/chna/2014/norwalk_hospital.pdf)

c) is available upon request from the hospital facility.

**SCHEDULE I**  
**(Form 990)**

**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  
**2013**

Department of the Treasury  
Internal Revenue Service

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

**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. See Part IV

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. 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) <u>Norwalk Hos. Phys &amp; Surgeons</u> <u>24 Stevens Street</u> <u>Norwalk, CT 06850</u>	06-1522078		7,666,306.	0.			Strategic Support
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

3 Enter total number of other organizations listed in the line 1 table ..... 0

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Funds are provided to Norwalk Hospital Physicians & Surgeons, Inc. a related 501(C)(3) organization to support the operating losses of hospital based physician practices, as they support the mission of Norwalk Hospital. Norwalk Hospital Physicians & Surgeons, Inc. is subject to the same policies and procedures as Norwalk Hospital Association. Norwalk Hospital accounting staff processes payroll, payable, general ledger and financial statements for Norwalk Hospital Physicians & Surgeons. Monthly results are presented to the Norwalk Hospital Finance Committee for review.

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

The Norwalk Hospital Association

06-6068853

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

- a** The organization?.....
- b** Any related organization?.....
- 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?.....
- b** Any related organization?.....
- 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. **Part III**

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

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

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b	X	
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 Daniel DeBarba President	(i) 632,299. (ii) 0.	445,600.	32,430.	11,475.	14,676.	1,136,480.	0.
Patrick Minicus 2 CFO	(i) 405,511. (ii) 0.	150,981.	18,526.	7,994.	14,776.	597,788.	0.
Steven Rosenberg - Eff 1/1/14 3 CFO	(i) 505,212. (ii) 0.	185,034.	27,395.	12,750.	32,659.	763,050.	0.
John Murphy, MD - Eff 1/1/14 4 CEO	(i) 821,391. (ii) 0.	412,534.	9,936.	12,750.	41,737.	1,298,348.	0.
Lisa Brady 5 COO / Senior VP Strat & Sys Develop	(i) 406,427. (ii) 0.	127,399.	19,210.	11,475.	15,876.	580,387.	0.
Anthony Aceto 6 Vice President, Human Resources	(i) 323,348. (ii) 0.	94,487.	10,000.	34,697.	13,376.	475,908.	0.
Renee Mauriello 7 VP Nursing & Patient Care Services	(i) 320,139. (ii) 0.	71,465.	20,523.	7,650.	13,376.	433,153.	0.
James Haynes 8 Exec Dir Facilities/VP Operations	(i) 199,336. (ii) 0.	36,014.	11,492.	15,362.	14,176.	276,380.	0.
Michael Carius, MD 9 Chairman, ED	(i) 424,167. (ii) 0.	99,571.	25,243.	27,883.	14,416.	591,280.	0.
Brian McGovern, MD 10 Physician	(i) 260,137. (ii) 0.	255,518.	22,334.	24,061.	15,876.	577,926.	0.
Arthur Strichman, MD 11 Physician	(i) 225,264. (ii) 0.	160,477.	27,614.	29,725.	14,876.	457,956.	0.
Katherine Tait Michael, MD 12 Chairman Psychiatr	(i) 301,924. (ii) 0.	78,478.	15,456.	24,171.	15,876.	435,905.	0.
Robert Capodanno, MD 13 Physician	(i) 249,120. (ii) 0.	133,613.	7,721.	22,218.	13,376.	426,048.	0.
Mary Nolan 14 VP Nursing & Patient Care Services	(i) 151,996. (ii) 0.	0.	0.	0.	0.	151,996.	0.
15							
16							

**Part III Supplemental Information**

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

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

Norwalk Hospital Association has established The Norwalk Hospital Senior Deferred Compensation Plan, primarily for the purpose of providing a program of deferred compensation to Daniel DeBarba, President & CEO (thru 12/31/2013) and President (effective 1/1/2014). 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, paid or reported as taxable income on Mr. DeBarba's 2013 W2. The plan was terminated as a result of the affiliation with Western Connecticut Health Network. Daniel DeBarba received a payout of \$691,689 on January 16, 2014. Accordingly, this amount was included on the W2 issued for calendar 2014, in January 2015.

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

**Part III Supplemental Information**

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

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

No payments were made to either Dr. John Murphy, President and CEO and Steven H.

Rosenberg, CFO, participants of the SERP plan.

Western Connecticut Health Network, Inc. has established the Western Connecticut

Health Network, Inc Supplemental Executive Retirement Plan effective as of the first

business day following the Closing Date of the Affiliation between Norwalk Health

Services Corporation and Western Connecticut Health Network, Inc. (January 1, 2014).

The plan is primarily for the purpose of providing a supplemental retirement benefit

for Daniel J. DeBarba. The payment of benefits under the plan are subject to

vesting. No payments were made under the plan.

**Part I, Line 7 - Non-Fixed Payments Not Listed**

Bonuses are provided based on achievement of quantifiable and measurable 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 target.

**Part III Supplemental Information**

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

**Part I, Line 7 - Non-Fixed Payments Not Listed (continued)**

awarded for exceptional and superior performance evidenced by actual, measurable results.

Actual incentive awards were approved by the President and CEO and the compensation committee based on each senior leaders individual performance and achievement of goals that were established for Norwalk Hospital, goals that were related to the integration of Norwalk Hospital with Western Connecticut Health Network and goals for Western Connecticut Health Network. The weighting of those goals was dependent upon the individual's position and ranged from 40% to 50% for individual goals, 20% to 40% for Norwalk Hospital goals, 7.5% to 10% for integration goals and 7.5% to 20% for WCHN goals.

**Part III - Additional Information**

The organization relied on related organizations, Norwalk Health Services Corporation (thru 12/31/2013) and Western Connecticut Health Network, Inc. (effective 1/1/2014) which used the following methods described below to establish top management's compensation:

-Compensation committee



# Supplemental Information on Tax Exempt Bonds

**SCHEDULE K**  
(Form 990)

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

2013

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

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	
					A	B	C	Yes	No	Yes	No	Yes	No
A St of CT Hlth & Educ Fac	06-0806186	None	12/09/2010	46,840,000.		See Part VI			X		X		X
B St of CT Hlth & Educ Fac	06-0806186	None	12/01/2012	82,000,000.	82,010,551.	See Part VI			X		X		X
C													
D													

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			9,405,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue			46,844,821.	82,010,551.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds			1,010,853.					
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			829,268.	639,886.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds			463,600.					
10 Capital expenditures from proceeds			44,541,100.	57,965,258.				
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?
- 15 Were the bonds issued as part of an advance refunding issue?
- 16 Has the final allocation of proceeds been made?
- 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

**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					

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

Schedule K (Form 990) 2013

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3 a 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?.....		X		X				
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.....		1.570 %						
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.....		0.420 %						
6 Total of lines 4 and 5.....		1.990 %						
7 Does the bond issue meet the private security or payment test?.....		X		X				
8 a 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.....		%						
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?.....		X		X				
2 If 'No' to line 1, did the following apply?								
a Rebate not due yet?.....	X		X					
b Exception to rebate?.....		X		X				
c No rebate due?.....		X		X				
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					
4 a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?.....		X	X					
b Name of provider.....				Peoples United Bk				
c Term of hedge.....				12.0				
d Was the hedge superintegrated?.....				X				
e Was the hedge terminated?.....				X				

**Part IV Arbitrage (Continued)**

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

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

**Additional Information**

Part I - Bond Issue, (a) Issuer Name - A CHEFA Series G,H and I - State of Connecticut Health and Educational Facilities Authority

Part I - Bond Issue, (a) Issuer Name - B CHEFA Series J - State of Connecticut Health and Educational Facilities Authority

Part I - Bond Issue, (f) Description of Purpose - A CHEFA Series G,H and I  
 The proceeds of the bond were used for construction of a parking garage and for the purchase of other capital equipment.

Part I - Bond Issue, (f) Description of Purpose - B CHEFA Series J  
 The proceeds of the bond are being used for construction of an ambulatory pavilion and for the purchase of other capital equipment.

Part II - Proceeds, A CHEFA Series G, H and I - total proceeds of issue includes interest income of \$4,821 received on the construction fund, cost of issuance fund and capitalized interest fund

Part II - Proceeds, B CHEFA Series J - total proceeds of issue includes interest income of \$10,551 received on the construction fund and cost of issuance fund

Part III - Private Business Use - A CHEFA Series G,H and I - Private business use is based on physician reserved spaces in financed parking garage. These reserved spaces are used by both employees and attending physicians visiting Hospital patients to further the Hospital's mission.

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

**Additional Information (continued)**

Part III - Private Business Use - B CHEFA Series J - No private business use in fiscal 2014 - pavilion is not complete and occupied. Anticipate the leasing of 8,688 sq ft of 95,500 sq ft of space in the pavilion to a physician group which provides services to Cancer Center patients. Also a portion of the cancer center which will be located in the new pavilion will be dedicated to cancer research once the pavilion is complete and operational. The funding of the pavilion will include \$30,000,000 of philanthropy and approximately \$2,300,000 of working capital. These amounts will be allocated to the portion of the pavilion that will be used by outside entities.

Part III, Line 9 Post Issuance Compliance - Nonqualified Bonds

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 covered under the policies of WCHN and as such, the tax exempt debt policy applies to Norwalk Hospital as of 1/1/2014.

Part IV - Arbitrage Line 4b - Name of Provider - CHEFA Series J - People's United Bank

Part V - Procedures to Undertake Corrective Action

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 covered under the policies of WCHN and as such, the tax exempt debt policy applies to Norwalk Hospital as of 1/1/2014.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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, Page 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)												
<b>Total</b> .....						▶\$						

**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)				

**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) Norwalk Medical Group	See Part V	328,972.	See Part V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**Supplemental Information**

Schedule L, Part IV, Line 1

Richard Zelkowitz, MD is a member of the Board of NHA and the medical director of Norwalk Medical Group. NHA paid Norwalk Medical Group \$328,972 for cancer services.

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

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

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**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 utilized 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 steps to safeguard its tax exempt status with respects to all joint venture arrangements. Joint venture arrangements are approved by the Board of Trustees

**Other Changes in Net Assets or Fund Balance Form 990, Part XI, Line 9**

Fair Value Adjustment - On January 1, 2014 Western Connecticut Health Network (WCHN) became the sole corporate member of Norwalk Health Services Corporation, and a corporate affiliation was completed. All assets and liabilities were revalued to fair value as of January 1, 2014. The \$16,395,275 increase in the Hospital's net assets comprised the following (impacting unrestricted net assets):

Property, plant and equipment	\$41,190,025
Goodwill	(13,843,749)
Intangible assets	( 5,760,171)
Investment in joint venture	( 627,986)
Bond issuance costs, net	(1,255,873)
Medical malpractice claims reserves	652,000
Long-term debt	(3,958,971)
Total	\$16,395,275

Name of the organization

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Transfer from Norwalk Health Services Corporation - On September 30, 2014 an agreement was entered into between Norwalk Health Services Corporation (NHSC) and the Hospital under which all of NHSC's cash, investments, and real estate assets were transferred to the Hospital. NHSC's liabilities were also transferred to the Hospital. The transfer consisted of the following:

Cash and cash equivalents	\$ 696,235
Investments	26,977,706
Beneficial interest in trust	8,007,837
Property, plant and equipment	1,075,506
Accounts payable	(241,970)
Total	\$36,515,314

Officers and Trustees Form 990, Part VII

Daniel DeBarba was President and CEO thru 12/31/2013. Effective 1/1/2014 he was President of Norwalk Hospital, Danbury Hospital and New Milford Hospital.

John Murphy, MD - Chief Executive Officer effective 1/1/2014

Ed Kangas - Vice Chairman and Trustee thru 12/31/2013, Trustee only effective 1/1/2014

Ed Mahony - Trustee only thru 12/31/2013, Vice Chairman and Trustee effective 1/1/2014

Patrick Minicus - Chief Financial Officer and VP Finance thru 12/31/2013, VP

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Finance Western Connecticut Health Network

Steven H. Rosenberg - Chief Financial Officer, effective 1/1/2014

Andrew Whittingham - Treasurer and Trustee thru 12/31/2013, Trustee only effective 1/1/2014

Mark Gudis - Trustee only thru 12/31/2013, Treasurer and Trustee effective 1/1/2014

Barbara Butler - Secretary and Trustee thru 12/31/2013, Trustee only effective 1/1/2014

Fred Afragola - Trustee only thru 12/31/2013, Secretary and Trustee effective 1/1/2014

Joseph Mann - Trustee thru 12/31/2013

James Kennedy - Trustee effective 1/1/2014

Thomas Ayoub, MD - Trustee and Chief of Staff, compensation received is for services as Chief of Staff of Norwalk Hospital

**Significant Changes to Governing Documents Form 990 Part VI Section A**

On September 11, 2014 the following governance changes were approved for Norwalk Hospital Association (NHA) as a result of the merger of New Milford Hospital, Inc (NMH) with and into The Danbury Hospital and the merger of Norwalk Health Services Corporation (NHSC) with and into Western Connecticut Health Network (WCHN):

Name of the organization The Norwalk Hospital Association	Employer identification number 06-6068853
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Certificate of Incorporation

The member of NHA is being changed to reflect that WCHN will now act directly as the member. Article VI is also being amended to reflect that the Corporation has both elected and ex-officio directors. No other changes to the certificate of incorporation were made.

Bylaws

References to NHSC and NMH have been deleted. In addition, the following changes were made:

Section 2.2 We are revising the powers of WCHN as member to allow WCHN to take additional actions without requiring approval of the Board of the NHA. The following actions were added to the list of actions taken by WCHN directly for NHA:

- Approval of changes to qualified and non-qualified benefit plans
- Approval of policies, including policies on indemnification, conflict of interest, and accounting and investment standards
- Approval of quality, performance and credentialing standards
- Approval of physician compensation methodology

Section 2.2 was further amended to delete the requirement that WCHN approve managed care contracts and filing of a certificate of need. Approval of a certificate of need is not legally required and WCHN is required to approve any changes in clinical services. Thus, approval of the actual filing for a certificate of need was deemed duplicative.

Section 2.2 is also being amended to delete the requirement that NHA's approval of an action must be accomplished before WCHN's approval of the same action. This change will facilitate approvals when meetings cannot be scheduled to allow NHA to meet prior to WCHN's meeting.

Section 3.2 The revisions to this article deleted the requirement that the President

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and CEO of WCHN serve as one of the two directors who are required to also serve as a director of WCHN and The Danbury Hospital.

Section 5.2 The Nominating Committees name is being changed to the Board Development Committee. The committee's responsibilities are being clarified to include new director orientation, board education and board evaluation.

Article VII The revisions to this article will allow the Chief Financial Officer of WCHN to serve as NHA's Treasurer, ex-officio. The Treasurer will have authority to exercise investment management decisions for the NHA, provided that the Treasurer reports regularly to the directors and exercises such authority in accordance with the investment policies of NHA and in consultation with WCHN's Finance Committee.

**Part VI Policies, 12a Conflict of Interest Policy**

A written conflict of interest policy is in place for Norwalk Health Services Corporation (NHSC) and subsidiaries. The Audit Committee of NHSC approved the conflict of interest policy for NHSC and all subsidiaries, in accordance with the authority delegated to the Audit Committee per the NHSC by laws. Effective 1/1/2014 Western Connecticut Health Network (WCHN) became the sole corporate member of NHSC and a corporate affiliation was completed. NHSC and all subsidiaries are now covered under the policies of WCHN and as such, the conflict of interest policy applies to Norwalk Hospital Association as of 1/1/2014.

**Part VI Policies, 13 Whistleblower Policy**

A written whistleblower policy is in place for Norwalk Health Services Corporation (NHSC) and subsidiaries. Effective 1/1/2014 Western Connecticut Health Network (WCHN) became the sole corporate member of NHSC and a corporate affiliation was completed. NHSC and all subsidiaries are now covered under the policies of WCHN and as such, the whistleblower policy applies to Norwalk Hospital Association as of 1/1/2014.

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**Part VI Policies, 14 Document Retention & Destruction Policy**

Effective 1/1/2014 Western Connecticut Health Network (WCHN) became the sole corporate member of NHSC and a corporate affiliation was completed. NHSC and all subsidiaries are now covered under the policies of WCHN and as such, the written documentation and destruction policy applies to Norwalk Hospital Association as of 1/1/2014.

**Form 990, Part III, Line 1 - Organization 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 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

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**Form 990, Part III, Line 1 - Organization Mission**

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-efficient manner; Charity: As a not-for-profit organization, providing needed medical care to all, including those who cannot pay for it.

**Form 990, Part III, Line 4a - Program Service Accomplishments**

Orthopedics and Neurospine Services: Norwalk Hospital provides comprehensive, high-quality Orthopedic and Neurospine care to residents of greater Fairfield County, Connecticut through an expert team of Board-Certified 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. Our Joint Replacement Center was accredited as a Center of Excellence by the Joint Commission. 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 and knee), spine surgery, sports medicine, trauma care for orthopedic injuries. Ortho Neuro had total inpatient discharges of 1,690 for the fiscal year ended 9/30/2014.

**Form 990, Part III, Line 4b - Program Service Accomplishments**

Womens' Health: One of the Hospital's premier signature clinical programs, our Women's and Children's services features a top notch team of Obstetricians/Gynecologists, Pediatricians, Certified Midwives, Pediatric

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**Form 990, Part III, Line 4b - Program Service Accomplishments**

Hospitalists, Neonatologists, Pediatric Specialist, Physician Assistants and Nurses.

This team's compassionate and expert care further enhanced by the availability of perinatologists from Yale University Medical School, in addition of onsite

Perinatology services for high risk pregnancies. 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 private rooms, massage therapy for infants and mothers and wireless internet access. 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 available at the

Hospital. Women's Health had total inpatient discharges of 2,803 for the fiscal year ended 9/30/2014.

**Form 990, Part III, Line 4c - Program Service Accomplishments**

Gastroenterology and 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 Hospital's Center

for Digestive Diseases. A key component of Norwalk Hospital's Digestive Diseases

Services is a Colorectal Cancer Screening Program. Colorectal Cancers are highly

preventable and treatable if caught early. Norwalk Hospital is recognized by the

Joint Commission as a Center of Excellence for Colorectal Cancer, one of only five

in the Country. Health experts recommend a screening colonoscopy at age 50 for

adults considered at average risk. Colonoscopies are performed by

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**Form 990, Part III, Line 4c - Program Service Accomplishments**

Gastroenterologists in the Hospital's modern and nationally accredited Gastrointestinal (GI) Lab. 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 diagnostics and treatments for disorders of the esophagus, stomach, small intestines, colon, rectum, gallbladder, pancreas and liver. A leader in advanced endoscopic procedures for the treatment 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 ultrasound, Inflammatory Bowel Disease evaluation and treatment, 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 and Dennis Meighan, DO, Director of Endoscopy, help train Residents and Fellows, and also conduct clinical research studies designed to improve care for patents. Gastro & Digestive Services had total inpatient discharges of 1,680 and 6,401 outpatient visits for the fiscal year ended 9/30/2014.

**Form 990, Part III, Line 4d - Other Program Services Description**

Other Program Services include:  
 Emergency Services - Norwalk Hospital provides a comprehensive range of high-quality emergency medical services, for the most critically ill and injured patients, from pre-hospital EMS/paramedic services to an Emergency Department featuring a Level II Trauma Center to a nationally recognized Critical Care Unit. Our Emergency

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**Form 990, Part III, Line 4d - Other Program Services Description**

Department features modern lifesaving technology and is staffed by board-certified physicians and experienced nurses with advanced skills. For patients experiencing a stroke, Norwalk Hospital is certified as a Stroke Center by the Joint Commission. For patients experiencing an acute heart attack, Norwalk Hospital is certified as a Primary Angioplasty Center. Once identified as a candidate by EMS or by the emergency physician, a critical pathway ensures the rapid evaluation of the patient and movement to the Cardiac Cath Lab for definitive care to minimize long-term consequences. Norwalk Hospital's Critical Care Unit has been nationally recognized for the exemplary level of care provided. The Unit's nurses have been awarded the Beacon Award for Critical Care Excellence by the American Association of Critical Care Nurses three times. The Emergency Department had 36,190 treated and released visits and 2,870 observation visits for the fiscal year ended 9/30/2014.

Cardiovascular Services - Norwalk Hospital offers a premier cardiovascular program to meet the needs of patients with cardiac and vascular problems. Led by a specialist team of cardiologists, interventional cardiologists and vascular surgeons, this program has achieved wide acclaim for providing leading-edge prevention, diagnosis, treatment and rehabilitation of cardiovascular disease. One of Norwalk Hospital's signature clinical services, our cardiovascular program offers outstanding inpatient and outpatient care for those suffering a heart attack or from heart disease, congestive heart failure, angina, atherosclerosis, and vascular conditions, including aortic aneurysms, carotid artery stenosis, deep vein thrombosis and peripheral artery disease. Additionally, The Hospital has on staff several interventional cardiologists who perform diagnostic cardiac catheterizations and emergency cardiac angioplasty among other invasive procedures. Our Cardiac Rehabilitation Program helps cardiac patients live life to the fullest and is

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**Form 990, Part III, Line 4d - Other Program Services Description**

accredited by the American Association of Cardiovascular and Pulmonary Rehabilitation for providing the highest standard of care. Cardiovascular Services had 1,571 inpatient discharges; 354 Cardiac Lab procedures-including Pacemakers, Defibs, Catherization and Vascular; 1,263 Diagnostic Cardiology procedures; 436 Cardiac Rehabilitation services for the fiscal year ended 9/30/2014.

Cancer Services - Norwalk Hospital has a long tradition of providing the very best in cancer care. We are widely recognized for providing excellent outcomes and a multidisciplinary approach to cancer care that brings cancer specialists together to individualize treatments for each patient. We feature highly experienced, nationally acclaimed cancer doctors; the most modern equipment and state-of-the-art treatments; cutting-edge clinical trials testing new ways to treat cancer; counseling, nutrition and integrative medicine services and warmth - an atmosphere of community and true caring. We provide a unique level of support to patients and their families, who require compassion, sensitivity and help with day-to-day affairs to meet the many challenges presented by a cancer diagnosis. Norwalk Hospital is recognized by the Joint Commission as a Center for Excellence for both lung cancer and colorectal cancer care. Norwalk Hospital is home to two exceptional cancer centers - the Whittingham Cancer Center and the Smilow Family Breast Health Center. The Whittingham Cancer Center is nationally accredited as a Comprehensive Cancer Center by the American College of Surgeons and is a member of the Alliance for Clinical Trials in Oncology. Our physicians have academic affiliations with major university hospitals in New York and Connecticut and work closely with those hospitals to coordinate the care of our patients. Our weekly cancer-specific multidisciplinary tumor board brings cancer surgeons, medical oncologists, radiation oncologists, pathologists, radiologists and other physicians together to discuss the optimal

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**Form 990, Part III, Line 4d - Other Program Services Description**

management of patient's care. The Smilow Family Breast Health Center provides specialized resources for women with benign breast abnormalities as well as those diagnosed with breast cancer and is accredited by the National Accreditation Program for Breast Cancer (NAPBC). Our experienced staff supports all women with breast concerns throughout screening, diagnosis, treatment and aftercare. Smilow features dedicated breast surgeons and medical oncologists who specialize in, and focus on, treating breast cancer. These physicians meet weekly in a multidisciplinary tumor board to discuss new cases, and coordinate the best care for patients. Our experienced surgeons offer advanced surgical techniques and a large variety of breast reconstruction options. Cancer Services had 661 inpatient discharges including Chemotherapy, Hematology, Medical Oncology, Surgical Oncology and Neuroscience Oncology for the year ended 9/30/2014.

Asthma and Pulmonary - Norwalk Hospital's Section of Pulmonary and Critical Care Medicine offers leading-edge treatments for a wide range of pulmonary conditions. Our physicians provide the leadership and bedside care for patients in our nationally recognized Intensive Care Unit. We provide comprehensive diagnostic and therapeutic services to patients with all forms of pulmonary conditions including Asthma, Bronchiectasis, Chronic Bronchitis, Chronic Cough, Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Idiopathic Pulmonary Fibrosis, Interstitial Lung Disease, Lung Cancer, Pulmonary Hypertension, Sarcoidosis, Tuberculosis and other infectious lung diseases. A nationally accredited Sleep Center provides diagnosis and management of the full range of sleep disorders, including sleep apnea and insomnia. The Section of Pulmonary and Critical Care Medicine has 1,099 inpatient discharges for the fiscal year ended 9/30/2014.

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**Form 990, Part III, Line 4d - Other Program Services Description**

Rehabilitation Services - Norwalk Hospital offers both inpatient and outpatient rehabilitation services. Accredited by the Joint Commission, we specialize in the comprehensive rehabilitation needs of patients with neurological problems, complex medical problems, those who have sustained multiple trauma and those who have undergone amputations. Norwalk Hospital's Outpatient Rehabilitation service provides treatment for conditions such as Stroke, Traumatic Brain Injury, Spinal Cord Injury, Multiple Sclerosis, Joint Replacements, and Post-Surgical Recovery. Rehabilitation Services had total inpatient discharges of 117 and 9,631 billed outpatient months for the fiscal year ended 9/30/2014.

Psychiatry - Norwalk Hospital provides inpatient psychiatric services for adult and geriatric patients. The 20 bed unit provides individualized care for patients with acute psychiatric illness, complex medical-psychiatric illness or a need for dual-diagnosis detoxification. Norwalk Hospital also provides an intensive outpatient program, offering both individual treatment and group therapy. Psychiatry had inpatient discharges of 351 and 9,257 billed months for the fiscal year ended 9/30/2014.

Pediatrics - Norwalk Hospital Pediatric Services include the Jeffrey Peter Bauer Newborn Intensive Care Unit (NICU), Pediatric Inpatient Care, Pediatric Subspecialty Care, and the Pediatric Development and Therapy Center. Pediatrics had inpatient discharges of 448 for the fiscal year ended 9/30/2014.

Surgical Services - Norwalk Hospital's experienced and expert surgeons perform a wide variety of advanced inpatient and outpatient surgical procedures. Patients have access to state-of-the-art technology and the latest clinically proven surgical

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**Form 990, Part III, Line 4d - Other Program Services Description**

techniques. Norwalk Hospital offers advanced surgical centers that include: Advanced Minimally Invasive and Robotic Surgery Center, Comprehensive Joint Replacement Center; Surgical Weight Loss Center. Surgical Services performed 2,076 inpatient surgeries & 5,245 outpatient surgeries for the fiscal year ended 9/30/2014.

Radiology - Norwalk Hospital offers a variety of Radiology Services including, CT, PET/CT, CT Lung Screening, Virtual Colonography, MRI and Open MRI, Ultrasound, Bone Density Measurement/Osteoporosis Screening, General Xray, Digital Mammography, Digital Breast Tomosynthesis, Breast MRI and Ultrasound, Stereotactic, MRI-Guided and Ultrasound Guided Breast Biopsy, Nuclear Medicine, Interventional Radiology, Cancer Screening, Stereotactic Radiosurgery, Intensity-Modulated Radiation Therapy (IMRT) and Prostate Cancer Treatment with Radioactive Seeds. Radiology Services performed 66,525 procedures & 909 billed Radiation Therapy months for the fiscal year ended 9/30/2014.

Pathology and Laboratory Medicine - The Department of Pathology and Laboratory Medicine is fully accredited by the College of American Pathologists. The department provides comprehensive Anatomic and Clinical Pathology testing services including: Blood Bank & Transfusion Services, Clinical Chemistry, Microbiology, Cytology, Hematology/Coagulation/Urinalysis, Immunology and Flow Cytometry, Surgical Pathology, Autopsy Service, Cytogenetic and Molecular Diagnostics and Blood Collection. The Pathology and Laboratory Department perform approximately, 1.5 million tests every year, utilizing the latest technology in robotic automation and barcode specimen tracking.



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

Article VIII This Article limits the personal liability of the Board members.

Article IX This Article indemnifies and advances expenses to directors and permits the Board to indemnify and advance expenses to officers, employees and agents of NHA who are not directors of the Board. NHA also may procure insurance providing for greater indemnification than provided by law.

**Bylaws**

Article I Section 1.1 Purpose - The purpose provides that the Bylaws supplement certain provisions of the NHA Certificate of Incorporation and the Connecticut Revised Non stock Corporation Act (the "Act") and that NHA is an affiliate of WCHN.

Article II Section 2.1 Membership- NHSC is the sole member of NHA and WCHN is the sole corporate member of NHSC. The Member has the rights, privileges and obligations conferred on it by the NHA Certificate of Incorporation, the Bylaws and the Act.

Article II Section 2.2 Powers of the Member The Member has the following powers which do not require approval of the Board: (i) amendment of the Bylaws; and (ii) election or removal of a director. The following actions taken for NHA itself and in its capacity as a shareholder or member of a subsidiary ("NHA Subsidiary"), require approval of the Board and the Member: (i) election and removal of a director of a NHA Subsidiary; (ii) except as otherwise provided in the Bylaws, the election of officers of the Board; (iii) closure of NHA or the closure or material diminution of a material program at NHA; (iv) approval of the capital budget and operating budget of NHA and of any NHA Subsidiary; (v) amendment of the Certificate of Incorporation of NHA or any NHA subsidiary; (vi) amendment of the bylaws or operating agreement of any NHA Subsidiary; (vii) sale, lease, exchange or other disposition of all or substantially all of the property or assets of NHA or any NHA Subsidiary; (viii) approval of the creation of any corporation of which NHA or any NHA Subsidiary is

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

the sole or controlling member or sole or controlling shareholder; the merger or consolidation of NHA or any NHA Subsidiary with another corporation; and the reorganization, liquidation or dissolution of NHA or any NHA Subsidiary; (ix) approval of loans by NHA or any NHA Subsidiary or the incurring of any indebtedness, secured or unsecured, which exceeds \$2Million or which has a term longer than one year; (x) approval of policies relating to the control and supervision of the investment of NHA's and any NHA Subsidiary's funds, including but not limited to those funds and properties which may have been donated, bequeathed or devised, or given in trust for the limited or general use of NHA or any NHA Subsidiary; (xi) approval of unbudgeted expenditures in excess of \$2Million or any increase in any approved annual operating or capital budget; (xii) approval of any agreement or transaction of NHA or an NHA Subsidiary involving an amount greater than \$2 Million with another individual or entity; (xiii) approval of the affiliation of NHA or an NHA Subsidiary with any other entity for purposes of the joint conduct of business or other purposes, whether in the form of participation in said entity through the holding of stock or by membership or in the form of partnership, joint venture, co-tenancy or any other form of ownership or control; (xiv) creation of any committee which shall have the authority to act on behalf of the Board or on behalf of any NHA Subsidiary; (xv) approval of any conveyance of, or the granting of mortgages or trusts on any real property assets of NHA or of any NHA Subsidiary; (xvi) approval of any change to any employee pension or other employee benefit plans of NHA or any NHA Subsidiary (xvii) approval of the adoption of or amendment to the policies and procedures governing: (a) indemnification of directors and officers of NHA or any NHA subsidiary; (b) conflicts or dualities of interest; (c) accounting and investment standards and practices; and (d) such other policies as the Member may

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from time to time determine; (xviii) approval of the strategic plan of NHA and any NHA Subsidiary; (xix) approval of the engagement in managed care and other third party payor contracting on behalf of NHA or any NHA Subsidiary; (xx) approval of any commencement, cessation, location, relocation or consolidation of significant clinical services provided by NHA or any NHA Subsidiary and approval of the filing of any application for a certificate of need by NHA or any NHA Subsidiary; (xxi) approval of system-wide quality, performance and credentialing standards and procedures to which NHA and any NHA Subsidiary is expected to adhere; and (xxii) approval of regulatory compliance and methodology for physician compensation arrangements.

Article II Section 2.3 Meetings of Member -The Bylaws provide for annual and special meetings of the Member, as determined by the Board. At each annual meeting or special meeting called for such purpose, the Member shall: (i) appoint directors in accordance with the Bylaws; (ii) receive reports from the NHA directors, officers and committees; and (iii) conduct any other business relating to the affairs of NHA consistent with the rights of the Member.

Article III Section 3.1 Authority - The Board of Directors has all corporate powers not reserved to the Member. The activities, properties and affairs of NHA shall be managed by or under the direction of the Board, subject to limitations in the Certificate of Incorporation, which include, but are not limited to: (i) review local quality and service goals and improvement programs; (ii) monitor local quality, service and financial performance; (iii) support management in making local communications with external audiences, including but not limited to, local governments and the media; (iv) support fundraising efforts conducted by the Norwalk Hospital Foundation, Inc.; (v) oversee community benefit programs in the local community; (vi) approve medical staff bylaws and medical staff appointments based on

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standardized Member applications and review process; and (vii) participate in the search process for President and CEO of NHA, when needed.

Article III Section 3.2 Number and Composition - The Board shall have no less than twelve and not more than twenty-five voting directors. Of that number, the President and CEO of NHA, the President and CEO of WCHN and the Chairman of the Board of the Norwalk Hospital Foundation, Inc. shall serve as ex-officio directors and shall be counted for purposes of a quorum and shall have the right to vote. At least one director, other than the President and CEO of WCHN, shall be an individual who also serves on the board of each of WCHN, The Danbury Hospital and the New Milford Hospital. All directors shall be individuals who serve on the board of the Member.

Article III Section 3.3 Appointment of Terms of Office - There shall be three classes of directors. Directors are elected at each annual meeting of the Member. Directors' terms are for three years. Directors can serve for three consecutive terms on the Board. After serving three consecutive terms, a director may again serve after a one year hiatus from service.

Article III Section 3.4 Vacancies - Vacancies occurring on the Board shall be filled by the Member.

Article V Committees of the Board - The Committees of the Board include the Nominating Committee and the Budget and Finance Committee. At least annually, the Board, by the affirmative vote of all directors then serving shall appoint a Nominating Committee and a Budget and Finance Committee. NHA shall also participate in the matrix of committees established by WCHN to provide advice to WCHN and its affiliates.

Article VI President and CEO - NHA may contract with WCHN for the services of a President and CEO. Following the first anniversary of the Effective Date, WCHN's President and CEO shall have the unilateral authority to hire or fire the NHA

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President and CEO after obtaining input on such action from the Board, subject to the terms of any employment agreement between the NHA President and CEO and WCHN.

Article VII Section 7.1 Officers, Appointment, Term and Vacancies - Subject to the approval of the Member, the Board shall elect the officers of NHA. The officers shall consist of a Chair, Vice Chair, Secretary and Treasurer. Officers shall be elected at the annual meeting of the Board for a term extending until the next annual meeting, except that the Chair and Vice Chair shall be elected to a term of 2 years. A director whose term as Chair or Vice Chair will exceed that director's third full term as director shall continue to serve as a director until expiration of his two year term as Chair or Vice Chair and shall thereafter be eligible for reelection to the Board only after 1 year has elapsed.

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

As of September 30, 2014 Norwalk Health Services Corporation, Inc. (NHSC) is the sole member of Norwalk Hospital Association (NHA) and appoints NHA's Trustees. On October 1, 2014 NHSC merged into Western Connecticut Health Network (WCHN), WCHN became the sole corporate member of NHA.

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

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

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

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

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

**Who Is Covered By the Policy**

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

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

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

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

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

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

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

**Restrictions on The Conflicted Person**

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

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

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management**

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 increase based on guidelines established by the annual review program and final review ratings. Compensation decisions also employ

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**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management (continued)**

external market survey data and internal analysis based on Norwalk Hospital Association's salary ranges. This process is undertaken each year.

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

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 increase based on 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.

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

Governing documents, conflict of interest policy are available to the public upon request. Financial statements are available to the public on the Hospital's web site and upon request.

Client NHA

The Norwalk Hospital Association

06-6068853

8/05/15

03:35PM

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
Agency & Temp Help	1,475,498.	966,236.	509,262.	
Collection Expense	1,226,901.	1,226,901.		
Contract Management other	8,373,411. 315,889.	5,724,805.	2,648,606. 315,889.	
Outside Services	5,279,959.	4,550,092.	729,867.	
Patient Care & Admin Services	6,499,557.	6,499,557.		
Physician Fees	7,662,386.	7,662,386.		
Professional Fees - Affiliate	4,263,016.	4,099,836.	163,180.	
Professional Fees-Consulting	2,941,560.	1,589,893.	1,351,667.	
<b>Total</b>	<u>\$38,038,177.</u>	<u>\$32,319,706.</u>	<u>\$ 5,718,471.</u>	<u>\$ 0.</u>

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

Change in Interest Rate Swap.....	\$ -2,043,924.
Change in Pension Obligation.....	-21,796,757.
Decrease in Ben Interest NHF Temp Restr.....	-457,669.
Fair Value Adjustment.....	16,395,275.
Increase Ben Interest NHF - Unrestricted.....	3,125,357.
Increase Ben Interest in NHF - Permanently Restr.....	6,800.
Net Unrestricted changes in Joint Venture.....	1,795,157.
Norwalk Surgery Center / Joint Venture Income.....	-2,941,038.
Transfer from Norwalk Health Serv Corporation.....	36,515,314.
Transfer from Norwalk Hospital Foundation.....	3,443,973.
Transfer to Norwalk Health Services Corporation.....	-7,502,519.
<b>Total</b>	<u>\$ 26,539,969.</u>

**SCHEDULE R**  
(Form 990)

**Related Organizations and Unrelated Partnerships**

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Norwalk Hospital Physicians & Surg 24 Stevens Street Norwalk, CT 06850 06-1522078	Physician Practice	CT	501(C)(3)	11 Type 2	Norwalk Health Services Corporation		X
(2) Norwalk Health Care, Inc 24 Stevens Street Norwalk, CT 06850 22-2577722	Inactive	CT	501(C)(3)	9	Norwalk Health Services Corporation		X
(3) Norwalk Health Services Corporatio 24 Stevens Street Norwalk, CT 06850 22-3688822	Support Services	CT	501(C)(3)	11 Type 2	Western Connecticut Health Network, Inc		X
(4) Norwalk Hospital Foundation, Inc 24 Stevens Street Norwalk, CT 06850 25-2577708	Fundraising	CT	501(C)(3)	7	Norwalk Health Services Corporation		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Part VII												
(1) Norwalk Surgery 40 Cross Street Norwalk, CT 0685 27-2394942	Surgery Center	CT	None	Related	2,941,038.	5,601,121.		X	N/A		X	64.11
(2) New Milford MRI 21 Elm Street New Milford, CT 27-1877801	Inactive	CT	NMH	N/A	0.	0.		X	N/A		X	
(3) Ridgefield Surgi 901 Ethan Allen Ridgefield, CT 22-2594977	Inactive	CT	WCHN	N/A	0.	0.		X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) Maple Street Indemnity Company 40 Church Street PO Box 2062 Hamilton HM HX, Bermuda 98-0549862	Captive Insurance	Bermuda	NHSC	C Copr	0.	0.			X
(2) SMC Corporation 24 Stevens Street Norwalk, CT 06850 22-2577718	Pharmacy	CT	NHSC	C Corp	0.	0.			X
(3) Medical Services of Danbury 24 Hospital Avenue Danbury, CT 06810 06-1635945	Healthcare	ct	WCMG	C Corp	0.	0.			X

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

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

  

2	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Norwalk Hospital Physicians & Surgeons	j	1,572,906.FMV	FMV
(2)	Norwalk Hospital Physicians & Surgeons	m	14,165,863.FMV	FMV
(3)	Norwalk Hospital Physicians & Surgeons	o	2,372,240.FMV	FMV
(4)	Norwalk Hospital Physicians & Surgeons	q	6,745,285.FMV	FMV
(5)	Norwalk Hospital Physicians & Surgeons	r	17,324,141.FMV	FMV
(6)	Norwalk Hospital Physicians & Surgeons	s	7,400,000.FMV	FMV

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

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

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

**Part VII Supplemental Information**

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

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

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

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

Ridgefield Surgical Center LLC 22-2594977 901 Ethan Allen Hwy Suite 105 Ridgefield, CT 06877

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501 (c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
Advanced Center for Rehabilitation M 24 Stevens Street Norwalk, CT 06850 06-1304799	Inactive	CT	501 (C) (3)	11 Type 2	Norwalk Health Services Corporation		X
Danbury Hospital 24 Hospital Avenue Danbury, CT 06810 06-0646597	Acute Care Hospital	CT	501 (C) (3)	3	WCHN		X
Western Connecticut Health Network, 24 Hospital Avenue Danbury, CT 06810 22-2594977	Program Development	CT	501 (C) (3)	11 Type 2	N/A		X
Western CT Health Network Affiliates 24 Hospital Avenue Danbury, CT 06810 22-2594968	Outpatient Health Care Services	CT	501 (C) (3)	9	WCHN		X
Western CT Health Network Foundation 24 Hospital Avenue Danbury, CT 06810 23-7425557	Admin Contributions	CT	501 (C) (3)	7	WCHN		X
Western Connecticut Home Care, Inc 4 Liberty Street Danbury, CT 06810 06-0655138	Home Healthcare	CT	501 (C) (3)	9	WCHN		X
Western CT Medical Group, Inc. 14 Research Drive, Suite 201A Bethel, CT 06801 06-1137531	Physician Practice	CT	501 (C) (3)	9	WCHN		X
The New Milford Hospital, Inc 21 Elm Street New Milford, CT 06776 06-0669121	Acute Care Hospital	CT	501 (C) (3)	3	WCHN		X
Eastern NY Medical Services, PC 14 Research Drive, Suite 201A Bethel, CT 06801 45-5431389	Physician Practice	NY	501 (C) (3)	9	WCHN		X



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

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
Norwalk Hospital Foundation, Inc.....	c	4,599,996.	FMV
Norwalk Hospital Foundation, Inc.....	l	65,160.	FMV
Norwalk Hospital Foundation, Inc.....	o	713,236.	FMV
Norwalk Hospital Foundation, Inc.....	q	103,463.	FMV
Norwalk Hospital Foundation, Inc.....	s	7,041,125.	FMV
Danbury Hospital.....	o	1,887,526.	FMV
Danbury Hospital.....	p	613,334.	FMV
Danbury Hospital.....	r	1,942,640.	FMV
Western CT Medical Group, Inc.....	m	100,222.	FMV
Maple Street Indemnity Company Ltd.....	q	936,826.	FMV
Maple Street Indemnity Company Ltd.....	r	1,826,681.	FMV
Maple Street Indemnity Company Ltd.....	s	932,241.	FMV
SWC Corporation.....	l	138,000.	FMV
SWC Corporation.....	m	3,647,774.	FMV
SWC Corporation.....	q	248,395.	FMV
SWC Corporation.....	r	3,250,000.	FMV
Western CT Health Network Insurance Co.....	r	2,557,353.	FMV