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Form 990

## Return of Organization Exempt From Income Tax

2008

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

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

Open to Public Inspection

## A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Norwalk Hospital Association	D Employer identification number 06-6068853
Doing Business As	
E Number and street (or P O box if mail is not delivered to street address) 24 Stevens Street	F Room/suite 24 Stevens Street
G City or town, state or country, and ZIP + 4 Norwalk, CT 06850	

E Telephone number  
(203) 852-2000

G Gross receipts \$ 356,071,033

F Name and address of Principal Officer  
DANIEL DEBARBA  
24 STEVENS STREET  
NORWALK, CT 06850

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

H(b) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ►

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

J Web site: ► www.norwalkhealth.org

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1893 M State of legal domicile CT

## Part I Summary

1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 18
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 15
5	Total number of employees (Part V, line 2a) . . . . .	5 2,272
6	Total number of volunteers (estimate if necessary) . . . . .	6 575
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	7a 2,590,191
b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b -510,483
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 5,743,627 Current Year 6,003,751
	9 Program service revenue (Part VIII, line 2g) . . . . .	308,856,392 328,959,851
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	3,114,080 2,297,611
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,652,297 2,050,953
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	319,366,396 339,312,166
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0 1,221,383
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,423,053 170,675,562
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b (Total fundraising expenses, Part IX, column (D), line 25 0 )	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	148,578,959 148,974,349
	18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	306,002,012 320,871,294
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	13,364,384 18,440,872
Part II Signature Block	Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	262,489,288 257,860,455
	21 Total liabilities (Part X, line 26)	98,218,135 108,940,533
	22 Net assets or fund balances Subtract line 21 from line 20	164,271,153 148,919,922

## Part II Signature Block

Please Sign Here	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		
	2010-08-16 Signature of officer daniel debarba PRESIDENT/CEO Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ►
	PricewaterhouseCoopers LLP 125 High Street Boston, MA 02110			Phone no ► (617) 530-5000

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

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission

SEE SCHEDULE O

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 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

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**4a** (Code ) (Expenses \$ 37,699,487 including grants of \$ 0 ) (Revenue \$ 40,255,094 )  
SEE SCHEDULE O

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**4b** (Code ) (Expenses \$ 36,335,085 including grants of \$ 0 ) (Revenue \$ 40,103,861 )  
SEE SCHEDULE O

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**4c** (Code ) (Expenses \$ 31,398,249 including grants of \$ 0 ) (Revenue \$ 33,322,257 )  
SEE SCHEDULE O

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**4d** Other program services (Describe in Schedule O)  
(Expenses \$ 160,086,491 including grants of \$ 1,221,383 ) (Revenue \$ 176,173,319 )

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**4e** Total program service expenses \$ 265,519,312 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20	Yes	
21	Yes	
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

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

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>	Yes	
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35</b>	Yes	
<b>36</b>		No
<b>37</b>		No

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 230	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 2,272	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a No	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8 No	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9a No	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a No	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b No	
<b>11</b>	<i>Section 501(c)(12) organizations</i> Enter		
<b>11a</b>	Gross income from members or shareholders	11a No	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b No	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a No	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b No	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body . . .	1a 18	
b	Enter the number of voting members that are independent . . .	1b 15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3 No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4 No	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5 No	
6	Does the organization have members or stockholders? . . . . .	6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body? . . . . .	8a Yes	
b	each committee with authority to act on behalf of the governing body? . . . . .	8b Yes	
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	9a No	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b No	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10 Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11 No	

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	12a Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13 Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14 No	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official? . . . . .	15a Yes	
b	Other officers or key employees of the organization? . . . . .	15b Yes	
	Describe the process in Schedule O		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a No	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b No	

**Section C. Disclosure**

17 List the States with which a copy of this Form 990 is required to be filed \_\_\_\_\_

18 Section 6104 requires an organization to make its Form 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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
TONI HORNE CONTROLLER  
24 STEVENS STREET  
NORWALK, CT 06850  
(203) 852-2071

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* 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, or 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 the organization did not compensate any officer, director, trustee or key employee.

**Part VII** **Continued**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
<b>1b Total</b>							7,058,643	0	424,032

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **276**

	<b>Yes</b>	<b>No</b>
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
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	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

**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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
NORWALK RADIOLOGY CONSULT PC 148 EAST AVENUE NORWALK, CT 06851	MEDICAL	2,792,376
MORRISON MANAGEMENT SPECIALISTS INC PO BOX 102289 ATLANTA, GA 303682289	FOOD SERVICE	2,695,898
UNITEX TEXTILE RENTAL 121-123 MEADOW ST HARTFORD, CT 06114	LAUNDRY SERVICE	1,515,968
APOLLO SECURITY 2150 BOSTON-PROVIDENCE HWY WALPOLE, MA 02081	SECURITY SERVICE	1,404,964
INTEGRATED HEALTHCARE SERVICES 300 MAIN STREET SUITE 804 STAMFORD, CT 06901	CONSULTING	1,035,181

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **83**

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . <b>1c</b> _____				
	<b>d</b> Related organizations . . . <b>1d</b> 3,638,289				
	<b>e</b> Government grants (contributions) <b>1e</b> 2,365,462				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____	6,003,751			
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>1h</b> ►				
Program Service Revenue	<b>2a</b> PATIENT REVENUE Business Code 621,400	320,158,971	320,158,971		
	<b>b</b> OTHER MEDICAL SERVICES 900,099	1,129,730	1,129,730		
	<b>c</b> OTHER OPERATING REVENUE 900,099	5,080,959	5,080,959		
	<b>d</b> LAB SERVICES 621,400	2,590,191		2,590,191	
	<b>e</b> _____				
	<b>f</b> All other program service revenue _____				
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . ► \$ 328,959,851				
<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>3</b> ►	2,521,727			2,521,727	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>4</b> ►	0				
<b>5</b> Royalties . . . . . (i) Real (ii) Personal <b>6a</b> Gross Rents 2,824,865 <b>b</b> Less rental expenses 2,587,795 <b>c</b> Rental income or (loss) 237,070 <b>d</b> Net rental income or (loss) . . . . . <b>6d</b> ►	237,070			237,070	
<b>7a</b> Gross amount from sales of assets other than inventory (i) Securities (ii) Other 13,468,231 272,125 <b>b</b> Less cost or other basis and sales expenses 13,738,181 226,291 <b>c</b> Gain or (loss) -269,950 45,834 <b>d</b> Net gain or (loss) . . . . . <b>7d</b> ►	-224,116			-224,116	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b> <b>b</b> Less direct expenses . . . <b>b</b> <b>c</b> Net income or (loss) from fundraising events . . . . . <b>c</b> ►	0				
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 <b>a</b> <b>b</b> Less direct expenses . . . <b>b</b> <b>c</b> Net income or (loss) from gaming activities . . . . . <b>c</b> ►	0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b> 296,162 <b>b</b> Less cost of goods sold . . . <b>b</b> 206,600 <b>c</b> Net income or (loss) from sales of inventory . . . . . <b>c</b> ►	89,562			89,562	
Miscellaneous Revenue <b>11a</b> CAFETERIA/VENDING 900,099 <b>b</b> LAUNDRY 900,099 <b>c</b> PARKING 812,930 <b>d</b> All other revenue _____ <b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . <b>11e</b> ►	1,284,789			1,284,789	
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>12</b> ►	339,312,166	326,369,660	2,590,191	4,348,564	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,221,383	1,221,383		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,941,073	750,268	2,190,805	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	125,717,416	108,568,177		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,206,491	5,949,744	1,256,747	
9 Other employee benefits . . . . .	24,996,496	20,087,352	4,909,144	
10 Payroll taxes . . . . .	9,814,086	8,036,964	1,777,122	
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	1,703,401		1,703,401	
c Accounting . . . . .	230,651		230,651	
d Lobbying . . . . .	87,500		87,500	
e Professional fundraising See Part IV, line 17 . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	37,618,987	29,470,011	8,148,976	
12 Advertising and promotion . . . . .	1,510,122	1,510,122		
13 Office expenses . . . . .	24,418,954	23,165,823	1,253,131	
14 Information technology . . . . .	4,269,794	2,959,191	1,310,603	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	15,490,553	8,786,366	6,704,187	
17 Travel . . . . .	990,404	813,864	176,540	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
19 Conferences, conventions and meetings . . . . .	4,106	3,246	860	
20 Interest . . . . .	651,938	649,218	2,720	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	17,734,448	13,364,298	4,370,150	
23 Insurance . . . . .	7,814,021	7,728,180	85,841	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a BAD DEBT	21,000,770	21,000,770		
b PHARMACY	6,984,551	6,984,551		
c RADIOLOGY & LAB SUPPORT	1,905,159	1,905,159		
d NCHC SUPPORT	1,350,000	1,350,000		
e DUES & MEMBERSHIP	682,611	198,172	484,439	
f All other expenses	4,526,379	1,016,453	3,509,926	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	320,871,294	265,519,312	55,351,982	0
<b>26 Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>1</b>	Cash—non-interest-bearing	-2,505,093	<b>1</b> -3,383,065
<b>2</b>	Savings and temporary cash investments	3,293,521	<b>2</b> 19,173,460
<b>3</b>	Pledges and grants receivable, net	3	
<b>4</b>	Accounts receivable, net	40,721,191	<b>4</b> 37,630,837
<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
<b>7</b>	Notes and loans receivable, net	3,137,500	<b>7</b> 2,076,829
<b>8</b>	Inventories for sale or use	2,522,708	<b>8</b> 2,323,933
<b>9</b>	Prepaid expenses and deferred charges	3,688,828	<b>9</b> 2,379,157
<b>10a</b>	Land, buildings, and equipment cost basis	<b>10a</b> 363,963,400	
<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<b>10b</b> 247,990,711	119,679,860 <b>10c</b> 115,972,689
<b>11</b>	Investments—publicly traded securities	25,454,931	<b>11</b> 28,700,841
<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	6,335,786	<b>12</b> 2,728,803
<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13	
<b>14</b>	Intangible assets	14	
<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	60,160,056	50,256,971 <b>15</b>
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	262,489,288	<b>16</b> 257,860,455
<b>17</b>	Accounts payable and accrued expenses	38,642,575	<b>17</b> 57,527,753
<b>18</b>	Grants payable	18	
<b>19</b>	Deferred revenue	89,036	<b>19</b> 161,366
<b>20</b>	Tax-exempt bond liabilities	11,020,000	<b>20</b> 10,440,000
<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
<b>23</b>	Secured mortgages and notes payable to unrelated third parties	9,554,235	<b>23</b> 8,501,449
<b>24</b>	Unsecured notes and loans payable	24	
<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i>	38,912,289	<b>25</b> 32,309,965
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25	98,218,135	<b>26</b> 108,940,533
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
<b>27</b>	Unrestricted net assets	139,898,660	<b>27</b> 125,849,836
<b>28</b>	Temporarily restricted net assets	15,034,020	<b>28</b> 13,726,443
<b>29</b>	Permanently restricted net assets	9,338,473	<b>29</b> 9,343,643
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
<b>30</b>	Capital stock or trust principal, or current funds	30	
<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund	31	
<b>32</b>	Retained earnings, endowment, accumulated income, or other funds	32	
<b>33</b>	Total net assets or fund balances	164,271,153	<b>33</b> 148,919,922
<b>34</b>	Total liabilities and net assets/fund balances	34	262,489,288 257,860,455

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990	<input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other	
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	2b	No
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits?	3b	

**SCHEDULE A**(Form 990 or  
990EZ)**Public Charity Status and Public Support****2008****To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**

Norwalk Hospital Association

**Employer identification number**

06-6068853

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)**. (Attach Schedule H )

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)**. (See instructions )

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

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

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

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

(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 the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the 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		
<b>17a 10% Facts and Circumstances Test - 2008.</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		
<b>b 10% Facts and Circumstances Test - 2007.</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		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						


**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<b>19a</b>
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<b>19b</b>
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<b>20</b>



**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**



**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

**A** Check  if the filing organization belongs to an affiliated group  
**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.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns—			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c			
<b>j</b> 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 checked="" 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 1a through 1f of the instructions.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2005</b>	<b>(b) 2006</b>	<b>(c) 2007</b>	<b>(d) 2008</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> 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				
<b>a</b> Volunteers?			No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?			No	
<b>c</b> Media advertisements?			No	
<b>d</b> Mailings to members, legislators, or the public?			No	
<b>e</b> Publications, or published or broadcast statements?			No	
<b>f</b> Grants to other organizations for lobbying purposes?			No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			Yes 87,500	
<b>i</b> Other activities If "Yes," describe in Part IV			Yes 296,519	
<b>j</b> Total lines 1c through 1i			384,019	
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			No	
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <i>do not include amounts of political expenses for which the section 527(f) tax was paid</i> ).	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<b>4</b> 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 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
form 990, schedule c, part ii-b, line 1h	NORWALK HOSPITAL ASSOCIATION (NHA) ENGAGED THE FIRM BROWN RUDNICK LLP FOR	GOVERNMENT RELATIONS IN CONNECTICUT AND ON THE FEDERAL LEVEL BROWN RUDNICK KEEPS NHA APPRISED OF FEDERAL HEALTHCARE POLICY, GRANT OPPORTUNITIES, AND RELATED BILLS PENDING LEGISLATION OF INTEREST TO THE HOSPITAL'S WELL-BEING form 990, schedule c, part ii-b, line 1I NORWALK HOSPITAL ASSOCIATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES

## **Part IV      Supplemental Information**

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**Name of the organization**  
Norwalk Hospital Association**Employer identification number**

06-6068853

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

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

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

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

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

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

	<b>Held at the End of the Year</b>
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

 Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

 Yes  No

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

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

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

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

b If the organization elected, as permitted under SFAS 116, 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 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 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

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

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

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

b If "Yes," explain why in Part XIV and complete the following table

	<b>Amount</b>
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

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

a Board designated or quasi-endowment ►  
 b Permanent endowment ►  
 c Term endowment ►

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

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

<b>Yes</b>	<b>No</b>
3a(i)	
3a(ii)	
3b	

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	951,359			951,359
1b Buildings . . . . .	137,367,194	73,076,917		64,290,277
1c Leasehold improvements . . . . .	7,513,473	1,597,496		5,915,977
1d Equipment . . . . .	213,336,421	172,359,064		40,977,357
1e Other . . . . .	4,794,953	957,234		3,837,719
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				115,972,689

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENT IN JOINT VENTURE	2,728,803	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
See Additional Data Table	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	50,256,971

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO THIRD-PARTY PAYORS	5,553,369
ACCRUED INTEREST PAYABLE	153,594
MALPRACTICE RESERVE	10,912,996
ASSET RETIREMENT OBLIGATION	8,240,150
SERP	1,957,397
CHA TRUST LOAN SHORT TERM	269,570
WORKERS' COMP RESERVE	2,302,569
LONG TERM DISABILITY RESERVE	2,883,510
CURRENT PORTION - LEASE	12,199
LONG TERM LEASE	24,611
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	32,309,965

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

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

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 06-6068853  
**Name:** Norwalk Hospital Association

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INTEREST IN NHF	28,565,355
GOODWILL - RADIOLOGY PURCHASE	2,465,833
GOODWILL - SINGER	1,431,000
DEBT SERVICE FUND	333,297
CHEFA BOND ISSUE EXPENSE	239,501
CHEFA BOND DISCOUNT	120,584
DEBT SER RES FUND	1,078,222
MALPRACTICE TRUST FUND	5,983,665
OTHER RECEIVABLES	1,185,799
PROJECT FUND CHEFA 2007	985,678
DEFERRED COMPENSATION	260,001
DUE FROM AFFILIATES	7,608,036

SCHEDULE H  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Hospitals

► To be completed by organizations that answer "Yes" to Form 990,  
Part IV, line 20.  
► Attach to Form 990.

Name of the organization  
Norwalk Hospital Association

Employer identification number

06-6068853

## Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . .

b If "Yes," is it a written policy? . . . . .

2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients

a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care

100%  150%  200%  Other \_\_\_\_\_ %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_ %

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .

5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .

b If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .

6a Does the organization prepare an annual community benefit report? . . . . .

6b If "Yes," does the organization make it available to the public? . . . . .

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

## 7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2) . . .						
b Unreimbursed Medicaid (from worksheet 3, column a) . .						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . .						
<b>d Total Charity Care and Means-Tested Government Programs</b> . . . . .						
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from worksheet 4) . . . . .						
f Health professions education (from worksheet 5) . . . .						
g Subsidized health services (from worksheet 6) . . .						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8) . . . .						
<b>j Total Other Benefits</b> . . . . .						
<b>k Total</b> (line 7d and 7j) . . . . .						

**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, and Collection Practices** (Optional for 2008)

**Section A—Bad Debt Expense**

**1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .

**2** Enter the amount of the organization's bad debt expense (at cost) . . . . .

**3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy

**4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

**Section B—Medicare**

**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** Enter line 5 less line 6—surplus or (shortfall) . . . . .

**8** Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

Cost accounting system

Cost to charge ratio

Other

<b>9a</b>		
<b>9b</b>		

**Section C—Collection Practices**

**9a** Does the organization have a written debt collection policy? . . . . .

**9b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .

	(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 %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					
<b>14</b>					

**Part V Facility Information (Required for 2008)**

Name and address

Other  
(Describe)

NORWALK HOSPITAL ASSOCIATION  
24 STEVENS STREET  
NORWALK, CT 06856

					ER-other
					ER-24 hours
					Research facility
					Critical access hospital
					Teaching hospital
					Children's hospital
					General medical & surgical
					Licensed hospital

**Part VI Supplemental Information** (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

**2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves.

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**3 Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

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**4 Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

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**5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

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7 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

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**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

## **Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.**

Name of the organization  
Norwalk Hospital Association

**Employer identification number**

## Part I General Information on Grants and Assistance

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

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

3 Enter total number of other organizations .

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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**See Additional Data Table**

2008

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service**Name of the organization**

Norwalk Hospital Association

**Employer identification number**

06-6068853

**Part I Questions Regarding Compensation**

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

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**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

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**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

**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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		No
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GEOFFREY COLE	(i) 585,909 (ii) 0	260,000 0	59,213 0	16,719 0	14,446 0	936,287 0	0 0
DANIEL DEBARBA	(i) 316,142 (ii) 0	165,818 0	32,443 0	18,539 0	13,730 0	546,672 0	0 0
ANTHONY ACETO	(i) 225,655 (ii) 0	40,841 0	24,233 0	21,607 0	13,446 0	325,782 0	0 0
ERIC MAZUR	(i) 543,137 (ii) 0	136,134 0	114,115 0	24,847 0	13,446 0	831,679 0	0 0
MARY NOLAN	(i) 246,862 (ii) 0	69,552 0	80,372 0	31,635 0	14,446 0	442,867 0	0 0
PAUL MILTON	(i) 80,330 (ii) 0	0 0	252,323 0	18,061 0	13,314 0	364,028 0	0 0
JOHN PIERRO	(i) 206,743 (ii) 0	75,000 0	781,960 0	11,079 0	13,156 0	1,087,938 0	0 0
WILLIAM HALE	(i) 481,664 (ii) 0	0 0	155,191 0	25,024 0	13,068 0	674,947 0	0 0
PATRICK NUGENT	(i) 462,747 (ii) 0	83,200 0	14,254 0	21,114 0	13,446 0	594,761 0	0 0
MICHAEL CARIUS	(i) 353,484 (ii) 0	55,690 0	77,270 0	26,480 0	14,497 0	527,421 0	0 0
DENNIS MEIGHAN	(i) 484,238 (ii) 0	0 0	21,552 0	21,989 0	13,068 0	540,847 0	0 0
BRIAN MCGOVERN	(i) 241,295 (ii) 0	224,976 0	33,820 0	16,132 0	20,743 0	536,966 0	0 0
(i)							
(ii)							
(i)							
(ii)							

Part III      Supplemental Information

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

**Software ID:**  
**Software Version:**  
**EIN:** 06-6068853  
**Name:** Norwalk Hospital Association

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GEOFFREY COLE	(i) 585,909 (ii) 0	(i) 260,000 (ii) 0	(i) 59,213 (ii) 0	(i) 16,719 (ii) 0	(i) 14,446 (ii) 0	(i) 936,287 (ii) 0	(i) 0 (ii) 0
DANIEL DEBARBA	(i) 316,142 (ii) 0	(i) 165,818 (ii) 0	(i) 32,443 (ii) 0	(i) 18,539 (ii) 0	(i) 13,730 (ii) 0	(i) 546,672 (ii) 0	(i) 0 (ii) 0
ANTHONY ACETO	(i) 225,655 (ii) 0	(i) 40,841 (ii) 0	(i) 24,233 (ii) 0	(i) 21,607 (ii) 0	(i) 13,446 (ii) 0	(i) 325,782 (ii) 0	(i) 0 (ii) 0
ERIC MAZUR	(i) 543,137 (ii) 0	(i) 136,134 (ii) 0	(i) 114,115 (ii) 0	(i) 24,847 (ii) 0	(i) 13,446 (ii) 0	(i) 831,679 (ii) 0	(i) 0 (ii) 0
MARY NOLAN	(i) 246,862 (ii) 0	(i) 69,552 (ii) 0	(i) 80,372 (ii) 0	(i) 31,635 (ii) 0	(i) 14,446 (ii) 0	(i) 442,867 (ii) 0	(i) 0 (ii) 0
PAUL MILTON	(i) 80,330 (ii) 0	(i) 0 (ii) 0	(i) 252,323 (ii) 0	(i) 18,061 (ii) 0	(i) 13,314 (ii) 0	(i) 364,028 (ii) 0	(i) 0 (ii) 0
JOHN PIERRO	(i) 206,743 (ii) 0	(i) 75,000 (ii) 0	(i) 781,960 (ii) 0	(i) 11,079 (ii) 0	(i) 13,156 (ii) 0	(i) 1,087,938 (ii) 0	(i) 0 (ii) 0
WILLIAM HALE	(i) 481,664 (ii) 0	(i) 0 (ii) 0	(i) 155,191 (ii) 0	(i) 25,024 (ii) 0	(i) 13,068 (ii) 0	(i) 674,947 (ii) 0	(i) 0 (ii) 0
PATRICK NUGENT	(i) 462,747 (ii) 0	(i) 83,200 (ii) 0	(i) 14,254 (ii) 0	(i) 21,114 (ii) 0	(i) 13,446 (ii) 0	(i) 594,761 (ii) 0	(i) 0 (ii) 0
MICHAEL CARIUS	(i) 353,484 (ii) 0	(i) 55,690 (ii) 0	(i) 77,270 (ii) 0	(i) 26,480 (ii) 0	(i) 14,497 (ii) 0	(i) 527,421 (ii) 0	(i) 0 (ii) 0
DENNIS MEIGHAN	(i) 484,238 (ii) 0	(i) 0 (ii) 0	(i) 21,552 (ii) 0	(i) 21,989 (ii) 0	(i) 13,068 (ii) 0	(i) 540,847 (ii) 0	(i) 0 (ii) 0
BRIAN MCGOVERN	(i) 241,295 (ii) 0	(i) 224,976 (ii) 0	(i) 33,820 (ii) 0	(i) 16,132 (ii) 0	(i) 20,743 (ii) 0	(i) 536,966 (ii) 0	(i) 0 (ii) 0



2008

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury  
Internal Revenue Service  
**Name of the organization**  
Norwalk Hospital Association

**Employer identification number**

06-6068853

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	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

Identifier	Return Reference	Explanation
values		<p>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 educational programs for future providers, participating in clinical research, and offering a range of educational programs to our patients and the community to enhance their health and well-being. Financial Responsibility: being accountable as financial stewards for constant improvement in the efficiency and effectiveness of service delivery, coordinating the services of Norwalk Hospital with those of other health, education and social services in the community (e.g. long-term care facilities, community outreach, health promotion/illness prevention organizations, etc.) in order to optimize the availability of a full scope of services in a cost-effective manner. Charity: as a not-for-profit organization, providing needed medical care to all, including those who cannot pay for it. Form 990, Part III, Line 4a CANCER SERVICES: Norwalk Hospital, in Norwalk, Connecticut, provides comprehensive, state-of-the-art and compassionate cancer care to patients and their loved ones close to home through a multidisciplinary team of leading cancer specialists. A Norwalk Hospital premier signature clinical service, the cancer program features advanced preventive, diagnostic, treatment and aftercare services, including digital mammography with computer-assisted detection, MRI (magnetic resonance imaging) and PET (positron emission tomography) scanning, surgery, chemotherapy, radiation therapy, clinical trials and cancer support groups. Cancer Services had total Inpatient Discharges of 1,562 for the fiscal year ended 9/30/2009. Form 990, Part III, Line 4b ORTHOPEDICS AND NEUROSPINE SERVICES: Norwalk Hospital provides comprehensive, high-quality orthopedic and neurospine care to residents of Greater Fairfield County, Connecticut through an expert team of board-certified or eligible orthopedists and neurosurgeons who have trained at some of the nation's most prestigious hospitals and medical schools. A signature service, our orthopedic and neurospine program features a collaborative, team approach for the evaluation, treatment, and rehabilitation of diseases and conditions affecting the bones, joints, cartilage, muscles, tendons and ligaments. Clinical services provided include Arthritis &amp; Joint Pain Treatment, Foot and ankle care, Fracture care, Hand and upper extremity care, including shoulder and elbow replacement surgery, Joint replacement (hip &amp; knee), Spine surgery, Sports Medicine, Trauma care for orthopedic injuries. OrthoNeuro had total Inpatient Discharges of 1,748 for the fiscal year ended 9/30/2009. Form 990, Part III, Line 4c WOMEN'S 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 nurses midwives, pediatric hospitalists, neonatologists, pediatric specialists, physician assistants and nurses. This team's compassionate and expert care is further enhanced by the onsite availability of full-time perinatologists from Yale University Medical School. Our obstetricians and certified nurse midwives deliver babies in the Hospital's modern, home-like Childbirth Center. The center features in-suit amenities, including beautiful single rooms with private baths and showers, massage therapy for infants and mothers, wireless Internet access and flat-screen televisions. For additional expertise, the Hospital also provides perinatology services, for high-risk pregnancy, as well as reproductive endocrinology services. In addition, advanced, minimally invasive robotic surgery for several gynecologic procedures, including hysterectomies, fibroid removal, vaginal prolapse correction, to stop menorrhagia and to treat certain forms of cervical and uterine cancers, are now available at the Hospital. Women's Health had total Inpatient Discharges of 3,915 for the fiscal year ended 9/30/2009. Form 990, Part III, Line 4d (expenses incl grants of) revenue CardioVascular 29,484,483 none 27,712,699 Gastro &amp; Digestive System 26,361,717 none 28,429,774 ED treated and released 23,668,534 none 37,318,384 Pulmonary &amp; Respiratory 15,259,147 none 13,986,243 Rehab 14,314,937 none 13,162,703 Psychiatry 9,602,757 none 5,974,414 Pediatrics 7,602,724 none 6,655,956 All Other 33,792,192 1,221,383 42,933,146</p> <p>160,086,491 1,221,383 176,173,319 FORM 990, PART IV, LINE 12 &amp; PART XI, LINE 2</p> <p>the organization's financial statements were audited ON a consolidated BASIS IN ACCORDANCE WITH GAAP. FORM 990, PART VI, SECTION A, LINE 2 Certain Norwalk Hospital Association's board members also serve on the boards of Norwalk Health Care, Inc., Norwalk Health Services Corporation, Norwalk Health Foundation, SWC Corporation, Fairfield County Medical Services, AND Maple Street Indemnity Company Ltd. FORM 990, PART VI, LINES 6 &amp; 7</p> <p>Norwalk Health Services Corporation, Inc. is the sole member of Norwalk Hospital Association (NHA) and appoints NHA's board of directors. FORM 990, PART VI, SECTION A, LINE 10 Norwalk Hospital Association's (NHA) Form 990 is prepared with the assistance of PricewaterhouseCoopers and reviewed by NHA's internal management. Following that review, NHA's internal management presents the Form 990 to the Audit Committee for review and comment. The completed Form 990 is provided to all members of the board of directors prior to the form being filed with the IRS. FORM 990, PART VI, SECTION B, LINE 12C Officers, trustees, key employees, and managers are surveyed annually regarding interests that present potential conflicts. Responses are screened for potential conflicts, individuals are interviewed as necessary, and survey results are shared with the CEO. Individuals are required to disclose potential conflicts at any meeting or during any discussion which may be affected by the potential conflict, and the individual is required to recuse himself/herself accordingly. FORM 990, PART VI, SECTION B, LINE 14 Norwalk Hospital Association (NHA) is in the process of drafting a formal written document retention and destruction policy. FORM 990, PART VI, SECTION B, LINE 15 An outside consulting firm conducts an executive compensation analysis utilizing third-party, blinded survey data sources. The consultant then presents findings to the Compensation Committee of the Board, who decide what action to take, if any, for each executive. This procedure only applies to the President, Vice Presidents, and certain key employees. For those key employees whose salaries are not subject to the compensation committee review, their respective vice presidents assess their performance and determine SALARY INCREASES BASED ON the GUIDELINES ESTABLISHED BY the ANNUAL REVIEW program and final review RATINGS. Compensation decisions also employ external market survey data and internal analysis based on Norwalk Hospital Association's salary ranges. FORM 990, PART VI, SECTION C, LINE 19 Governing documents, conflict of interest policy &amp; financial statements are available to the public upon request. FORM 990, PART VII, SECTION A MICHAEL MARKS, MD IS COMPENSATED AS AN INDEPENDENT CONTRACTOR AND NOT AS A TRUSTEE.</p>



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

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
► See separate instructions.

► See separate instructions

**Name of the organization**  
Norwalk Hospital Association

**Employer identification number**

06-6068851

## Part I Identification of Disregarded Entities

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
FAIRFIELD COUNTY MEDICAL SERVICES INC					
24 STEVENS STREET NORWALK, CT06850 06-1522078	PHYS PRACTICE	CT	501(C)(3)	11B-II	NA
NORWALK HEALTH CARE DBA HONEY HILL					
34 MIDROCKS DRIVE NORWALK, CT06851 22-2577722	NURSING/REHAB	CT	501(C)(3)	9	NHSC
NORWALK HEALTH SERVICES CORP					
24 STEVENS STREET NORWALK, CT06850 22-2577711	SUPPORT SVCS	CT	501(C)(3)	11B-II	NA
NORWALK HOSPITAL FOUNDATION					
34 MAPLE STREET NORWALK, CT06856 22-2577708	FUNDRAISING	CT	501(C)(3)	7	NHSC
ADVANCED CENTER FOR REHAB MEDICINE					
24 STEVENS STREET NORWALK, CT06850 06-1304799	INACTIVE	CT	501(C)(3)	11B-II	NHSC

**Part III Identification of Related Organizations Taxable as a Partnership**

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

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV

	<b>Yes</b>	<b>No</b>
1a	Yes	
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
1l	Yes	
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

	<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

## **Part VI Unrelated Organizations Taxable as a Partnership**

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.

**Form 990, Schedule R, Part V - Transactions with Related Organizations**

	<b>(A) Name of other organization</b>	<b>(B) Transaction type(a-r)</b>	<b>(C) Amount Involved (\$)</b>
<b>(1)</b>	SWC CORPORATION	A	18,465
<b>(2)</b>	NORWALK HOSPITAL FOUNDATION	B	1,221,383
<b>(3)</b>	NORWALK HOSPITAL FOUNDATION	C	6,368,438
<b>(4)</b>	FAIRFIELD COUNTY MEDICAL SERVICES INC	I	92,700
<b>(5)</b>	NORWALK HOSPITAL FOUNDATION	K	65,160
<b>(6)</b>	NORWALK HEALTH CARE INC	K	1,513,393
<b>(7)</b>	SWC CORPORATION	L	3,571,743
<b>(8)</b>	FAIRFIELD COUNTY MEDICAL SERVICES INC	L	3,188,277
<b>(9)</b>	NORWALK HOSPITAL FOUNDATION	P	1,301,516
<b>(10)</b>	FAIRFIELD COUNTY MEDICAL SERVICES INC	P	8,026,405
<b>(11)</b>	NORWALK HEALTH CARE INC	P	270,581
<b>(12)</b>	SWC CORPORATION	P	206,623
<b>(13)</b>	NORWALK HEALTH CARE INC	Q	9,248,000
<b>(14)</b>	MAPLE STREET INDEMNITY COMPANY LTD	Q	7,372,500

Form 4562

Department of the Treasury  
Internal Revenue ServiceDepreciation and Amortization  
(Including Information on Listed Property)

2008

Attachment  
Sequence No 67

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return Norwalk Hospital Association	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 06-6068853
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**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	\$ 250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
-----------------------------	------------------------------	------------------

6		
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ► 13	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	79,217

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

<b>Part IV Summary (See instructions)</b>					
21 Listed property Enter amount from line 28 . . . . .	21				
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22	79,217			
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23				

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			

**26** Property used more than 50% in a qualified business use

	%							
	%							
	%							

**27** Property used 50% or less in a qualified business use

	%			S/L -				
	%			S/L -				
	%			S/L -				

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) A amortization for this year
42 A amortization of costs that begins during your 2008 tax year (see instructions)					

43 A amortization of costs that began before your 2008 tax year	43
44 Total. Add amounts in column (f) See the instructions for where to report	44

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 06-6068853  
**Name:** Norwalk Hospital Association

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
GEOFFREY COLE , PRESIDENT AND CEO	40 0	X		X			905,122	0	31,165
ERVIN SHAMES , CHAIRMAN OF THE BOARD	4 0	X					0	0	0
DIANE M ALLISON ESQ , VICE CHAIRMAN OF THE BOARD	4 0	X					0	0	0
GEORGE P BAUER , TREASURER	2 0	X					0	0	0
ROBERT READY , SECRETARY	2 0	X					0	0	0
FRED AFRAGOLA , TRUSTEE	2 0	X					0	0	0
CHARLES AUGENBRAUN , TRUSTEE	2 0	X					0	0	0
BARBARA BUTLER , TRUSTEE	2 0	X					0	0	0
MARIANNE W CREW , TRUSTEE	2 0	X					0	0	0
DAVID GRUEN MD , TRUSTEE	2 0	X					0	0	0
VICTOR LISS , TRUSTEE (UNTIL 12/31/08)	2 0	X					0	0	0
JOSEPH MANN , TRUSTEE	2 0	X					0	0	0
MICHAEL MARKS MD , TRUSTEE	2 0	X					72,480	0	0
ROBERT OBERNIER , TRUSTEE	2 0	X					0	0	0
GARY REINER , TRUSTEE	2 0	X					0	0	0
ROLAND STICHWEH , TRUSTEE	2 0	X					0	0	0
WILLIAM J TAMME , TRUSTEE	2 0	X					0	0	0
ANDREW WHITTINGHAM , TRUSTEE	2 0	X					0	0	0
RICHARD ZELKOWITZ MD , TRUSTEE	2 0	X					0	0	0
DANIEL DEBARBA , VP/CFO	40 0		X				514,403	0	32,269
ANTHONY ACETO , VP HUMAN RESOURCES	40 0			X			290,729	0	35,053
ERIC MAZUR , CHAIRMAN OF MEDICINE	40 0			X			793,386	0	38,293
MARY NOLAN , VP NURSING	40 0			X			396,786	0	46,081
PAUL MILTON , COO (UNTIL 7/12/08)	40 0			X			332,653	0	31,375
JOHN PIERRO , COO (UNTIL 4/11/08)	40 0			X			1,063,703	0	24,235
WILLIAM HALE , PHYSICIAN	40 0				X		636,855	0	38,092
PATRICK NUGENT , CHAIRMAN - OB	40 0				X		560,201	0	34,560
MICHAEL CARIUS , CHAIRMAN - ED	40 0				X		486,444	0	40,977
DENNIS MEIGHAN , PHYSICIAN	40 0				X		505,790	0	35,057
BRIAN MCGOVERN , PHYSICIAN	40 0				X		500,091	0	36,875