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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE NORWALK HOSPITAL ASSOCIATION		<b>D Employer identification number</b>  06-6068853
	% TONI HORNE CONTROLLER Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number  (203) 852-2000
	City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06850		<b>G</b> Gross receipts \$ 381,125,196
	<b>F</b> Name and address of principal officer MICHAEL DAGLIO EFF 112015 24 STEVENS STREET NORWALK, CT 06850		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> <input checked="" type="checkbox"/> NORWALKHOSPITAL.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number <input checked="" type="checkbox"/>	

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input checked="" type="checkbox"/>	<b>L</b> Year of formation 1893	<b>M</b> State of legal domicile CT
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE MISSION OF NORWALK HOSPITAL IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17	
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	2,124	
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	425	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,533,393	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-1,312,655	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,133,943	3,369,032
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	332,314,811	365,394,458
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,594,693	3,203,481
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,329,326	5,768,162
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	340,372,773	377,735,133
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	7,666,306	16,234,828
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	168,179,279	176,528,299
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 0	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	131,459,491	161,645,152
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	307,305,076	354,408,279
Net Assets or Fund Balances		33,067,697	23,326,854
		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	609,496,496	639,545,087
	<b>21</b> Total liabilities (Part X, line 26)	296,336,288	289,830,942
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	313,160,208	349,714,145

Part II

Signature Block

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

Sign Here	<div><div></div><div>Signature of officer</div></div>	<div><div>2016-08-10</div><div>Date</div></div>
	<div><div></div><div>STEVEN H ROSENBERG SVP &amp; CFO</div><div>Type or print name and title</div></div>	

Paid Preparer Use Only	Print/Type preparer's name MIKE A CINCOTTA	Preparer's signature MIKE A CINCOTTA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01595811
	Firm's name <input checked="" type="checkbox"/> ERNST & YOUNG US LLP			Firm's EIN <input checked="" type="checkbox"/>	
	Firm's address <input checked="" type="checkbox"/> 200 CLARENDON STREET BOSTON, MA 021165072			Phone no (617) 266-2000	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 95,783,710 including grants of \$ ) (Revenue \$ 94,617,299 )

SEE SCHEDULE O

4b

(Code ) (Expenses \$ 73,869,179 including grants of \$ ) (Revenue \$ 75,022,433 )

SEE SCHEDULE O

4c

(Code ) (Expenses \$ 35,141,996 including grants of \$ ) (Revenue \$ 35,910,224 )

SEE SCHEDULE O

4d

Other program services (Describe in Schedule O )




















(Expenses \$ 101,464,528 including grants of \$ 16,234,828 ) (Revenue \$ 159,844,502 )

4e

Total program service expenses 306,259,413

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	19	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	17	
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 governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body? . . . . .	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
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?		
15a	a The organization's CEO, Executive Director, or top management official . . . . .	15a	No
15b	b Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶TONI HORNE CONTROLLER 14 RESEARCH DRIVE BETHEL,CT 06801 (203) 852-2000

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,220,383	4,298,018	532,100

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization351

	Yes	No
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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MANAGEMENT SPECIALISTS INC, PO BOX 102289 ATLANTA, GA 30342	FOOD SERVICE	3,549,077
NORWALK RADIOLOGY CONSULTANTS PC, 148 EAST AVENUE NORWALK, CT 06851	PHYSICIANS-RADIOLOGY	1,648,207
DONALD MURPHY DBA MURPHY SECURITY, PO BOX 356 NEW BRITAIN, CT 06051	SECURITY SERVICES	1,271,638
CARDIOLOGY ASSOCIATES OF FAIRFELD C, 40 CROSS STREET 200 NORWALK, CT 06851	CARDIOLOGY SERVICES	1,157,304
RIGHTSOURCING INC, PO BOX 9695 UNIONDALE, NY 11555	STAFFING SERVICES	1,068,729
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	51	

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	1,491,840			
	e	Government grants (contributions)	1e	1,877,192			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		3,369,032			
Program Service Revenue	2a	NET PATIENT SERVICE REV	Business Code 621400	353,131,612	353,131,612		
	b	NORWALK SURGERY CENTER JV	900099	3,771,481	3,771,481		
	c	LAB SERVICES REVENUE	621500	2,533,393		2,533,393	
	d	OTHER MEDICAL SERVICES	900099	1,256,951	1,256,951		
	e	MEANINGFUL USE	900099	615,509	615,509		
	f	All other program service revenue		4,085,512	4,085,512		
	g	Total. Add lines 2a-2f . . . . .		365,394,458			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,203,481		3,203,481
4		Income from investment of tax-exempt bond proceeds . . . . .		0			
5		Royalties . . . . .		0			
6a		Gross rents	(i) Real 4,045,948	(ii) Personal			
		b	Less rental expenses	3,202,053			
		c	Rental income or (loss)	843,895	0		
		d	Net rental income or (loss) . . . . .		843,895		843,895
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .		0		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . . . .		0			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .		0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . . . .		223,695			223,695
Miscellaneous Revenue		Business Code					
11a	GAIN EXTINGUISHMENT LTD	900099	2,625,073			2,625,073	
b	CAFETERIA/VENDING	900099	1,902,727			1,902,727	
c	PARKING	900099	172,772			172,772	
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		4,700,572				
12	Total revenue. See Instructions . . . . .		377,735,133	362,861,065	2,533,393	8,971,643	

Part IX

Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	16,234,828	16,234,828		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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.	973,476	0	973,476	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	134,845,496	116,635,573	18,209,923	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,187,081	2,851,864	335,217	
9	Other employee benefits.	28,192,202	24,967,727	3,224,475	
10	Payroll taxes.	9,330,044	8,248,856	1,081,188	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	1,135,518		1,135,518	
c	Accounting.	436,004		436,004	
d	Lobbying.	109,385		109,385	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	45,180,271	35,311,440	9,868,831	
12	Advertising and promotion.	108,856	63,144	45,712	
13	Office expenses.	2,190,486	1,280,939	909,547	
14	Information technology.	7,513,674	6,466,639	1,047,035	
15	Royalties.	0			
16	Occupancy.	16,925,459	12,864,095	4,061,364	
17	Travel.	602,358	526,992	75,366	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	22,388	20,896	1,492	
20	Interest.	2,308,056	2,308,056		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	20,264,153	14,286,615	5,977,538	
23	Insurance.	7,524,433	7,498,540	25,893	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	20,742,860	20,742,860		
b	PHARMACY	15,448,764	15,448,764		
c	HOSPITAL TAX	14,644,001	14,644,001		
d	RADIOLOGY & LAB SUPPLIES	3,208,657	3,208,657		
e	All other expenses	3,279,829	2,648,927	630,902	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	354,408,279	306,259,413	48,148,866	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		74,550,518	1	43,468,380
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		40,426,872	4	44,469,740
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		812,885	7	61,725
	8	Inventories for sale or use		1,774,961	8	2,725,505
	9	Prepaid expenses and deferred charges		1,172,206	9	1,688,811
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a618,421,330			
	b	Less: accumulated depreciation	10b349,245,363	244,452,830	10c	269,175,967
	11	Investments—publicly traded securities		125,266,668	11	123,434,544
	12	Investments—other securities. See Part IV, line 11.		2,002,502	12	7,411,876
	13	Investments—program-related. See Part IV, line 11.		47,837,445	13	98,322,402
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		71,199,609	15	48,786,137
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		609,496,496	16	639,545,087
Liabilities	17	Accounts payable and accrued expenses		60,551,105	17	51,194,090
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		119,435,000	20	114,265,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		116,350,183	25	124,371,852
	26	<b>Total liabilities.</b> Add lines 17 through 25.		296,336,288	26	289,830,942
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		265,968,153	27	280,584,110
	28	Temporarily restricted net assets		37,730,403	28	59,661,583
	29	Permanently restricted net assets		9,461,652	29	9,468,452
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances</b>		313,160,208	33	349,714,145
	34	<b>Total liabilities and net assets/fund balances</b>		609,496,496	34	639,545,087

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	377,735,133
2	Total expenses (must equal Part IX, column (A), line 25)	2	354,408,279
3	Revenue less expenses Subtract line 2 from line 1	3	23,326,854
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	313,160,208
5	Net unrealized gains (losses) on investments	5	-4,976,964
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	18,204,047
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	349,714,145

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 06-6068853

Name: THE NORWALK HOSPITAL ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE ALLISON ..... CHAIRMAN THRU 12/31/14	2 0 ..... 0 0	X		X				0	0	0
(1) FRED AFRAGOLA ..... SECRETARY	2 0 ..... 1 0	X		X				0	0	0
(2) THOMAS AYOUB MD ..... TRUSTEE	18 0 ..... 1 0	X						85,000	0	0
(3) GEORGE BAUER ..... TRUSTEE	2 0 ..... 2 0	X						0	0	0
(4) MARIA BORGES-LOPEZ ..... TRUSTEE THRU 12/31/14	2 0 ..... 0 0	X						0	0	0
(5) BARBARA BUTLER ..... SECRETARY	2 0 ..... 1 0	X		X				0	0	0
(6) DANIEL DEBARBA ..... PRESIDENT THRU 12/31/14	5 0 ..... 42 0	X		X				93,142	966,102	57,347
(7) HOWARD EISON MD ..... TRUSTEE	2 0 ..... 3 0	X						0	0	0
(8) PAUL GAGNE ..... TRUSTEE	2 0 ..... 1 0	X						0	0	0
(9) MARK GUDIS ..... TREASURER	2 0 ..... 0 0	X		X				0	0	0
(10) ED KANGAS ..... VICE CHAIRMAN THRU 12/31/14	2 0 ..... 0 0	X		X				0	0	0
(11) DAVID KOMANSKY ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(12) DAVID LEHN ESQ ..... TRUSTEE	2 0 ..... 1 0	X						0	0	0
(13) VICTOR LISS ..... TRUSTEE	2 0 ..... 6 0	X						0	0	0
(14) ED MAHONY ..... CHAIRMAN	5 0 ..... 2 0	X		X				0	0	0
(15) MICHAEL DAGLIO ..... PRESIDENT EFF 1/1/2015	40 0 ..... 8 0	X		X				0	550,572	44,866
(16) ROBERT READY ..... TRUSTEE THRU 6/3/15	2 0 ..... 2 0	X						0	0	0
(17) GARY REINER ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(18) AMY SCHAFRANN ..... TRUSTEE	2 0 ..... 1 0	X						0	0	0
(19) ERVIN SHAMES ..... TRUSTEE	2 0 ..... 4 0	X						0	0	0
(20) ANDREW WHITTINGHAM ..... VICE CHAIR	4 0 ..... 1 0	X		X				0	0	0
(21) RICHARD ZELKOWITZ MD ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(22) RICHARD JABARA ..... TRUSTEE EFF 1/1/15	2 0 ..... 3 0	X						0	0	0
(23) JOSEPH D SKRZYPCZAK ..... TRUSTEE 1/1/15	2 0 ..... 2 0	X						0	0	0
(24) JAMES KENNEDY ..... TRUSTEE THRU 12/31/14	2 0 ..... 6 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN MURPHY MD ..... CEO THRU 12/31/14	2 0 ..... 47 0	X		X				0	1,402,828	51,844
(1) STEVEN ROSENBERG ..... CFO/TREASURER	5 0 ..... 52 0			X				0	779,114	42,729
(2) ANTHONY ACETO ..... VICE PRESIDENT HUMAN RESOURCES	40 0 ..... 0 0				X			663,210	123,225	22,398
(3) RENEE MAURIELLO ..... VP NURSING & PATIENT CARE	40 0 ..... 0 0				X			404,823	0	31,695
(4) JAMES HAYNES ..... VP OPERATIONS	40 0 ..... 0 0				X			295,852	0	32,344
(5) JAMES VARRONE ..... VP SUPPLY CHAIN	4 0 ..... 36 0				X			185,641	0	30,014
(6) PATRICK MINICUS ..... VICE PRESIDENT FINANCE	20 0 ..... 22 0				X			73,323	476,177	50,314
(7) BRIAN MCGOVERN MD ..... PHYSICIAN	40 0 ..... 0 0					X		567,803	0	34,819
(8) ARI PERKINS MD ..... PHYSICIAN	40 0 ..... 0 0					X		496,472	0	33,890
(9) JASON FISCHEL MD ..... PHYSICIAN	40 0 ..... 0 0					X		467,233	0	31,695
(10) ROBERT CAPODANNO MD ..... PHYSICIAN	40 0 ..... 0 0					X		460,953	0	34,326
(11) ARTHUR STRICHMAN MD ..... PHYSICIAN	40 0 ..... 0 0					X		426,931	0	33,819

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
2014  
Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						



Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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



Part II-A

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		25
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		52,159
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		56,917
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		284
j	Total. Add lines 1c through 1i.			109,385
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C PART II B - DESCRIPTION OF LOBBYING ACTIVITY	LARGELY STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERSERVED. A PART OF THIS EFFORT, LOBBYISTS AND STAFF TIME ARE INCLUDED IN 1G AND MISCELLANEOUS EXPENSES ARE NOTED IN 1I. DUES WERE PAID TO CONNECTICUT HOSPITAL ASSOCIATION (CHA) IN THE AMOUNT OF \$266,330 DURING FISCAL 2015. CHA HAS DETERMINED THAT FOR CHA'S FISCAL YEAR ENDING APRIL 30, 2015, 15.43% OF ITS MEMBERSHIP DUES WERE EXPENDED ON ACTIVITIES THAT MEET THE MEDICARE DEFINITION OF UNALLOWABLE LOBBYING (THOSE ACTIVITIES THAT ARE DIRECTLY RELATED TO COMMUNICATIONS WITH LEGISLATORS OR ACTIONS ON SPECIFIC LEGISLATIVE BILLS). CHA CONTINUES TO INVEST RESOURCES ON ADVOCACY EFFORTS AND GOVERNMENTAL INTERACTIONS THAT ARE SUPPORTED BY DUES AND NOT CONSIDERED UNALLOWABLE. DUES WERE PAID TO AMERICAN HOSPITAL ASSOCIATION (AHA) IN THE AMOUNT OF \$46,351 DURING FISCAL 2015. AHA HAD DETERMINED THAT 22.8% OF ITS MEMBERSHIP DUES FOR CALENDAR 2014, WERE EXPENDED ON ACTIVITIES THAT MEET THE MEDICARE DEFINITION OF UNALLOWABLE LOBBYING. AHA CONTINUES TO INVEST RESOURCES ON A BROAD RANGE OF ADVOCACY AND REPRESENTATION INITIATIVES TO HELP THE FIELD UNDERSTAND AND RESPOND TO THE LEGISLATIVE AND REGULATORY CHANGES ON THE HORIZON AND TO SUPPORT HOSPITALS AS THEY STRIVE TO DELIVER AN EVER-HIGHER QUALITY OF CARE IN THE FACE OF CHANGES. MANY OF THESE ACTIVITIES WENT WELL BEYOND THE SCOPE OF THE NARROW DEFINITION OF LOBBYING ACTIVITIES CAPTURED IN THE LOBBYING % NUMBER.

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

☐

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

- |    | (a)Current year  | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance . . . . .                      |               |                     |                     |                    |
| b  | Contributions . . . . .                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses               |               |                     |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                     |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                     |                     |                    |
| g  | End of year balance . . . . .                            |               |                     |                     |                    |
- 2

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

Board designated or quasi-endowment ▶
- b

Permanent endowment ▶
- c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      | 26,000,000                     |                              | 26,000,000     |
| b Buildings . . . . .  |                                      | 218,919,327                    | 110,137,723                  | 108,781,604    |
| c Leasehold improvements . . . . .   |                                      | 10,821,049                     | 4,406,644                    | 6,414,405      |
| d Equipment . . . . .  |                                      | 274,547,426                    | 233,164,665                  | 41,382,761     |
| e Other . . . . .  |                                      | 88,133,528                     | 1,536,331                    | 86,597,197     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 269,175,967    |
- Schedule D (Form 990) 2014



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D PART V LINE 4 - INTENDED USE OF ENDOWMENT FUNDS	NORWALK HOSPITAL FOUNDATION, INC. (NHF) MANAGES THE FUNDRAISING FOR NORWALK HOSPITAL ASSOCIATION. THE INCOME GENERATED ON THE PERMANENTLY ENDOWED FUNDS HELD BY NHF ARE USED TO SUPPORT THE CAPITAL AND OPERATING NEEDS OF NORWALK HOSPITAL AS DESIGNATED BY THE DONOR, IF APPLICABLE. DURING FISCAL 2015, ENDOWMENT INCOME WAS USED TO SUPPORT NURSING EDUCATION AND SCHOLARSHIPS, DEPARTMENT OF MEDICINE GRAND ROUNDS, GIFT SHOP STAFF AND CANCER SERVICES.

[illegible]



Additional Data

Software ID:  
Software Version:  
EIN: 06-6068853  
Name: THE NORWALK HOSPITAL ASSOCIATION

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	457 PLAN LIABILITY	733,228
	ACCRUED PENSION LIABILITY	39,558,605
	ASSET RETIREMENT OBLIGATION	9,034,409
	DEBT FAIR VALUE ADJUSTMENT	1,087,014
	DUE TO AFFILIATES	7,983,075
	DUE TO THIRD PARTIES	27,894,498
	INTEREST RATE SWAP	418,466
	LEASE - CURRENT AND LONG TERM	1,780,315
	LONG TERM DISABILITY RESERVE	1,754,161
	MALPRACTICE PAYABLE	28,829,397
	MALPRACTICE RESERVE	2,573,254
	WORKERS COMP RESERVE	2,725,430

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

Name of the organization  
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number  
06-6068853

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a Yes	
b	If "Yes," was it a written policy? . . . . .	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	No
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? . . . . .	5c	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			10,525,694	2,875,768	7,649,926	2 160 %
b Medicaid (from Worksheet 3, column a) . . . . .			63,146,400	42,460,809	20,685,591	5 840 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			73,672,094	45,336,577	28,335,517	8 000 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			359,344	35	359,309	0 100 %
f Health professions education (from Worksheet 5) . . . . .			10,472,372	4,870,466	5,601,906	1 580 %
g Subsidized health services (from Worksheet 6) . . . . .			2,695,415	1,519,035	1,176,380	0 330 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j <b>Total</b> Other Benefits . . . . .			13,527,131	6,389,536	7,137,595	2 010 %
k <b>Total</b> . Add lines 7d and 7j . . . . .			87,199,225	51,726,113	35,473,112	10 010 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building		91,488	12,628		12,628	
7Community health improvement advocacy		10,635	1,367,925		1,367,925	0.390 %
8Workforce development						
9Other						
10Total		102,123	1,380,553		1,380,553	0.390 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

4,311,968

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

1,925,725

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

102,903,351

6Enter Medicare allowable costs of care relating to payments on line 5.

6

133,715,577

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-30,812,226

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	63.210 %		32.070 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

1  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

NORWALK HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW NORWALKHOSPITAL ORG		
b <input checked="" type="checkbox"/> Other website (list url) SEE PART VI		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE SCHEDULE O		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

NORWALK HOSPITAL

	Yes	No
<b>Financial Assistance Policy (FAP)</b>		
<b>13</b> Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b> Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b> Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>NORWALKHOSPITAL.ORG</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>NORWALKHOSPITAL.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>NORWALKHOSPITAL.ORG</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>		
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

NORWALK HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	



**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<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>	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 7G - COSTS ASSOCIATED WITH PHYSICIANS CLINICS	SUBSIDIZED HEALTH SERVICES LINE G - NORWALK HOSPITAL RECEIVES A DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE OUTPATIENT PSYCHIATRIC CLINIC THESE DOLLARS HELP OFFSET THE SHORTFALL FROM UNDER OR UNINSURED PATIENTS

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

Form and Line Reference	Explanation
PART III, LINE 3 METHODOLOGY OF EST AMOUNT & RATIONALE FOR INC COM BENEFIT	THE PERCENT OF CHARITY CARE APPLICATIONS UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY THAT RESULTED IN A DISCOUNT WAS 44 66% WE APPLIED THIS % TO OUR BAD DEBT EXPENSE OF \$4,311,968 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$1,925,725

Form and Line Reference	Explanation
PART III, LINE 4 - BAD DEBT EXPENSE	<p>PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE HOSPITAL'S ESTIMATION OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND AGE OF THE PATIENT ACCOUNTS RECEIVABLE AND THE EFFECTIVENESS OF THE HOSPITAL'S COLLECTION EFFORTS. THE HOSPITAL'S POLICY IS TO RESERVE A PORTION OF ALL SELF-PAY RECEIVABLES, INCLUDING AMOUNTS DUE FROM THE UNINSURED AND AMOUNTS RELATED TO CO-PAYMENTS AND DEDUCTIBLES, AS THESE CHARGES ARE RECORDED. ON A MONTHLY BASIS, THE HOSPITAL REVIEWS ITS ACCOUNTS RECEIVABLE BALANCES AND VARIOUS ANALYTICS TO SUPPORT THE BASIS FOR ITS ESTIMATES. THESE EFFORTS PRIMARILY CONSIST OF REVIEWING THE FOLLOWING: HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE USING A HINDSIGHT OR LOOK-BACK APPROACH, REVENUE AND VOLUME TRENDS BY PAYOR, PARTICULARLY THE SELF-PAY COMPONENTS, CHANGES IN THE AGING AND PAYOR MIX OF ACCOUNTS RECEIVABLE, INCLUDING INCREASED FOCUS ON ACCOUNTS DUE FROM THE UNINSURED AND ACCOUNTS THAT REPRESENT CO-PAYMENTS AND DEDUCTIBLES DUE FROM PATIENTS, CASH COLLECTIONS AS A PERCENTAGE OF NET PATIENT REVENUE LESS THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS, AND TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE. THE HOSPITAL REGULARLY PERFORMS HINDSIGHT PROCEDURES TO EVALUATE HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE THROUGHOUT THE YEAR TO ASSIST IN DETERMINING THE REASONABLENESS OF ITS PROCESS FOR ESTIMATING THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.</p>

Form and Line Reference	Explanation
PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT	ALL HOSPITALS MUST RECORD PROFITS IN ORDER TO GENERATE THE CAPITAL NEEDED TO INVEST IN FACILITIES AND SERVICES SERVICES THAT RESPOND TO PUBLIC HEALTH NEEDS PROVIDED TO MEDICARE PATIENTS AT NORWALK HOSPITAL GENERATE NEGATIVE MARGINS AVERAGING AROUND 25% OF COST IT IS POSSIBLE THAT SOME OF THESE SERVICES WOULD BE DISCONTINUED IF THE DECISION WAS MADE ON A PURELY FINANCIAL BASIS FOR THIS REASON, IT WOULD BE APPROPRIATE TO CONSIDER THE MEDICARE PAYMENT SHORTFALL A COMMUNITY BENEFIT THE MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 WERE COMPUTED USING THE COST TO CHARGE RATIO FROM THE MEDICARE COST REPORT MULTIPLIED AGAINST MEDICARE CHARGES

Form and Line Reference	Explanation
PART III, LINE 9B - PROVISIONS ON COLLECT PRACTICES FOR QUALIFIED PATIENTS	NORWALK HOSPITAL COLLECTION PRACTICES CONSIST PRIMARILY OF BILLING NOTICES AND FOLLOW UP COURTESY CALLS THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE NOTIFICATION IS SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED IF AT ANY TIME DURING THE COLLECTION PROCESS A PATIENT WOULD LIKE TO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROGRAM COLLECTION ACTIVITY CEASES THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL COUNSELING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNT

Form and Line Reference	Explanation
PART VI - NEEDS ASSESSMENT	<p>IN 2012 (COMPLETED AND APPROVED IN 2013) NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ENGAGED IN A COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF THE GREATER NORWALK AREA RESIDENTS. THE INITIATIVE INCLUDED A CHA TO IDENTIFY THE HEALTH-RELATED STRENGTHS AND NEEDS OF THE AREA AND A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO IDENTIFY THE PRIORITIES, GOALS AND IMPLEMENT AND COORDINATE STRATEGIES. CHA WAS GUIDED BY A COLLABORATIVE APPROACH, WHICH INCLUDED INTEGRATING EXISTING HEALTH INDICATORS, SOCIAL AND ECONOMIC DATA WITH QUALITATIVE INFORMATION FROM COMMUNITY RESIDENTS AND STAKEHOLDERS. FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED WITH PARTICIPATION FROM YOUTH, ETHNIC COMMUNITIES, SOCIAL SERVICES, HEALTH CARE PROVIDER BUSINESSES, LAW ENFORCEMENT AND LOCAL GOVERNMENT AGENCIES. FOR EXAMPLE, MID-FAIRFIELD CHILD GUIDANCE CENTER PARTICIPATED IN THESE FOCUS GROUPS AND INTERVIEWS. THROUGH THE PROCESS, THEY WERE ABLE TO IDENTIFY MENTAL HEALTH/SUBSTANCE ABUSE AS A PRIORITY NEED. THEY ALSO PROVIDED DATA AND INPUT ON BARRIERS AND CHALLENGES TO ACCESS AND QUALITY CARE FOR CHILDREN IN THE AREA, AS WELL AS STRATEGIES ON HOW TO ENHANCE TREATMENT AND CARE. IN ADDITION TO THE CHNAS REPORTED IN PART V, SECTION B, THE WESTERN CT HEALTH NETWORK (OF WHICH NORWALK HOSPITAL IS A PART) CONDUCTED A PHYSICIAN RESOURCE ASSESSMENT TO EVALUATE THE SUPPLY OF HEALTHCARE PROVIDERS WITHIN ITS COMBINED SERVICE AREA TOWNS. THIS IS DONE TO DOCUMENT COMMUNITY NEED FOR HEALTHCARE PROVIDERS, AND TO DEVELOP A PLAN TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY SERVED. THROUGH WESTERN CT HEALTH NETWORK'S ANNUAL PLANNING PROCESS, AN ENVIRONMENTAL ASSESSMENT IS CONDUCTED TO IDENTIFY HEALTHCARE GAPS AND NEEDS OF THE SERVICE AREA. COMMUNITY BROUGHT ABOUT BY LOCAL AND NATIONAL TRENDS IN ECONOMIC, LEGISLATIVE, DEMOGRAPHIC, HEALTHCARE INDUSTRY AND OTHER ENVIRONMENTAL FACTORS. THESE FORCES ARE INCORPORATED IN MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY BY HELPING TO FRAME THE PRIORITIES, GOALS AND INITIATIVES OF WESTERN CT HEALTH NETWORK'S LONG RANGE AND ANNUAL STRATEGIC PLANS.</p>



Form and Line Reference	Explanation
PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE NOTIFICATION IS SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED THE FACILITY ALSO EMPLOYS FINANCIAL COUNSELORS TO FACILITATE PATIENT EDUCATION REGARDING ALL PROGRAMS AVAILABLE TO INCLUDE STATE, LOCAL AND INTERNAL IF AT ANY TIME IN THE COLLECTION PROCESS A PATIENT WOULD LIKE TO PARTICIPATE IN THE FAP, COLLECTION ACTIVITY CEASES THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL COUNSELING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNT</p> <p>PART VI - COMMUNITY INFORMATION NORWALK HOSPITAL SERVES AN AREA WITH A POPULATION OF ABOUT 280,000 PEOPLE THE PRIMARY SERVICE AREA INCLUDES NORWALK, NEW CANAAN, WESTPORT, WESTON, AND WILTON, CT, AND THE SECONDARY SERVICE AREA INCLUDES FAIRFIELD, DARIEN, REDDING, RIDGEFIELD (IN FAIRFIELD COUNTY, CT) AND SOUTH SALEM (IN WESTCHESTER COUNTY, NY) THIS SERVICE AREA IS COMPRISED OF A DENSELY POPULATED CORE OF THE URBAN/SUBURBAN CITY OF NORWALK SURROUNDED BY PREDOMINANTLY AFFLUENT RESIDENTIAL TOWNS NO OTHER GENERAL MEDICAL/SURGICAL HOSPITALS ARE LOCATED IN THIS SERVICE AREA THIS AREA IS HOME TO A DIVERSE SOCIO-ECONOMIC POPULATION, FROM THE AFFLUENT TO THE MEDICALLY UNDER SERVED, CENTRAL NORWALK IS LISTED AS A MEDICALLY UNDER SERVED AREA (OR MUA) NORWALK HAS A MEDIAN HOUSEHOLD INCOME OF \$76,051 AND A POVERTY RATE OF 8.1% THE UNINSURED POPULATION RATE IS ESTIMATED TO BE 3.8% ALTHOUGH THE POPULATION OF THE PRIMARY AND SECONDARY SERVICE AREAS IS EXPECTED TO REMAIN VIRTUALLY LEVEL FROM 2010 TO 2020, THE COHORT AGED 65 AND OVER IS EXPECTED TO INCREASE BY 2.36%, WHILE THE AGE 20-44 AGE COHORT IS FORECAST TO SLIGHTLY INCREASE AT 0.06% OVER THE SAME TIME PERIOD</p>

Form and Line Reference	Explanation
PART VI - COMMUNITY BUILDING ACTIVITIES	<p>PART II COMMUNITY BUILDING ACTIVITIES OBESITY/HEALTHY LIFESTYLES THROUGH INITIATIVES LE D BY THE OBESITY/HEALTHY LIFESTYLES INITIATIVE COMMITTEE, PREVENT AND REDUCE OBESITY IN TH E COMMUNITY BY PROMOTING HEALTHY LIFESTYLES THIS WAS DONE THROUGH FOUR PROGRAMS IN 2015 WALK TO SCHOOL DAY, NORWALKER WALKING ROUTES, HEALTHY RESTAURANT INITIATIVE, MOVE MORE TOO LKIT OBJECTIVE 2 1 INCREASE THE NUMBER OF CHILDREN AND ADULTS WHO MEET PHYSICAL ACTIVITY GUIDELINES, AND OBJECTIVE 2 2 INCREASE ACCESS TO AND CONSUMPTION OF HEALTHY AND AFFORDAB LE FOODS THROUGHOUT THE REGION INITIATIVES TAKEN TO COMBAT OBESITY, THE GREATER NORWALK HEALTHY LIFESTYLES WORK GROUP WAS FORMED THE WORK GROUP IS A COALITION OF ORGANIZATIONS, AGENCIES, AND COMMUNITY MEMBERS FROM THE GREATER NORWALK AREA THE MISSION OF THE WORK GRO UP IS TO REDUCE AND PREVENT OBESITY AND CHRONIC DISEASE IN THE COMMUNITY BY PROMOTING HEAL THY LIFESTYLES TWO WALK TO SCHOOL DAY EVENTS WERE PLANNED THIS YEAR IN COLLABORATION WITH NORWALK DEPARTMENT OF HEALTH, SACRED HEART UNIVERSITY EXERCISE SCIENCE STUDENTS, CITY OFF ICIALS, AND THE PUBLIC SCHOOL SYSTEMS OF NORWALK, WESTPORT, AND NEW CANAAN FORTY AREA SCH OOL SYSTEMS THROUGHOUT OUR CATCHMENT AREA WERE CONTACTED AND PROVIDED A TOOL KIT CONTAININ G INFORMATION ON HOWTO CONDUCT A WALK TO SCHOOL DAY EVENT ON OCTOBER 9, 2013, A TOTAL OF 90 STUDENTS AND FAMILY MEMBERS PARTICIPATED ON THE FIRST WALK TO SCHOOL DAY EVENT THE SE COND EVENT, CONDUCTED ON MAY 2, 2014, ATTRACTED MORE THAN 350 STUDENTS FROM AREA ELEMENTARY AND MIDDLE SCHOOLS, FAMILY MEMBERS, INCLUDING SCHOOL STAFF, AND CITY OFFICIALS EVENTS H ELD IN OCTOBER 2014 AND MAY 2015 HAD MORE THAN 1,000 PARTICIPANTS FROM FOUR AREA SCHOOLS I NCLUDING FOX RUN AND COLUMBUS MAGNET ELEMENTARY SCHOOLS IN NORWALK, SOUTH SCHOOL IN NEW CA NAAN AND KINGS HIGHWAY ELEMENTARY SCHOOL IN WESTPORT BOTH EVENTS IN FISCAL 2015 GENERATED \$1,253 IN COMMUNITY BENEFIT EXPENSE WITH THE OBJECTIVE TO INCREASE PHYSICAL ACTIVITY AMO NG COMMUNITY MEMBERS AND THOSE WORKING WITHIN THE COMMUNITY, THE NORWALKER NEIGHBORHOOD WA LKING PROJECT WAS DEVELOPED THE PROJECT PLAN IDENTIFIED SIXTEEN NEIGHBORHOODS IN NORWALK AND MAPPED OUT WALKING ROUTES IN EACH THE 44 WALKING ROUTES HAVE BEEN AUDITED, UTILIZING THE CENTER FOR DISEASE CONTROL AND PREVENTION WALKABILITY AUDIT TOOL AS A RESULT OF THE A UDIT, SEVERAL ROUTES ARE BEING UPDATED AND REDESIGNED TO ACCOMMODATE CHANGES IN GEOGRAPHIC AL AREA DESIGN, SAFETY AND ACCESSIBILITY THE GREATER NORWALK HEALTHY RESTAURANT INITIATIV E (HRI) WAS DEVELOPED TO HELP MEET THE GOAL OF INCREASING ACCESS TO AND CONSUMPTION OF HEA LTHY AND AFFORDABLE FOODS THIS HEALTHY RESTAURANT PROGRAM WILL HELP RESTAURANTS IN THE GR EATER NORWALK AREA HIGHLIGHT HEALTHY MENU OPTIONS TO DINERS OF ALL AGES THE PROGRAM IS VO LUNTARY FOR RESTAURANT OWNERS, AND THUS FAR MORE THAN 40 AREA RESTAURANT ESTABLISHMENTS HA VE SHOWN INTEREST IN THE PROGRAM AND PARTICIPATED IN DISCUSSIONS AND/OR GUIDED FOCUS GROUP S RESTAURANTS RANGE FROM FAST FOOD CHAINS, CATERERS AND DINERS TO FINE DINING ESTABLISHME NTS THE PROGRAM IS DESIGNED TO CONNECT RESTAURANT OWNERS TO THE HRI PROGRAM COORDINATOR A ND REGISTERED DIETITIAN (RD) WHO WILL WORK WITH THE RESTAURANT TO ASSESS A CURRENT MENU OP TION AND HELP DEVELOP HEALTHY ENTREES ONCE A MEAL(S) MEETS THE ESTABLISHED NUTRITIONAL CRITERIA (DEVELOPED BASED ON NUTRITIONAL RECOMMENDATIONS FOR BOTH ADULTS AND CHILDREN) IT WI LL BE HIGHLIGHTED AS A HEALTHY MENU OPTION ON THE MENU AND THE RESTAURANT WILL BE DESIGNAT ED AS A "HEALTHY RESTAURANT" PARTICIPATING IN HRI AREA DIRECTORS OF HEALTH AND SANITARIAN S HAVE COLLABORATED WITH THE WORKGROUP TO ESTABLISH DETAILS OF THE PROGRAM AND PROVIDE INS IGH T ON COLLABORATING FOR MANAGEMENT AND OVERSIGHT OF THE PROGRAM RECRUITMENT FOR INTERES TED RESTAURANTS WILL BEGIN IN MARCH 2016 THE HRI GENERATED \$3,404 IN COMMUNITY BENEFIT EX PENSE THE PHYSICAL ACTIVITY WORKGROUP IS CONDUCTING RESEARCH OF PUBLIC HEALTH GUIDELINES, IMPACT OF ACADEMICS, RESOURCES AND NATIONAL RECOMMENDATIONS TO GUIDE THE DEVELOPMENT OF A MOVE MORE TOOLKIT TO ENHANCE PHYSICAL ACTIVITY AMONG PRE-SCHOOL, ELEMENTARY, MIDDLE AND H IGH SCHOOL STUDENTS MEMBERS OF THE BOARD OF EDUCATION, SCHOOL NURSES AND EDUCATORS ARE BE ING CONSULTED TO OBTAIN GUIDANCE THE COMPREHENSIVE GUIDE WILL PROVIDE SIMPLE, YET SPECIFI C STRATEGIES TO INCORPORATE MORE PHYSICAL ACTIVITY INTO THE DAY COALITION BUILDING NORWA LK HOSPITAL PROVIDED \$9,601 IN EMS &amp; PARAMEDIC COVERAGE AT THE 2015 OYSTER FESTIVAL AND EM S AMBULANCE TOURS FOR THE COMMUNITY AND ELEMENTARY SCHOOLS THEY ALSO PROVIDED \$19,498 IN DONATIONS/SPONSORSHIPS TO VARIOUS ORGANIZATIONS, SUCH AS AMERICAN LUNG ASSOCIATION AND THE WOMEN'S BUSINESS DEVELOPMENT COUNCIL COMMUNITY HEALTH IMPROVEMENT ADVOCACY LARGELY STAT E AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATI ENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERINSURED THE TOTAL ADVOCACY IN VESTMENT FOR FISCAL 2015 IS \$54,231 FOR FISCAL 20</p>

Form and Line Reference	Explanation
PART VI - COMMUNITY BUILDING ACTIVITIES	15 NORWALK HOSPITAL PROVIDED \$1,350,000 IN SUPPORT TO NORWALK COMMUNITY HEALTH CENTER

Form and Line Reference	Explanation
PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS IT EXEMPT PURPOSE	<p>SCHEDULE H - PART I, LINE 7E - COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS - OBESITY/HEALTHY LIFESTYLES THROUGH INITIATIVES LED BY THE OBESITY/HEALTHY L IFESTYLES INITIATIVE COMMITTEE, PREVENT AND REDUCE OBESITY IN THE COMMUNITY BY PROMOTING H EALTHY LIFESTYLES ONE INITIATIVE WAS PROJECT LEAN PROJECT LEAN (LEARNING WITH ENERGY FRO M ACTIVITY AND NUTRITION)IS AN INNOVATIVE, COMMUNITY-WIDE PROGRAM COLLABORATIVE BETWEEN N ORWALK HOSPITAL, NORWALK HEALTH DEPARTMENT, JEFFERSON, KENDALL, MARVIN, BROOKSIDE, TRACEY AND SILVERMINE ELEMENTARY SCHOOLS, AND PEPPERIDGE FARM, INC WHICH IS DESIGNED TO ACTIVELY ENGAGE APPROXIMATELY 1,000 ELEMENTARY SCHOOL CHILDREN WITH A HANDS-ON INTERACTIVE CURRICU LUM TO COMBAT CHILDHOOD OBESITY PROJECT LEAN'S GOAL IS TO IMPROVE ATTITUDES, INCREASE KNO WLEDGE, AND KEEP BODY MASS INDEX AT OR BELOW THE CENTER FOR DISEASE CONTROL AND PREVENTION AVERAGE GAINS THROUGH NUTRITION EDUCATION AND INCREASED ACTIVITY THE AIM IS TO IMPROVE T HE OVERALL HEALTH OF THE STUDENTS THROUGH HEALTHY NUTRITION AND EXERCISE WITH THE GOAL TO MAKE A SUSTAINABLE DIFFERENCE IN THEIR LIVES APPROXIMATELY 1,100 STUDENTS IN SIX CITY ELE MENTARY SCHOOLS HAVE DEMONSTRATED (THROUGH SURVEY MEASURES) INCREASED KNOWLEDGE ABOUT NUTR ITION AND POSITIVE BEHAVIOR CHANGES MENTAL HEALTH AND SUBSTANCE ABUSE THROUGH INITIATIVE S LED BY THE MENTAL HEALTH/SUBSTANCE ABUSE INITIATIVE COMMITTEE, PROVIDE EDUCATION ON AND ACCESS TO QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION, INTERVENTION AND TREATMENT SERVICES ACROSS THE LIFE SPAN OBJECTIVE 1 1 INCREASE PROVIDERS' AND COMMUNITY MEMBERS' AWARENESS AND USE OF QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND EDUCATIONAL RE SOURCES FOR PREVENTION, INTERVENTION, TREATMENT AND RECOVERY INITIATIVE TAKEN REGIONAL D ATABASE FOR MENTAL HEALTH/SUBSTANCE ABUSE IN COLLABORATION WITH FAMILY &amp; CHILDREN'S AGENC Y, MID-FAIRFIELD CHILD GUIDANCE CENTER AND THE NORWALK HEALTHY FAMILY COLLABORATIVE (WHICH COMPRISES MORE THAN 25 AREA ORGANIZATIONS INCLUDING THE NORWALK HEALTH DEPARTMENT), A REG IONAL ASSESSMENT OF EXISTING MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES AVAILABLE TO CHIL DREN AND ADULTS WAS CONDUCTED OVER THE COURSE OF A YEAR AFTER VERIFYING AND CROSS-REFEREN CING EACH RESOURCE, A COMPREHENSIVE DATABASE WAS COMPILED THE RESOURCE GUIDE IS UPDATED O N A REGULAR BASIS AND COMMUNITY AGENCIES ARE ENCOURAGED TO SELF-REPORT AND UPDATE ANY CHAN GES RELATED TO THEIR AGENCY AND/OR SERVICES OBJECTIVE 1 2 ENHANCE LOCAL AND REGIONAL PAR TNERSHIPS TO IMPROVE ACCESS TO TIMELY, COMPREHENSIVE, AND COORDINATED SERVICES FOR DIVERSE POPULATIONS ACROSS THE LIFESPAN INITIATIVE TAKEN IN APRIL 2014, NORWALK HOSPITAL LAUNCH ED A COMMUNITY CARE TEAM (CCT) WITH THE GOAL OF TARGETING MENTAL HEALTH AND SUBSTANCE ABUS E POPULATIONS THIS HAS ALLOWED US TO DELIVER ENHANCED CARE TO INDIVIDUALS WITH COMPLEX ME DICAL AND PSYCHOSOCIAL CHALLENGES BY PROVIDING WRAP AROUND SERVICES TO INDIVIDUALS WITH HO USING INSTABILITY SUFFERING FROM MENTAL HEALTH AND/OR SUBSTANCE ABUSE ISSUES OR SERIOUS ME DICAL CONDITIONS AS OF SEPTEMBER 30, 2015, THE GREATER NORWALK CCT DEVELOPED INDIVIDUALIZ ED CARE PLANS FOR 170 INDIVIDUALS THE CCT HAS ENABLED NORWALK HOSPITAL TO BREAK DOWN EXIS TING SILOS BY INCREASING COMMUNICATION AND COLLABORATION AMONG COMMUNITY PROVIDERS, IMPROV E PATIENT ENGAGEMENT TO APPROPRIATE SERVICES,AND DECREASE PATIENT TURN-OVER IN COMMUNITY P ROGRAMS WITH A 27% DECREASE IN INAPPROPRIATE ED UTILIZATION APPROXIMATELY, 40 PATIENTS HA VE BEEN SUCCESSFULLY LINKED TO HOUSING AND THE MAJORITIES HAVE BEEN REFERRED TO SUPPORT SE RVICES THE SUCCESS OF THE GREATER NORWALK CCT HAS ENABLED EXPANSION OF THE PROGRAM ACROSS OUR NETWORK OF HOSPITALS INITIATIVE TAKEN NORWALK HOSPITAL'S BEHAVIORAL HEALTH SPECIALI STS ESTABLISHED A COLLABORATIVE RELATIONSHIP WITH PRACTITIONERS FROM THE NORWALK COMMUNITY HEALTH CENTER (A FEDERALLY QUALIFIED HEALTH CLINIC, FQHC) TO INCORPORATE BEHAVIORAL HEALT H CONSULTATIONS AND ANALYSIS INTO PRIMARY CARE VISITS ALL PATIENTS AGED 14 YEARS AND OLDE R ARE ROUTINELY ASSESSED FOR SUBSTANCE ABUSE/MISUSE DISORDERS AT EACH OFFICE VISIT USING S BIRT (SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT) TECHNIQUE THE BEHAVIORAL H EALTH SPECIALISTS WORK IN CONJUNCTION WITH THE PRIMARY CARE PROVIDER AND WILL SEE AND ASSE SS THE PATIENT AT THE TIME OF THE OFFICE VISIT AND WHEN APPROPRIATE, MAKE RECOMMENDATIONS TO THE PATIENT OR PHYSICIAN THIS PRACTICE ALLOWS FOR ENHANCED COLLABORATIVE PLANNING, SER VICE DELIVERY, RESOURCE SHARING ANT THE ABILITY TO ADDRESS BEHAVIORAL HEALTH ISSUES EARLY UTILIZING THE SBIRT TECHNIQUE SPECIFICALLY ALLOW EARLIER IMPLEMENTATION, INTERVENTION AND ACTIVE INVOLVEMENT FROM EMERGENCY SERVICES WHEN APPROPRIATE OBJECTIVE 1 3 REDUCE FINANC IAL BARRIERS TO TREATMENT THE STRATEGY FOR THIS IS TO CONVENE PAYERS IN ACO/PHO (ACCOUNTA BLE CARE ORGANIZATION/PHYSICIAN HOSPITAL ORGANIZATION) TO ADDRESS REIMBURSEMENT ISSUES ARO UND MENTAL HEALTH AND SUBSTANCE ABUSE INITIATIVE</p>

Form and Line Reference	Explanation
PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS IT EXEMPT PURPOSE	<p>TAKEN THE WESTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES NORWALK HOSPITAL, IS PARTICIPATING IN MULTIPLE PROGRAMS AND INITIATIVES THAT ADDRESS THE NEEDS OF ITS MOST VULNERABLE CITIZENS. IN JANUARY OF 2015, WCHN WAS ACCEPTED INTO CMS MEDICARE SHARED SAVINGS PROGRAM (MSSP) AS AN ACCOUNTABLE CARE ORGANIZATION (ACO). THE ACO IS STRUCTURED TO ENHANCE CARE SERVICES TO MEDICAID SENIORS AND PEOPLE WHO ARE DUAL ELIGIBLE PROGRAMS UNDER THE ACO INCLUDE CARE MANAGEMENT AND CARE TRANSITIONS FOR THOSE INDIVIDUALS WHO ARE IDENTIFIED AS HAVING GREATER HEALTHCARE OR PSYCHOSOCIAL NEEDS, PROMOTION OF PREVENTATIVE SERVICES FOR THOSE WITH GAPS IN CARE AND CLINICAL PROTOCOLS TO DECREASE VARIATION IN HOW CARE IS DELIVERED. THE EXPECTATION IS THAT THROUGH THESE EFFORTS WE WILL BE ABLE TO MEET THE TENETS OF THE TRIPLE AIM, BETTER CARE FOR POPULATIONS, INCREASE PATIENT SATISFACTION AND AT LOWER COSTS. ANOTHER FOCUS IN OUR ORGANIZATION IS ON THE COMMUNITY CARE TEAMS. THE NORWALK COMMUNITY CARE TEAM (CCT) IS A COLLECTIVE OF PARTIES FROM THE NORWALK COMMUNITY WORKING TOGETHER TO IMPROVE OUTCOMES FOR VULNERABLE POPULATIONS INCLUDING THOSE WHO ARE CHRONICALLY PHYSICALLY AND/OR MENTALLY ILL, HOMELESS OR ABUSING SUBSTANCES. THE GOAL IS TO IMPROVE CARE, INCREASE COMMUNITY SAFETY AND REDUCE COSTS BY DEVELOPING WRAP AROUND SERVICES THROUGH MULTI-AGENCY PARTNERSHIP. THE NORWALK COMMUNITY CARE TEAM, INITIATED IN FEBRUARY 2014 AS AN OUTCOME OF THE NORWALK COMMUNITY HEALTH ASSESSMENT, PROVIDES DEDICATED LEADERSHIP FROM NORWALK HOSPITAL AND BRINGS TOGETHER A WIDELY DIVERSE GROUP OF COMMUNITY AGENCIES. THE NORWALK SUPER-USER TEAM WAS DEVELOPED TO AUGMENT THE CCT AND FOCUSES SPECIFICALLY ON EMERGENCY DEPARTMENT OVERUTILIZATION. THIS TEAM BEGAN MEETING IN OCTOBER 2014 AND HAS REPRESENTATIVES FROM EMERGENCY MEDICINE INCLUDING THE DEPARTMENT CHAIR, PSYCHIATRY, CASE MANAGEMENT AND POPULATION HEALTH. TO DATE, THE NORWALK CCT AND SUPER-USER TEAM HAVE SERVED MORE THAN 200 INDIVIDUALS LINKING THEM TO HOUSING AND SOCIAL, MEDICAL AND PSYCHIATRIC SERVICES THEREBY IMPROVING QUALITY OF CARE AND REDUCED VISITS BY 30 AND 23% RESPECTIVELY. THE TARGET POPULATION FOR THESE PROGRAMS INCLUDES THOSE WHO ARE HOMELESS AND/OR HIGH EMERGENCY DEPARTMENT VISITORS. THOUGH SUCCESSFUL, THERE IS STILL MUCH WORK TO BE DONE. THE 83 MEMBERS OF THE SUPER-USER TEAM VISITED THE ED MORE THAN 1300 TIMES IN FY15.</p>

Form and Line Reference	Explanation
PART VI - AFFILIATED HEALTHCARE SYSTEM ROLES AND PROMOTION	<p>WESTERN CONNECTICUT HEALTH NETWORK (WCHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF THREE COMMUNITY HOSPITALS AND THEIR AFFILIATED ENTITIES. IN ADDITION TO DANBURY, NEW MILFORD AND NORWALK HOSPITALS, THE CONTINUUM OF CARE INCLUDES A LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED BIOMEDICAL RESEARCH INSTITUTE, THE WCHN AND NORWALK HOSPITAL FOUNDATIONS, AND OTHER RELATED AFFILIATES. WCHN'S MISSION IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE. FOR 2015, WCHN PROVIDED \$19,826,631 IN TOTAL CHARITY CARE. DANBURY, NEW MILFORD AND NORWALK HOSPITALS PROVIDE MEDICAL SERVICES TO THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY. SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE IN SUPPORT OF THE HOSPITAL'S MISSION STATEMENT, TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE. FOR 2015, WCHN PROVIDED CHARITY CARE IN THE FOLLOWING AMOUNTS: NORWALK HOSPITAL \$7,649,926, DANBURY HOSPITAL INCLUDING THE NEW MILFORD HOSPITAL CAMPUS \$11,003,250. WESTERN CONNECTICUT MEDICAL GROUP/NORWALK HOSPITAL PHYSICIANS &amp; SURGEONS. THE MISSION OF WESTERN CONNECTICUT MEDICAL GROUP IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND SPECIALTY HEALTH CARE IN THE COMMUNITIES THEY SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO THEIR PATIENTS' NEEDS. THEY SUPPORT A COMMITMENT TO ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS IN THEIR COMMUNITY BY DELIVERING QUALITY CARE, PARTICIPATING IN MEDICAL RESEARCH AND MEDICAL RESIDENCY PROGRAMS AND THE PROVISION OF MEDICAL SERVICES TO PATIENTS. WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION INC'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO DANBURY HOSPITAL AND OTHER NOT-FOR-PROFIT HEALTH CARE AFFILIATES. FOR 2015, WCMG/NHP&amp;S PROVIDED \$1,023,000 IN CHARITY CARE. WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES PRINCIPAL PURPOSE IS TO PROVIDE OUTPATIENT HEALTH CARE SERVICES IN VARIOUS LOCATIONS AND ALSO PROVIDE AMBULANCE SERVICES TO DANBURY AND SURROUNDING TOWNS, WHILE SERVING THOSE THAT CANNOT AFFORD THE CARE. FOR 2015, WCHN AFFILIATES PROVIDED \$ IN CHARITY CARE. WESTERN CONNECTICUT HOME CARE, INC (WCHC) PROVIDES STATE OF THE ART CLINICAL SERVICES RANGING FROM PEDIATRIC PATIENTS TO THE ELDERLY UTILIZING BEST PRACTICE IN HOME CARE TO MEET THE NEEDS OF THEIR PATIENTS. FOR 2015, WCHC PROVIDED \$91,000 IN CHARITY CARE. EASTERN NEW YORK MEDICAL SERVICES (ENYMS) WAS FORMED IN APRIL, 2013. THE MISSION AT ENYMS IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND GASTRO HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS' NEEDS.</p>

Form and Line Reference	Explanation
PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED	CT

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	<p>PART I, LINE 7E - PROMOTION OF COMMUNITY HEALTH IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, NORWALK HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY THESE SERVICES ARE PROMOTED IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER IN FY15, NORWALK HOSPITAL SERVED OVER 1.6 MILLION PERSONS THROUGH OVER 400 COMMUNITY HEALTH EVENTS AND SPONSORSHIPS HOSPITAL STAFF AND AFFILIATED PHYSICIANS PARTICIPATED IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES AND SCREENINGS WITH COMMUNITY ORGANIZATIONS NORWALK HOSPITAL OFFERS PROGRAMS AND FINANCIAL SUPPORT TO THE CITY OF NORWALK AND SURROUNDING AREAS. EXAMPLES INCLUDE THE NORWALK COMMUNITY HEALTH CENTER (A FQHC) AND PROGRAM SUPPORT TO AMERICARES CLINIC (ALSO A FQHC). NORWALK HOSPITAL SUB-SPECIALTY CLINICS ARE ALSO STAFFED BY VOLUNTEER ATTENDING PHYSICIANS FOR UNDER-SERVED PATIENTS.</p> <p>SCHEDULE H - PART I, LINE 7F - HEALTH PROFESSIONAL EDUCATION NORWALK HOSPITAL HAS AN ACGME ACCREDITED MEDICAL RESIDENCY PROGRAM PARTNERED WITH YALE UNIVERSITY SCHOOL OF MEDICINE. APPROXIMATELY 61 RESIDENTS AND FELLOWS ROTATE IN THE MEDICINE, RADIOLOGY, GASTROENTEROLOGY, PULMONARY OR SLEEP PROGRAMS. THE ASSOCIATED COSTS AND REVENUES ARE DERIVED FROM THE MEDICARE COST REPORT.</p> <p>PART II COMMUNITY HEALTH IMPROVEMENT ADVOCACY LARGELY STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDER-INSURED.</p> <p>PART V LINE 5 - THE MOST RECENTLY COMPLETED CHNA WAS MADE AVAILABLE ON A) NORWALK HOSPITAL'S WEBSITE <a href="http://WWW.NORWALKHEALTH.ORG">WWW.NORWALKHEALTH.ORG</a>, B) ON THE CT HOSPITAL ASSOCIATION'S WEBSITE <a href="http://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/">HTTP://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/</a> ON THE CITY OF NORWALK WEBSITE <a href="http://WWW.NORWALKCT.ORG/DOCUMENTCENTER/VIEW/4397">WWW.NORWALKCT.ORG/DOCUMENTCENTER/VIEW/4397</a> AND ON THE NORWALK HEALTH DEPARTMENT'S WEBSITE <a href="http://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/NORWALK_HOSPITAL.PDF">HTTP://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/NORWALK_HOSPITAL.PDF</a> C) IS AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY. C) IS AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY.</p>





Additional Data

Software ID:  
Software Version:  
EIN: 06-6068853  
Name: THE NORWALK HOSPITAL ASSOCIATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, LINE 5 - ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY	
PART V, LINE 6B - CHNA CONDUCTED BY ORGANIZATIONS OTHER THAN THE HOSPITAL	FACILITY NORWALK HOSPITAL NORWALK HEALTH DEPARTMENT
PART V, LINE 11 - EXPLANATION OF NEEDS NOT ADDRESSED AND REASONS WHY	FACILITY NORWALK HOSPITAL TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PREVALENT ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2012 CHIP ANY NEEDS NOT BEING ADDRESS ED ARE THOSE THAT NORWALK HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSIN G OR ENVIRONMENTAL HEALTH IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHN A, A COMMUNITY HEALTH IMPROVEMENT TASK FORCE WAS CREATED OF OVER 100 COMMUNITY RESIDENTS A ND PROFESSIONALS REPRESENTING VARIOUS ORGANIZATIONS THEY IDENTIFIED MENTAL HEALTH, OBESIT Y AND SUBSTANCE ABUSE AS THE MAIN PRIORITIES TO ADDRESS THEY CREATED THE 2012 COMMUNITY H EALTH IMPROVEMENT PLAN WHICH DETAILS SPECIFIC GOALS AND METRICS FOR EACH IDENTIFIED NEED, AND COMMUNITY BENEFIT PROGRAMS THAT WOULD HELP ACHIEVE THESE GOALS THE NARRATIVES FOR PAR T I, LINE 7E AND PART II COMMUNITY BUILDING ACTIVITIES DESCRIBE ACTIONS TAKEN TO ADDRESS T HE NEEDS IDENTIFIED IN THE 2012 CHNA
PART V LINE 22 - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT INS	FACILITY NORWALK HOSPITAL NORWALK HOSPITAL INTENDS TO BE IN COMPLIANCE WITH THE REGULATIO NS REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERG ENCY AND OTHER MEDICAL NECESSARY CARE BY THE EFFECTIVE DATE (10/1/16)

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
NORWALK HOSPITAL OUTPATIENT REHAB SVCS 520 WEST AVENUE NORWALK,CT 06850	OUTPATIENT REHABILITATION FACILITY
NORWALK HOSPITAL OUTPATIENT REHAB SVCS 40 CROSS STREET SUITE 110 NORWALK,CT 06851	OUTPATIENT REHABILITATION FACILITY
NORWALK HOSPITAL SLEEP DISORDER CENTER 520 WEST AVENUE NORWALK,CT 06850	OUTPATIENT REHABILITATION FACILITY
NORWALK HOSP RADIOLOGY & MAMMOGRAPHY CTR 148 EAST AVENUE SUITE 1R NORWALK,CT 06851	OUTPATIENT REHABILITATION FACILITY
NORWALK HOSPITAL NEW CANAAN RADIOLOGY 28-30 EAST AVENUE NORWALK,CT 06840	OUTPATIENT REHABILITATION FACILITY
NORWALK HOSPITAL WESTPORT RADIOLOGY 728 POST ROAD EAST WESTPORT,CT 06880	OUTPATIENT REHABILITATION FACILITY
NEW CANAAN BLOOD COLLECTION CENTER 25-30 EAST AVENUE NEW CANAAN,CT 06840	OUTPATIENT REHABILITATION FACILITY
WESTPORT BLOOD COLLECTION CENTER 728 POST ROAD EAST WESTPORT,CT 06880	OUTPATIENT REHABILITATION FACILITY
NORWALK BLOOD COLLECTION CENTER 40 CROSS STREET NORWALK,CT 06851	OUTPATIENT REHABILITATION FACILITY
NORWALK BLOOD COLLECTION CENTER 148 EAST AVENUE NORWALK,CT 06851	OUTPATIENT REHABILITATION FACILITY
NORWALK SURGERY CENTER LLC 40 CROSS STREET NORWALK,CT 06851	OUTPATIENT REHABILITATION FACILITY

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE NORWALK HOSPITAL ASSOCIATION

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
06-6068853

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORWALK HOS PHYS & SURGEONS 24 STEVENS STREET NORWALK,CT 06850	06-1522078	501(C)(3)	4,736,991	0			STRATEGIC SUPPORT
(2) WESTERN CT MEDICAL GROUP 14 RESEARCH DRIVE BETHEL,CT 06801	06-1137531	501(C)(3)	11,497,837	0			STRATEGIC SUPPORT

2

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

2

3

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2 - PROCEDURE FOR MONITORING USE OF GRANTS FUNDS IN US	FUNDS ARE PROVIDED TO NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC AND WESTERN CONNECTICUT MEDICAL GROUP, INC RELATED 501(C)(3) ORGANIZATIONS TO SUPPORT THE OPERATING LOSSES OF HOSPITAL BASED PHYSICIAN PRACTICES, AS THEY SUPPORT THE MISSION OF NORWALK HOSPITAL NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC AND WESTERN CONNECTICUT MEDICAL GROUP, INC ARE SUBJECT TO THE SAME POLICIES AND PROCEDURES AS NORWALK HOSPITAL ASSOCIATION NORWALK HOSPITAL'S ACCOUNTING STAFF PROCESSES PAYROLL, PAYABLE, GENERAL LEDGER AND FINANCIAL STATEMENTS FOR NORWALK HOSPITAL PHYSICIANS & SURGEONS MONTHLY RESULTS ARE PRESENTED TO THE NORWALK HOSPITAL FINANCE COMMITTEE FOR REVIEW

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number  
06-6068853

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
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.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a	Yes	
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	Yes	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4 - RECEIVED SEVERANCE, SUPPL NQ RETIRE, EQUITY BASED COMP	ANTHONY ACETO RECEIVED SEVERANCE PAYMENTS TOTALING \$314,956. SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS. WESTERN CONNECTICUT HEALTH NETWORK (WCHN) HAS ESTABLISHED THREE SEPARATE SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERP). THESE PLANS PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO KEY MEMBERS OF THE EXECUTIVE GROUP. UNDER THE AGREEMENTS FOR SERP PLANS #1 AND #2, AMOUNTS PROMISED TO ELIGIBLE EXECUTIVES ARE BASED ON TARGETED RETIREMENT BENEFITS AND THE PAYMENT OF BENEFITS IS SUBJECT TO VESTING. THE BENEFITS AT THE VESTED AGE ARE PROVIDED IN THE FORM OF AN ACTUARIAL EQUIVALENT LUMP SUM PLUS TAX GROSS-UP AMOUNT TO THE PARTICIPANTS. WCHN HAS ON ITS BOOKS AN ACCRUAL FOR THE PARTICIPANTS OF THE SERP, WHICH IS MAINTAINED SOLELY FOR ACCOUNTING PURPOSES AND IS UNFUNDED. SERP PLAN #1 - NONE OF THE INDIVIDUALS LISTED ON SCHEDULE J, PART II PARTICIPATED IN THIS PLAN DURING THE YEAR. SERP PLAN #2 - DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2015, NO PAYMENTS WERE MADE TO EITHER DR. JOHN MURPHY, PRESIDENT/CEO OF WCHN AND STEVEN H. ROSENBERG, CFO OF WCHN, PARTICIPANTS OF SERP PLAN #2. SERP PLAN #3 - EARNINGS AND LOSSES ON THE INVESTMENTS SELECTED BY PARTICIPANTS OF SERP PLAN #3 ARE ADDED TO THE BALANCE OF THE ACCOUNT. DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2015, NO PAYMENTS WERE MADE TO DANIEL DEBARBA JR., EXECUTIVE VP/PRESIDENT OF DANBURY HOSPITAL AND MICHAEL DAGLIO, CHIEF OPERATING OFFICER/PRESIDENT NORWALK HOSPITAL, PARTICIPANTS OF SERP PLAN #3.
PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OF RELATED ORGS	SUMMARY OF EXECUTIVE INCENTIVE PLAN. THE PLAN IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE (THE COMMITTEE) OF WESTERN CONNECTICUT HEALTH NETWORK, INC. (WCHN). ELIGIBILITY TO PARTICIPATE IN THE PLAN IS LIMITED TO THOSE EXEMPT EXECUTIVES EMPLOYED BY WCHN AND ITS SUBSIDIARIES (THE NETWORK) DURING THE PLAN YEAR WHO ARE IN POSITIONS IN WHICH THEIR DECISIONS, ACTIONS AND COUNSEL SIGNIFICANTLY AFFECT THE OPERATIONS OF THE NETWORK. THE COMMITTEE, WITH INPUT PROVIDED BY SENIOR MANAGEMENT OF THE NETWORK, WILL DETERMINE WHICH ELIGIBLE EXECUTIVE EMPLOYEES OF THE NETWORK WILL PARTICIPATE IN THE PLAN. PRIOR TO THE BEGINNING OF EACH PLAN YEAR, OR AS SOON THEREAFTER AS PRACTICABLE, THE COMMITTEE WILL ESTABLISH TARGET AND MAXIMUM AWARD OPPORTUNITY FOR THE PARTICIPANTS, IN THE APPROPRIATE TIER IN THE PLAN, ALONG WITH A TEAM SCORECARD OF PLAN MEASURES. SOON AFTER THE CLOSE OF THE PLAN YEAR, ACTUAL ORGANIZATION AND INDIVIDUAL PERFORMANCE AND RESULTS WILL BE MEASURED AND ASSESSED IN COMPARISON TO PUBLISHED GOALS AND EXPECTATIONS ESTABLISHED FOR SUCH PLAN YEAR. RECOMMENDATIONS FOR INDIVIDUAL INCENTIVE AWARDS WILL BE PREPARED AND SUBMITTED TO THE COMMITTEE FOR EVALUATION AND APPROVAL. NOTWITHSTANDING ANY OTHER PROVISION OF THE PLAN, AT THE DISCRETION OF THE COMMITTEE, AWARDS MAY NOT BE PAID UNDER THE PLAN FOR ANY PLAN YEAR IF THE LEVEL OF PERFORMANCE SPECIFIED IN ONE OR MORE NETWORK LEVEL "CIRCUIT BREAKER GOALS" IS NOT ACHIEVED DURING THE PLAN YEAR.
PART III - ADDITIONAL INFORMATION	THE ORGANIZATION RELIED ON RELATED ORGANIZATIONS, WESTERN CONNECTICUT HEALTH NETWORK, INC. WHICH USED THE FOLLOWING METHODS DESCRIBED BELOW TO ESTABLISH TOP MANAGEMENT'S COMPENSATION: -COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY BOARD OR COMPENSATION COMMITTEE.



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 06-6068853  
**Name:** THE NORWALK HOSPITAL ASSOCIATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DANIEL DEBARBA, PRESIDENT THRU 12/31/14	(i) (ii)	19,466 637,084	0 310,000	73,676 19,018	4,197 12,750	0 40,400	97,339 1,019,252	0 0
MICHAEL DAGLIO, PRESIDENT EFF 1/1/2015	(i) (ii)	0 404,582	0 145,000	0 990	0 15,300	0 29,566	0 595,438	0 0
JOHN MURPHY MD, CEO THRU 12/31/14	(i) (ii)	0 949,990	0 450,000	0 2,838	0 12,750	0 39,094	0 1,454,672	0 0
STEVEN ROSENBERG, CFO/TREASURER	(i) (ii)	0 573,258	0 200,000	0 5,856	0 12,750	0 29,979	0 821,843	0 0
ANTHONY ACETO, VICE PRESIDENT HUMAN RESOURCES	(i) (ii)	172,622 123,225	110,235 0	380,353 0	11,862 0	10,536 0	685,608 123,225	0 0
RENEE MAURIELLO, VP NURSING & PATIENT CARE	(i) (ii)	317,991 0	75,000 0	11,832 0	11,700 0	19,995 0	436,518 0	0 0
JAMES HAYNES, VP OPERATIONS	(i) (ii)	222,066 0	57,500 0	16,286 0	11,549 0	20,795 0	328,196 0	0 0
JAMES VARRONE, VP SUPPLY CHAIN	(i) (ii)	159,641 0	26,000 0	0 0	9,019 0	20,995 0	215,655 0	0 0
PATRICK MINICUS, VICE PRESIDENT FINANCE	(i) (ii)	45,622 375,651	0 100,000	27,701 526	2,376 0	2,477 45,461	78,176 521,638	0 0
BRIAN MCGOVERN MD, PHYSICIAN	(i) (ii)	258,715 0	286,637 0	22,451 0	12,324 0	22,495 0	602,622 0	0 0
ARI PERKINS MD, PHYSICIAN	(i) (ii)	345,425 0	144,946 0	6,101 0	11,395 0	22,495 0	530,362 0	0 0
JASON FISCHEL MD, PHYSICIAN	(i) (ii)	260,807 0	205,749 0	677 0	11,700 0	19,995 0	498,928 0	0 0
ROBERT CAPODANNO MD, PHYSICIAN	(i) (ii)	248,004 0	202,751 0	10,198 0	11,831 0	22,495 0	495,279 0	0 0
ARTHUR STRICHMAN MD, PHYSICIAN	(i) (ii)	235,318 0	168,527 0	23,086 0	12,324 0	21,495 0	460,750 0	0 0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE NORWALK HOSPITAL ASSOCIATION

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number  
06-6068853

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ST OF CT HLTH & EDUC FAC	06-0806186		12-09-2010	46,840,000	SEE PART VI		X		X		X
B ST OF CT HLTH & EDUC FAC	06-0806186		12-07-2012	82,000,000	SEE PART VI		X		X		X

Part II Proceeds									
					A	B	C	D	
1	Amount of bonds retired				12,805,000	0			
2	Amount of bonds legally defeased				0	0			
3	Total proceeds of issue				46,844,821	82,012,048			
4	Gross proceeds in reserve funds				0	0			
5	Capitalized interest from proceeds				1,010,853	0			
6	Proceeds in refunding escrows				0	0			
7	Issuance costs from proceeds				829,268	639,886			
8	Credit enhancement from proceeds				0	0			
9	Working capital expenditures from proceeds				463,600	0			
10	Capital expenditures from proceeds				44,541,100	72,629,368			
11	Other spent proceeds				0	0			
12	Other unspent proceeds				0	8,742,793			
13	Year of substantial completion				2013		2017		
					Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?					X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X	
16	Has the final allocation of proceeds been made?				X			X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 570 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 460 %							
6	Total of lines 4 and 5	2 030 %							
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider	0		PEOPLES UNITED BANK					
c	Term of hedge			12					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
ADDITIONAL INFORMATION	<p>PART I - BOND ISSUE, (A) ISSUER NAME - A CHEFA SERIES G,H AND I STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY PART I - BOND ISSUE, (A) ISSUER NAME - B CHEFA SERIES J - STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY PART I - BOND ISSUE, (F) DESCRIPTION OF PURPOSE - A CHEFA SERIES G,H AND I - THE PROCEEDS OF THE BOND WERE USED FOR CONSTRUCTION OF A PARKING GARAGE AND FOR THE PURCHASE OF OTHER CAPITAL EQUIPMENT PART I - BOND ISSUE, (F) DESCRIPTION OF PURPOSE - B CHEFA SERIES J THE PROCEEDS OF THE BOND ARE BEING USED FOR CONSTRUCTION OF AN AMBULATORY PAVILION AND FOR THE PURCHASE OF OTHER CAPITAL EQUIPMENT PART II - PROCEEDS, A CHEFA SERIES G, H AND I - TOTAL PROCEEDS OF ISSUE INCLUDES INTEREST INCOME OF \$4,821 RECEIVED ON THE CONSTRUCTION FUND, COST OF ISSUANCE FUND AND CAPITALIZED INTEREST FUND PART II - PROCEEDS, B CHEFA SERIES J - TOTAL PROCEEDS OF ISSUE INCLUDES INTEREST INCOME OF \$12,048 RECEIVED ON THE CONSTRUCTION FUND AND COST OF ISSUANCE FUND PART III - PRIVATE BUSINESS USE - A CHEFA SERIES G,H AND I - PRIVATE BUSINESS USE IS BASED ON PHYSICIAN RESERVED SPACES IN FINANCED PARKING GARAGE THESE RESERVED SPACES ARE USED BY BOTH EMPLOYEES AND ATTENDING PHYSICIANS VISITING HOSPITAL PATIENTS TO FURTHER THE HOSPITAL'S MISSION PART III - PRIVATE BUSINESS USE - B CHEFA SERIES J - NO PRIVATE BUSINESS USE IN FISCAL 2015 - THE PORTION OF THE PAVILION COMPLETE AND OCCUPIED DOES NOT INCLUDE ANY PRIVATE BUSINESS USE A PORTION OF THE CANCER CENTER WHICH WILL BE LOCATED IN THE NEW PAVILION WILL BE DEDICATED TO CANCER RESEARCH ONCE THE PAVILION IS COMPLETE AND OPERATIONAL THE FUNDING OF THE PAVILION WILL INCLUDE \$30,000,000 OF PHILANTHROPY AND APPROXIMATELY \$2,300,000 OF WORKING CAPITAL THESE AMOUNTS WILL BE ALLOCATED TO THE PORTION OF THE PAVILION THAT WILL BE USED BY OUTSIDE ENTITIES PART III, LINE 9 POST ISSUANCE COMPLIANCE - NONQUALIFIED BONDS EFFECTIVE 1/1/2014, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) BECAME THE SOLE CORPORATE MEMBER OF NORWALK HEALTH SERVICES CORPORATION AND A CORPORATE AFFILIATION WAS COMPLETED NORWALK HEALTH SERVICES CORPORATION AND ALL SUBSIDIARIES ARE COVERED UNDER THE POLICIES OF WCHN AND AS SUCH, THE TAX EXEMPT DEBT POLICY APPLIES TO NORWALK HOSPITAL AS OF 1/1/2014 PART IV - ARBITRAGE LINE 4B - NAME OF PROVIDER - CHEFA SERIES J - PEOPLE'S UNITED BANK PART V - PROCEDURES TO UNDERTAKE CORRECTIVE ACTION EFFECTIVE 1/1/2014, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) BECAME THE SOLE CORPORATE MEMBER OF NORWALK HEALTH SERVICES CORPORATION AND A CORPORATE AFFILIATION WAS COMPLETED NORWALK HEALTH SERVICES CORPORATION AND ALL SUBSIDIARIES ARE COVERED UNDER THE POLICIES OF WCHN AND AS SUCH, THE TAX EXEMPT DEBT POLICY APPLIES TO NORWALK HOSPITAL AS OF 1/1/2014</p>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number  06-6068853
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Return Reference	Explanation
JOINT VENTURE POLICY FORM 990, PART VI, SECTION B, LINE 16B	WHILE A WRITTEN POLICY HAS NOT BEEN ADOPTED REGARDING THE EVALUATION OF PARTICIPATION IN JOINT VENTURES, MANAGEMENT FOLLOWS A PROCEDURE IN WHICH ALL POSSIBLE JOINT VENTURE ARRANGEMENTS ARE EVALUATED UNDER APPLICABLE FEDERAL TAX LAWS. MANAGEMENT UTILIZED THE SERVICES OF APPROPRIATE CONSULTANTS AND LEGAL COUNSEL TO EVALUATE EACH JOINT VENTURE OPPORTUNITY. THIS EVALUATION ALSO INCLUDES AN ANALYSIS OF HOW THE JOINT VENTURE WILL FURTHER THE HOSPITAL'S MISSION. THE HOSPITAL HAS TAKEN ALL APPROPRIATE STEPS TO SAFEGUARD ITS TAX EXEMPT STATUS WITH RESPECTS TO ALL JOINT VENTURE ARRANGEMENTS. JOINT VENTURE ARRANGEMENTS ARE APPROVED BY THE BOARD OF TRUSTEES.

Return Reference	Explanation
OFFICERS AND TRUSTEES FORM 990, PART VII	DANIEL DEBARBA WAS PRESIDENT OF NORWALK HOSPITAL, DANBURY HOSPITAL AND NEW MILFORD HOSPITAL THRU 11/30/2014 EFFECTIVE 12/1/2014 HE IS PRESIDENT OF DANBURY HOSPITAL ONLY BOARD TERM EXPIRED 12/31/2014 ED MAHONY - VICE CHAIRMAN AND TRUSTEE THRU 12/31/2014, CHAIRMAN AND TRUSTEE EFFECTIVE 1/1/2015 ANDREW WHITTINGHAM - TRUSTEE ONLY THRU 12/31/2014, VICE CHAIRMAN AND TRUSTEE EFFECTIVE 1/1/2015 MARK GUDIS - TREASURER AND TRUSTEE THRU 12/31/2014, TRUSTEE ONLY EFFECTIVE 1/1/2015 THOMAS AYOUB, MD - TRUSTEE AND CHIEF OF STAFF, COMPENSATION RECEIVED IS FOR SERVICES AS CHIEF OF STAFF OF NORWALK HOSPITAL FOR THOSE OFFICERS AND TOP 5 EMPLOYEES, FOR WHICH ONLY 40 HOURS IS NOTED TO REFLECT PAID HOURS, ACTUAL HOURS WORKED EXCEEDED THIS AMOUNT NOTE - ALL AMOUNT IN COLUMN F, OF PART VII, "ESTIMATED AMOUNT OF OTHER COMPENSATION", REPRESENT BENEFITS, AND DO NOT REFLECT ANY COMPENSATION FOR WHICH THE AVERAGE AMOUNT OF TIME WORK CAN BE REFLECTED

Return Reference	Explanation
SCHEDULE H PART V LINE 10A URL IMPLEMENTATION STRATEGY	MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY TO MEET THE SIGNIFICANT COMMUNITY HEALTH NEEDS CAN BE FOUND AT <a href="http://www.norwalkhospital.org/about-us/about-norwalk-hospital/">HTTP://WWW NORWALKHOSPITAL.ORG/ABOUT-US/ABOUT-NORWALK- HOSPITAL/</a> COMMUNITY-BENEFIT TITLED GREATER NORWALK CHA CHIP REPORT DECEMBER 2012

Return Reference	Explanation
FORM 990 - ADDITIONAL DBAS	24 STEVENS STREET, NORWALK, CT 06850



Return Reference	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	<p>THE MISSION OF NORWALK HOSPITAL IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE. VISION 2020 WESTERN CONNECTICUT HEALTH NETWORK (WCHN) OF WHICH NORWALK HOSPITAL IS A MEMBER, WILL BE THE PREFERRED PARTNER IN HEALTH AND PROVIDER OF CARE FOR THE COMMUNITIES WE SERVE AND WILL BE AMONG THE MOST RESPECTED COMMUNITY HEALTHCARE SYSTEMS IN THE NATION. VALUES OUR VALUES REFLECT WHO WE ARE AS AN ORGANIZATION. THEY PROVIDE CLEAR GUIDANCE AS TO BEHAVIOR EXPECTATIONS AND MOTIVATE US BY PROMOTING A SENSE OF BELONGS AND PRIDE. WE ARE ALL ACCOUNTABLE FOR LIVING UP TO AND DEMONSTRATING THESE VALUES IN OUR DAY-TO-DAY ACTIONS.</p> <ul style="list-style-type: none"><li>* EXCELLENCE - WE DELIVER THE HIGHEST QUALITY CARE AND SERVICE AND SURPASS ESTABLISH STANDARDS THROUGH A CONTINUOUS FOCUS ON IMPROVEMENT, INNOVATION AND EDUCATION.</li><li>* INTEGRITY - WE APPROACH OUR WORK WITH THE HIGHEST STANDARDS OF OPENNESS, HONESTY AND ETHICAL BEHAVIOR, WITH FREEDOM FROM ANY INAPPROPRIATE INFLUENCE OR MOTIVE.</li><li>* COMPASSION - WE SERVE OTHERS WITH EMPATHY AND A DESIRE TO ALLEVIATE THEIR SUFFERING WHILE HONORING EACH INDIVIDUAL'S DIGNITY AND PRIVACY.</li><li>* TEAMWORK - WE WORK TOGETHER IN A COOPERATIVE, COORDINATED AND SUPPORTIVE ENVIRONMENT THAT PLACES THE TEAM'S OR ORGANIZATION'S GOALS AHEAD OF INDIVIDUAL GOALS.</li><li>* FISCAL RESPONSIBILITY - WE ACHIEVE OUR MISSION THROUGH EFFICIENT AND EFFECTIVE USE OF OUR RESOURCES AND PERSONAL ACCOUNTABILITY FOR ENSURING FINANCIAL INTEGRITY AND PERFORMANCE.</li></ul>

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	<p>MEDICINE SERVICE LINE NORWALK HOSPITAL'S MEDICINE SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES INPATIENT DISCHARGES GASTROINTESTINAL 1,151 INFECTIOUS DISEASE 1,081 INTERNAL MEDICINE 754 NEUROLOGY MEDICAL 353 PULMONARY MEDICINE 914 ALL OTHER 1,049 OUTPATIENT SERVICE LINE VOLUME O/P MEDICINE 5,600 O/P MEDICINE COMMUNITY CLINIC 3,963 O/P MEDICAL ONCOLOGY 2,476 O/P PULMONARY MEDICINE 5,492 OUR DIGESTIVE DISEASE CENTER IS STAFFED BY RENOWNED FELLOWSHIP-TRAINED GASTROENTEROLOGISTS WE USE ADVANCED DIAGNOSTIC AND TREATMENT TECHNOLOGY IN A COMPASSIONATE AND SUPPORTIVE MANNER THE FOLLOWING SERVICES ARE PROVIDED ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, RADIOFREQUENCY ABLATION, COLON CANCER SCREENING, COLONOSCOPY, THIRD EYE RETROSCOPIC, CRYOTHERAPY, DOUBLE BALLOON-ASSISTED ENTEROSCOPY, ENDOSCOPY, ENDOSCOPIC MUCOSAL RESECTION, ENDOSCOPIC ULTRASOUND AND FINE-NEEDLE ASPIRATION, ESOPHAGEL MANOMETRY AND PH TESTING, LACTOSE TOLERANCE TESTING, LINX REFLUX MANAGEMENT SYSTEM FOR TREATMENT OF GERD, WIRELESS CAPSULE ENDOSCOPY AND LAPAROSCOPIC FUNDOPLICATION FOR GERD NORWALK HOSPITAL'S INFECTIOUS DISEASE SPECIALISTS TREAT THE FULL RANGE OF INFECTIOUS DISEASES, INCLUDING CONDITIONS CAUSED BY LIVING ORGANISMS (BACTERIA, VIRUSES, FUNGI AND PARASITES), HIV, AND RELATED CONDITIONS, LYME DISEASE, CHRONIC AND WOUND-RELATED INFECTION, AND TRAVEL-RELATED INFECTION OUR DOCTORS HAVE EXPERTISE IN THE PROPER USE OF ANTIBIOTICS AND OTHER ANTI-INFECTIVE MEDICINES TO TREAT DISEASE AND ALSO COLLABORATE WITH PRIMARY CARE DOCTORS, SPECIALISTS AND SURGEONS TO PROVIDE INDIVIDUALIZED TREATMENT FOR EACH PATIENT WE OFFER EXPERTISE IN TREATMENT OF NEUROLOGICAL DISORDERS, INCLUDING STROKE, EPILEPSY, HEADACHE, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE AND VERTIGO ONE OF THE NATION'S FIRST HOSPITALS TO EARN PRIMARY STROKE CENTER ACCREDITATION FROM THE JOINT COMMISSION, WE HAVE BEEN REGULARLY RECOGNIZED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR CONSISTENTLY DEMONSTRATING THE ABILITY TO RAPIDLY DIAGNOSE AND TREAT STROKE COMMITTED TO REMAINING ON THE FOREFRONT OF RAPID AND EFFECTIVE STROKE CARE, WE CONTINUE TO INCORPORATE THE LATEST EFFECTIVE TREATMENTS WE OFFER OUTSTANDING DIAGNOSIS, TREATMENT AND CARE FOR PATIENTS WITH ALL TYPES OF PULMONARY CONDITIONS WE PERFORM SPECIALIZED SERVICES, SUCH AS CARDIOPULMONARY EXERCISE TESTING TO MEASURE DEGREE OF FITNESS AND AID IN THE ASSESSMENT OF SHORTNESS OF BREATH, SPECIFIC DIAGNOSTIC ASTHMA TESTING, AND TESTING TO DETERMINE THE NEED FOR SUPPLEMENTAL OXYGEN FOR EVERYDAY LIVING AND AIR TRAVEL ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	<p>SURGERY SERVICE LINE NORWALK HOSPITAL'S SURGERY SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES INPATIENT DISCHARGES MAJOR JOINT REPLACEMENT 399 TRAUMA SURGERY 354 MINOR GI SURGERY 191 GENERAL SURGERY 158 UROLOGY SURGERY 122 COLON/BOWEL SURGERY 168 OBESITY SURGERY 129 SPINAL SURGERY 131 ALL OTHER INPATIENT SURGERY 361 OUTPATIENT SERVICE LINE VOLUME ABDOMEN GI SURGERY 545 BREAST SURGERY-NON PLASTIC 450 ENDOSCOPY 6,312 MISC GENERAL SURGERY 992 ORTHO SURGERY 521 UROLOGY 298 PAIN INJECTION PROCEDURES 569 OTOLARY HEAD NECK SURGERY 136 PLASTIC SURGERY 198 ALL OTHER OUTPATIENT SURGERY 724 NORWALK HOSPITAL OFFERS A JOINT REPLACEMENT CENTER, ONE OF OUR CENTERS OF EXCELLENCE WE OFFER COMPREHENSIVE, MULTIDISCIPLINARY, PERSONALIZED JOINT REPLACEMENT CARE INCLUDING TOTAL HIP REPLACEMENT, TOTAL KNEE REPLACEMENT AND TOTAL SHOULDER REPLACEMENT AS A LEVEL II TRAUMA CENTER, NORWALK HOSPITAL'S TEAM OF BOARD CERTIFIED SURGEONS PROVIDE IMMEDIATE, 24/7 CARE FOR ACUTE AND LIFE-THREATENING INJURIES TO CHILDREN AND ADULTS OUR EXPERT GENERAL AND DIGESTIVE DISEASE SURGEONS SPECIALIZE IN MAJOR AND MINOR SURGICAL PROCEDURES OF THE ABDOMEN, DIGESTIVE TRACT, ENDOCRINE SYSTEM, BREASTS, SKIN AND BLOOD VESSELS NORWALK HOSPITAL UROLOGISTS ARE KNOWN NATIONALLY FOR INNOVATION PROCEDURES PERFORMED INCLUDE EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES, LAPAROSCOPIC NEPHRECTOMY, MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE, MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE AND PYELOPLASTY KNOWN FOR EXCELLENCE AND EXPERTISE, OUR COLON AND RECTAL SURGEONS PERFORM MORE ROBOTIC COLORECTAL SURGERIES THAN ANY OTHER HOSPITAL IN FAIRFIELD COUNTY CERTIFIED BY THE AMERICAN BOARD OF COLON AND RECTAL SURGEONS, OUR COLORECTAL SURGEONS PROVIDE ADVANCED, INNOVATIVE, PERSONALIZED CARE FOR A WIDE RANGE OF CONDITIONS OUR SURGEONS ARE EXPERTS IN THE SURGICAL MANAGEMENT OF COLON AND RECTAL CANCER, CROHN'S DISEASE, DIVERTICULITIS, AND ULCERATIVE COLITIS THE SURGICAL WEIGHT LOSS CENTER IS NATIONALLY ACCREDITED WE OFFER SEVERAL TYPES OF BARIATRIC SURGERY INCLUDING LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING, SINGLE INCISION GASTRIC BANDING, LAPAROSCOPIC GASTRIC SLEEVE, LAPAROSCOPIC GASTRIC BYPASS, REVISIONAL BARIATRIC SURGERY AND ROBOTIC BARIATRIC SURGERY BOARD-CERTIFIED NEUROSURGEONS DIAGNOSE AND TREAT DISORDERS THAT AFFECT ANY PORTION OF THE NERVOUS SYSTEM, INCLUDING THE BRAIN, SPINAL CORD AND PERIPHERAL NERVES CONDITIONS INCLUDE BRAIN ANEURYSMS, CEREBRAL ANEURYSMS, CHRONIC SUBDURAL HEMATOMA, COMA, CONCUSSIONS, DEGENERATIVE DISC DISEASE, DISC HERNIATION, EPILEPSY, HEAD TRAUMA, SCOLIOSIS, SEIZURES, SPINAL COMPRESSION FRACTURES, SPINAL CORD INJURY, SPINAL CORD TUMORS, STENOSIS, STROKE, AND TORTICOLLIS ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	<p>WOMEN AND CHILDREN'S SERVICE LINE NORWALK HOSPITAL'S WOMEN'S AND CHILDREN'S DERIVE LINE CONSISTS OF THE FOLLOWING SERVICES INPATIENT DISCHARGES ANTE/POST-PARTUM 76 C SECTION DELIVERIES 492 GYN ONCOLOGY 33 GYNECOLOGY 73 VAGINAL DELIVERIES 845 NICU 242 NURSERY 1,128 PEDIATRIC MEDICAL 302 PEDIATRIC SURGERY 30 OUTPATIENT SERVICE LINE VOLUME GYNECOLOGY 773 ULTRASOUND TESTING 2,849 OBSERVATION 804 PEDIATRIC OP PROCEDURES 4 PEDIATRIC OBSERVATION 548</p> <p>OUR WOMENS AND CHILDREN'S SERVICES FEATURES A TOP NOTCH TEAM OF OBSTETRICIANS, GYNECOLOGIST, PEDIATRICIANS, CERTIFIED MIDWIVES, PEDIATRIC HOSPITALISTS, NEONATOLOGISTS, PEDIATRIC SPECIALISTS, PHYSICIAN ASSISTANTS AND NURSES OUR OBSTETRICIANS AND CERTIFIED NURSE MIDWIVES DELIVER BABIES IN THE HOSPITAL'S MODERN, HOME-LIKE CHILD BIRTH CENTER THE CENTER FEATURES IN-SUITE AMENITIES, INCLUDING PRIVATE ROOMS, MASSAGE THERAPY FOR INFANTS AND MOTHERS AND WIRELESS INTERNET ACCESS IN ADDITION ADVANCES, MINIMALLY INVASIVE ROBOTIC SURGERY FOR SEVERAL GYNECOLOGIC PROCEDURES, INCLUDING HYSTERECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE CANCERS, ARE AVAILABLE AT THE HOSPITAL THE NORWALK HOSPITAL PEDIATRIC SERVICES INCLUDE THE JEFFREY PETER BAUER NEWBORN INTENSIVE CARE UNIT (NICU), PEDIATRIC INPATIENT CARE, PEDIATRIC SUBSPECIALTY CARE, AND THE PEDIATRIC DEVELOPMENT THERAPY CENTER ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	<p>OTHER PROGRAM SERVICES INCLUDE EMERGENCY SERVICES - NORWALK HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF HIGH-QUALITY EMERGENCY MEDICAL SERVICES, FOR THE MOST CRITICALLY ILL AND INJURED PATIENTS, FROM PRE-HOSPITAL EMS/PARAMEDIC SERVICES TO AN EMERGENCY DEPARTMENT FEATURING A LEVEL II TRAUMA CENTER TO A NATIONALLY RECOGNIZED CRITICAL CARE UNIT OUR EMERGENCY DEPARTMENT FEATURES MODERN LIFESAIVING TECHNOLOGY AND IS STAFFED BY BOARD-CERTIFIED PHYSICIANS AND EXPERIENCED NURSES WITH ADVANCED SKILLS FOR PATIENTS EXPERIENCING A STROKE, NORWALK HOSPITAL IS CERTIFIED AS A STROKE CENTER BY THE JOINT COMMISSION FOR PATIENTS EXPERIENCING AN ACUTE HEART ATTACK, NORWALK HOSPITAL IS CERTIFIED AS A PRIMARY ANGIOPLASTY CENTER ONCE IDENTIFIED AS A CANDIDATE BY EMS OR BY THE EMERGENCY PHYSICIAN, A CRITICAL PATHWAY ENSURES THE RAPID EVALUATION OF THE PATIENT AND MOVEMENT TO THE CARDIAC CATH LAB FOR DEFINITIVE CARE TO MINIMIZE LONG-TERM CONSEQUENCES NORWALK HOSPITAL'S CRITICAL CARE UNIT HAS BEEN NATIONALLY RECOGNIZED FOR THE EXEMPLARY LEVEL OF CARE PROVIDED THE UNIT'S NURSES HAVE BEEN AWARDED THE BEACON AWARD FOR CRITICAL CARE EXCELLENCE BY THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES THREE TIMES THE EMERGENCY DEPARTMENT HAD 36,759 TREATED AND RELEASED VISITS 9/30/2015</p> <p>CARDIOVASCULAR SERVICES - NORWALK HOSPITAL OFFERS A PREMIER CARDIOVASCULAR PROGRAM TO MEET THE NEEDS OF PATIENTS WITH CARDIAC AND VASCULAR PROBLEMS LED BY A SPECIALIST TEAM OF CARDIOLOGISTS, INTERVENTIONAL CARDIOLOGISTS AND VASCULAR SURGEONS, THIS PROGRAM HAS ACHIEVED WIDE ACCLAIM FOR PROVIDING LEADING-EDGE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF CARDIOVASCULAR DISEASE ONE OF NORWALK HOSPITAL'S SIGNATURE CLINICAL SERVICES, OUR CARDIOVASCULAR PROGRAM OFFERS OUTSTANDING INPATIENT AND OUTPATIENT CARE FOR THOSE SUFFERING A HEART ATTACK OR FROM HEART DISEASE, CONGESTIVE HEART FAILURE, ANGINA, ATHEROSCLEROSIS, AND VASCULAR CONDITIONS, INCLUDING AORTIC ANEURYSMS, CAROTID ARTERY STENOSIS, DEEP VEIN THROMBOSIS AND PERIPHERAL ARTERY DISEASE ADDITIONALLY, THE HOSPITAL HAS ON STAFF SEVERAL INTERVENTIONAL CARDIOLOGISTS WHO PERFORM DIAGNOSTIC CARDIAC CATHETERIZATIONS AND EMERGENCY CARDIAC ANGIOPLASTY AMONG OTHER INVASIVE PROCEDURES OUR CARDIAC REHABILITATION PROGRAM HELPS CARDIAC PATIENTS LIVE LIFE TO THE FULLEST AND IS ACCREDITED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION FOR PROVIDING THE HIGHEST STANDARD OF CARE</p> <p>CARDIOVASCULAR SERVICES HAD 1,37 INPATIENT DISCHARGES, 4,743 OUTPATIENT VOLUME FOR THE FISCAL YEAR ENDED 9/30/2015</p> <p>PSYCHIATRY - NORWALK HOSPITAL PROVIDES INPATIENT PSYCHIATRIC SERVICES FOR ADULT AND GERIATRIC PATIENTS THE 20 BED UNIT PROVIDES INDIVIDUALIZED CARE FOR PATIENTS WITH ACUTE PSYCHIATRIC ILLNESS, COMPLEX MEDICAL-PSYCHIATRIC ILLNESS OR A NEED FOR DUAL-DIAGNOSIS DETOXIFICATION NORWALK HOSPITAL ALSO PROVIDES AN INTENSIVE OUTPATIENT PROGRAM, OFFERING BOTH INDIVIDUAL TREATMENT AND GROUP THERAPY PSYCHIATRY HAD INPATIENT DISCHARGES OF 537 AND 9,523 BILLED MONTHS FOR THE FISCAL YEAR ENDED 9/30/2015</p> <p>RADIOLOGY - NORWALK HOSPITAL OFFERS A VARIETY OF RADIOLOGY SERVICES INCLUDING, CT, PET/CT, CT LUNG SCREENING, VIRTUAL COLONOGRAPHY, MRI AND OPEN MRI, ULTRASOUND, BONE DENSITY MEASUREMENT/OSTEOPOROSIS SCREENING, GENERAL X-RAY, DIGITAL MAMMOGRAPHY, DIGITAL BREAST TOMOSYNTHESIS, BREAST MRI AND ULTRASOUND, STEREOTACTIC, MRI-GUIDED AND ULTRASOUND GUIDED BREAST BIOPSY, NUCLEAR MEDICINE, INTERVENTIONAL RADIOLOGY, CANCER SCREENING, STEREOTACTIC RADIOSURGERY, INTENSITY-MODULATED RADIATION THERAPY (IMRT) AND PROSTATE CANCER TREATMENT WITH RADIOACTIVE SEEDS</p> <p>RADIOLOGY SERVICES PERFORMED 66,068 PROCEDURES FOR THE FISCAL YEAR ENDED 9/30/2015</p> <p>PATHOLOGY AND LABORATORY MEDICINE - THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE IS FULLY ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS THE DEPARTMENT PROVIDES COMPREHENSIVE ANATOMIC AND CLINICAL PATHOLOGY TESTING SERVICES INCLUDING BLOOD BANK &amp; TRANSFUSION SERVICES, CLINICAL CHEMISTRY, MICROBIOLOGY, CYTOLOGY, HEMATOLOGY/COAGULATION/URINALYSIS, IMMUNOLOGY AND FLOW CYTOMETRY, SURGICAL PATHOLOGY, AUTOPSY SERVICE, CYTOGENETIC AND MOLECULAR DIAGNOSTICS AND BLOOD COLLECTION THE PATHOLOGY AND LABORATORY DEPARTMENT PERFORM APPROXIMATELY, 1.5 MILLION TESTS EVERY YEAR, UTILIZING THE LATEST TECHNOLOGY IN ROBOTIC AUTOMATION AND BARCODE SPECIMEN TRACKING</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC A BUSINESS RELATIONSHIP EXISTS BETWEEN FRED AFRAGOLA, VICTOR LISS AND GEORGE BAUER A BUSINESS RELATIONSHIP EXISTS BETWEEN RICHARD JABARA AND ERVIN SHAMES

Return Reference	Explanation
FORM 990, PART VI, LINE 6	EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS AS OF SEPTEMBER 30, 2014 NORWALK HEALTH SERVICES CORPORATION, INC (NHSC) IS THE SOLE MEMBER OF NORWALK HOSPITAL ASSOCIATION (NHA) AND APPOINTS NHA'S TRUSTEES ON OCTOBER 1, 2014 NHSC MERGED INTO WESTERN CONNECTICUT HEALTH NETWORK (WCHN), WCHN BECAME THE SOLE CORPORATE MEMBER OF NHA

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THE SOLE MEMBER SHALL BE RESPONSIBLE FOR ELECTING, AT THE ANNUAL MEETING OF THE MEMBERSHIP, THE MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL TO SERVE FOR THREE YEAR TERMS AND UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED



Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS OF GOVERNING BODY APPROVAL OF MEMBERS OR SHAREHOLDERS CERTAIN FUNDAMENTAL DECISIONS TO BE UNDERTAKEN BY THE HOSPITAL REQUIRE APPROVAL OF THE MEMBER

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW PROCESS STEVEN ROSENBERG, CFO OF WCHN, WILL REVIEW THE 990 PRIOR TO IT BEING SENT TO THE IRS A PRELIMINARY 990, IS PRESENTED TO THE AUDIT COMMITTEE IN JUNE, WHO REVIEWS IT ON BEHALF OF THE BOARD E&Y IS ON HAND TO REVIEW THE 990 WITH THE AUDIT COMMITTEE AND ANSWER ANY QUESTIONS PRIOR TO THE 990 BEING FILED WITH THE IRS, THE BOARD WILL RECEIVE A FULL AND ACCURATE COPY ON A SECURED WEBSITE FOR THEIR REVIEW

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION'S PROCESS FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST THE WESTERN CONNECTICUT HEALTH NETWORK AND ITS AFFILIATES' (THE NETWORK) CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, ITS REPRESENTATIVES SHALL SIGN A STATEMENT AFFIRMING THAT THEY DISCLOSED ALL POTENTIAL CONFLICTS, AS DOCUMENTED IN THE CONFLICT OF INTEREST POLICY IN ADDITION, GENERAL COUNSEL IS PART OF THE ROUTINE CONTRACTS REVIEW PROCESS AND WATCHES FOR POTENTIAL CONFLICTS WITH ANY OF THE NETWORK'S REPRESENTATIVES WHO IS COVERED BY THE POLICY THE NETWORK'S CONFLICT OF INTEREST POLICY COVERS EACH DIRECTOR, OFFICER AND MANAGER OF THE NETWORK, ALSO REFERRED TO AS "REPRESENTATIVES" LEVEL AT WHICH DETERMINATIONS OF WHETHER THERE IS A CONFLICT IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE FACTS OF THE CONFLICT THE COMPLIANCE OFFICER AND THE AUDIT COMMITTEE REVIEW AND EVALUATE EACH DISCLOSURE TO DETERMINE IF THERE IS A CONFLICT OF INTEREST AFTER PRESENTATION OF A POTENTIAL TRANSACTION OR ARRANGEMENT IS MADE BY AN INTERESTED PERSON, THE REMAINING DISINTERESTED BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXIST LEVEL THAT REVIEWS AND DETERMINES WHAT TO DO IF THERE IS A CONFLICT AFTER EXERCISING DUE DILIGENCE THE FULL BOARD WOULD DETERMINE WHAT ACTIONS SHOULD BE TAKEN FOR ALL CONFLICTS BY OFFICERS AND DIRECTORS ANY CONFLICTS OCCURRING BY A MANAGER ARE REVIEWED BY THE COMPLIANCE COMMITTEE TO DETERMINE WHAT FURTHER ACTION SHOULD BE TAKEN RESTRICTIONS ON THE CONFLICTED PERSON NO DIRECTOR HAVING A CONFLICT OF INTEREST ON ANY MATTER SHALL VOTE ON THAT MATTER OR BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING AT WHICH THE VOTE IS TAKEN, EVEN WHEN PERMITTED BY LAW NO REPRESENTATIVE HAVING A CONFLICT OF INTEREST ON ANY MATTER SHALL USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER IF THE BOARD OF DIRECTORS, IN ITS SOLE DISCRETION, DETERMINES THAT ANY REPRESENTATIVE HAS CONFLICTS OF INTEREST SUFFICIENT IN NUMBER AND/OR IMPORTANCE THAT THE EFFECTIVENESS OF SUCH INDIVIDUAL ON BEHALF OF THE NETWORK MAY BE SIGNIFICANTLY IMPAIRED, THE BOARD MAY ASK THE INDIVIDUAL TO RESIGN</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	<p>COMPENSATION REVIEW &amp; APPROVAL PROCESS- OFFICERS &amp; KEY EMPLOYEES COMPENSATION OF CEO IN ORDER TO ACHIEVE ITS MISSION AND ITS OVERALL PERFORMANCE OBJECTIVES, WESTERN CONNECTICUT HEALTH NETWORK, INC EMPLOYS A PERFORMANCE-BASED TOTAL COMPENSATION PROGRAM FOR ITS SENIOR EXECUTIVES THAT IS MARKET COMPETITIVE, COMPLIANT WITH REGULATORY GUIDELINES, AND REPRESENTATIVE OF BEST PRACTICES ELIGIBLE EXECUTIVES ARE GENERALLY DIRECT REPORTS OF THE CEO ALONG WITH OTHER EXECUTIVES DESIGNATED BY THE CEO TO MEET WESTERN CONNECTICUT HEALTH NETWORK INC 'S TOTAL COMPENSATION OBJECTIVES FOR EXECUTIVES, THE FOLLOWING SURVEY SOURCES ARE USED FOR COMPARISON PURPOSES -BLEND OF NATIONAL CONFIDENTIAL SOURCE, IHS, AND HAY GROUP POINTS, HEALTHCARE DATA (WHERE DATA AVAILABLE), PLUS 15% GEOGRAPHIC DIFFERENTIAL TITLE MATCH DATA CUTS SELECTED BASED ON REVENUE SIZE -FOR PHYSICIAN EXECUTIVES, SURVEYS COVERING PHYSICIAN COMPENSATION IN ACCREDITED MEDICAL SCHOOLS (AAMC) ARE USED IN COMBINATION WITH PROPRIETARY SURVEYS COMPILED BY NATIONALLY KNOWN CONSULTING FIRM, SULLIVAN COTTER AND THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) WESTERN CONNECTICUT HEALTH NETWORK, INC TARGETS CASH COMPENSATION AT MARKET COMPETITIVE LEVELS BASE SALARY PLUS SHORT-TERM (ANNUAL) INCENTIVE AWARDS (TOTAL CASH) APPROXIMATE MARKET COMPETITIVE LEVELS FOR TOTAL CASH COMPENSATION EXECUTIVE PERFORMANCE IS EXPECTED TO MEET OR EXCEED PREDETERMINED OPERATIONAL AND FINANCIAL METRICS OTHER FACTORS, SUCH AS COMPETITIVE MARKET FORCES, JOB PERFORMANCE, UNIQUE QUALIFICATIONS, AND/OR INDIVIDUAL JOB RESPONSIBILITIES ARE ALSO CONSIDERED IN WESTERN CONNECTICUT HEALTH NETWORK, INC'S EXECUTIVE COMPENSATION DECISIONS ROLES OF THE COMPENSATION COMMITTEE AND KEY EXECUTIVES IN THE EXECUTIVE COMPENSATION PROCESS - THE COMPENSATION COMMITTEE IN CONSULTATION WITH THE CEO AND THE SVP HUMAN RESOURCES (HR) SELECTS THE OUTSIDE COMPENSATION CONSULTANTS THE CURRENT CONSULTANT IS THE HAY GROUP, WHOSE PURPOSE IS TO PROVIDE A VALID INDEPENDENT ASSESSMENT OF THE RELEVANT MARKET RATES AND PAY PRACTICES FOR HEALTHCARE EXECUTIVES, PHYSICIAN EXECUTIVES AND FOR PHYSICIANS IN GENERAL - THE COMPENSATION CONSULTING FIRM COMPILES APPROPRIATE MARKET DATA, JOB EVALUATION AND RANKING INFORMATION FOR ALL EXECUTIVES AND PHYSICIANS OF THE ORGANIZATION, EXCLUDING THE CEO, AND WILL SUPPLY THIS MATERIAL TO THE CEO AND SVP HR FOR REVIEW AND AGREEMENT ONCE THE REPORT IS FINAL, IT WILL BE SUPPLIED TO THE COMPENSATION COMMITTEE FOR THEIR CONSIDERATION AND ACCEPTANCE -THE COMPENSATION COMMITTEE DETERMINES THE CEO'S SALARY BASED ON OVERALL PERFORMANCE AND MARKET DATA SUPPLIED BY THE OUTSIDE COMPENSATION CONSULTANT THE LAST EXECUTIVE COMPENSATION EVALUATION BY AN OUTSIDE CONSULTANT WAS DONE IN DECEMBER, 2015 COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION REVIEW AND APPROVAL PROCESS IS IDENTICAL TO THE PROCESS FOR THE CEO AND EXECUTIVES</p>

Return Reference	Explanation
FORM 990, PART VI LINE 19	OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ALL GOVERNING DOCUMENTS REQUIRED BY LAW AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE BY REQUEST THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN INTEREST RATE SWAP \$ -2,928,568 CHANGE IN PENSION OBLIGATION -28,544,535 DECREASE IN BEN INT CHARITABLE REMAINDER TRUST -452,051 INCREASE BEN INTEREST IN NHF - PERM RESTRICTED 6,800 INCREASE BEN INTEREST IN NHF - TEMP RESTRICTED 22,383,231 INCREASE BEN INTEREST IN NHF - UNRESTRICTED 28,094,926 NET ASSET TRANSFER NORWALK HOSP PHYSICIANS & SURG -776,179 NET UNRESTRICTED CHANGES IN JOINT VENTURE 3,911,974 NORWALK SURGERY CENTER / JOINT VENTURE INCOME -3,771,482 TRANSFER FROM NORWALK HEALTH CARE, INC 270,131 TRANSFER FROM NORWALK HOSPITAL FOUNDATION 9,800 ----- TOTAL \$ 18,204,047 -----

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY & TEMP HELP TOTAL FEES 1996594

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION EXPENSE TOTAL FEES 1878207



Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT MANAGEMENT TOTAL FEES 9383073

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CORPORATE DEPTS ALLOCATIONS TOTAL FEES 5336947

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 664455

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE SERVICES TOTAL FEES 4963673

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PATIENT CARE & ADMIN SERVICES TOTAL FEES 6496272

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 8103372

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES - CONSULTING TOTAL FEES 2332523

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES - PHARMACY TOTAL FEES 4025155



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NORWALK SURGERY  40 CROSS STREET NORWALK, CT 06850 27-2394942	SURGERY CENTER	CT	NONE	RELATED	3,771,480	5,116,985		No			No	63 210 %
(2) NEW MILFORD MRI  21 ELM STREET NEW MILFORD, CT 06776 27-1877801	INACTIVE	CT	NMH		0	0		No			No	0 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SWC CORPORATION  24 STEVENS STREET NORWALK, CT 06850 22-2577718	PHARMACY	CT	WCHN	C CORP	0	0		Yes	
(2) MEDICAL SERVICES OF DANBURY  24 HOSPITAL AVENUE DANBURY, CT 06811 06-1635945	HEALTHCARE	CT	WCMG	C CORP	0	0		Yes	
(3) WESTERN CT HEALTH NETWORK INSU  23 LIME TREE BAY PO BOX 105 GRAND CAYMAN CJ 98-0438151	CAPTIVE INSURANCE	CJ	DANBURY HOSP	C CORP	0	0		Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN	NORWALK SURGERY CENTER, LLC 27-2394942 40 CROSS STREET NORWALK, CT 06850 NEW MILFORD MRI JV, LLC 27-1877801 21 ELM STREET NEW MILFORD, CT 06776

Additional Data

Software ID:

Software Version:

EIN: 06-6068853

Name: THE NORWALK HOSPITAL ASSOCIATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) NORWALK HOSPITAL PHYSICIANS & SURG  24 STEVENS STREET NORWALK, CT 06850 06-1522078	PHYS PRACTICE	CT	501(C)(3)	11 TYPE 2	NHA	Yes	
(1) NORWALK HEALTH CARE INC  24 STEVENS STREET NORWALK, CT 06850 22-2577722	INACTIVE	CT	501(C)(3)	9	WCHN INC	Yes	
(2) NORWALK HOSPITAL FOUNDATION INC  24 STEVENS STREET NORWALK, CT 06850 25-2577708	FUNDRAISING	CT	501(C)(3)	7	NHA	Yes	
(3) ADVANCED CENTER FOR REHABILITATION  24 STEVENS STREET NORWALK, CT 06850 06-1304799	INACTIVE	CT	501(C)(3)	11 TYPE 2	NHSC	Yes	
(4) DANBURY HOSPITAL  24 HOSPITAL AVENUE DANBURY, CT 06810 06-0646597	ACUTE CARE	CT	501(C)(3)	3	WCHN	Yes	
(5) WESTERN CONNECTICUT HEALTH NETWORK  24 HOSPITAL AVENUE DANBURY, CT 06810 22-2594977	PRGM DEVELOP	CT	501(C)(3)	11 TYPE 2	NA		No
(6) WESTERN CT HEALTH NETWORK AFFILIATES  24 HOSPITAL AVENUE DANBURY, CT 06810 22-2594968	OUTPATIENT	CT	501(C)(3)	9	WCHN	Yes	
(7) WESTERN CT HEALTH NETWORK FOUNDATION  24 HOSPITAL AVENUE DANBURY, CT 06810 23-7425557	ADMIN CONTRIB	CT	501(C)(3)	7	WCHN	Yes	
(8) WESTERN CONNECTICUT HOME CARE INC  4 LIBERTY STREET DANBURY, CT 06810 06-0655138	HOME HLTHCARE	CT	501(C)(3)	9	WCHN	Yes	
(9) WESTERN CT MEDICAL GROUP INC  14 RESEARCH DRIVE SUITE 201A BETHEL, CT 06801 06-1137531	PHYS PRACTICE	CT	501(C)(3)	9	WCHN	Yes	
(10) EASTERN NY MEDICAL SERVICES PC  14 RESEARCH DRIVE SUITE 201A BETHEL, CT 06801 45-5431389	PHYS PRACTICE	NY	501(C)(3)	9	WCHN	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NORWALK HOSPITAL PHYSICIANS & SURGEONS	J	572,070	FMV
NORWALK HOSPITAL PHYSICIANS & SURGEONS	M	6,997,971	FMV
NORWALK HOSPITAL PHYSICIANS & SURGEONS	O	653,149	FMV
NORWALK HOSPITAL PHYSICIANS & SURGEONS	Q	1,679,608	FMV
NORWALK HOSPITAL PHYSICIANS & SURGEONS	R	7,000,000	FMV
NORWALK HOSPITAL PHYSICIANS & SURGEONS	S	331,625	FMV
NORWALK HOSPITAL FOUNDATION INC	C	1,501,640	FMV
NORWALK HOSPITAL FOUNDATION INC	J	43,200	FMV
NORWALK HOSPITAL FOUNDATION INC	L	65,160	FMV
NORWALK HOSPITAL FOUNDATION INC	O	137,801	FMV
NORWALK HOSPITAL FOUNDATION INC	Q	149,928	FMV
NORWALK HOSPITAL FOUNDATION INC	S	1,979,495	FMV
DANBURY HOSPITAL	I	1,012,175	FMV
DANBURY HOSPITAL	K	416,543	FMV
DANBURY HOSPITAL	M	5,792,729	FMV
DANBURY HOSPITAL	O	9,606,088	FMV
DANBURY HOSPITAL	P	11,936,824	FMV
DANBURY HOSPITAL	R	24,191,633	FMV
WESTERN CONNECTICUT HEALTH NETWORK INC	O	218,400	FMV
WESTERN CT HEALTH NETWORK AFFILIATES	O	111,664	FMV
WESTERN CT HEALTH NETWORK AFFILIATES	S	111,494	FMV
WESTERN CT MEDICAL GROUP INC	J	822,787	FMV
WESTERN CT MEDICAL GROUP INC	M	15,733,128	FMV
WESTERN CT MEDICAL GROUP INC	O	506,681	FMV
WESTERN CT MEDICAL GROUP INC	Q	43,582	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WESTERN CT MEDICAL GROUP INC	R	12,827,178	FMV
SWC CORPORATION	J	28,532	FMV
SWC CORPORATION	L	138,000	FMV
SWC CORPORATION	M	3,576,421	FMV
SWC CORPORATION	Q	243,766	FMV
SWC CORPORATION	R	2,899,913	FMV
WESTERN CT HEALTH NETWORK INSURANCE CO	R	8,027,439	FMV