

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE NORWALK HOSPITAL ASSOCIATION
% KAREN DARCY
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
24 STEVENS STREET
City or town, state or province, country, and ZIP or foreign postal code
NORWALK, CT 06850

D Employer identification number
06-6068853
E Telephone number
(203) 852-2000
G Gross receipts \$ 418,377,455

F Name and address of principal officer
MICHAEL DAGLIO
24 STEVENS STREET
NORWALK, CT 06850

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ NORWALKHOSPITAL.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1893

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1,915
6 Total number of volunteers (estimate if necessary)	400
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,618,474
7b Net unrelated business taxable income from Form 990-T, line 34	-714,336

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,642,020	2,828,183
9 Program service revenue (Part VIII, line 2g)	377,513,241	393,961,984
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,500,238	16,801,495
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,082,314	382,197
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	395,737,813	413,973,859

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	169,678,487	168,881,294
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	212,135,304	221,826,142
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	381,813,791	390,707,436
19 Revenue less expenses Subtract line 18 from line 12	13,924,022	23,266,423

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	638,413,652	653,817,365
21 Total liabilities (Part X, line 26)	181,831,890	171,807,241
22 Net assets or fund balances Subtract line 21 from line 20	456,581,762	482,010,124

Part II Signature Block

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

Sign Here
Signature of officer: STEVEN H ROSENBERG SVP & CFO
Date: 2019-08-12

Paid Preparer Use Only
Print/Type preparer's name: Mike A Cincotta
Preparer's signature: Mike A Cincotta
Date: [blank]
Check if self-employed
PTIN: P01595811
Firm's name: ERNST & YOUNG US LLP
Firm's address: 200 CLARENDON STREET BOSTON, MA 021165072
Firm's EIN: [blank]
Phone no: (617) 266-2000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 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

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 \$ 129,994,395 including grants of \$) (Revenue \$ 125,091,153)
 See Additional Data

4b (Code) (Expenses \$ 71,056,552 including grants of \$) (Revenue \$ 71,782,877)
 See Additional Data

4c (Code) (Expenses \$ 28,314,635 including grants of \$) (Revenue \$ 26,039,459)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 127,161,011 including grants of \$) (Revenue \$ 171,048,495)

4e Total program service expenses ▶ 356,526,593

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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>		No
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>		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>	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>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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>		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>		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>		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>	Yes	
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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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	1,305,619				
	e Government grants (contributions)	1e	1,522,564				
	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			2,828,183			
Program Service Revenue		Business Code					
	2a NET PATIENT SERVICE REV	621400	385,382,258	385,382,258			
	b NORWALK SURGERY CENTER JV	900099	2,509,812	2,509,812			
	c LAB SERVICES REVENUE	621500	1,618,186		1,618,186		
	d OTHER MEDICAL SERVICES	900099	1,320,234	1,320,234			
	e OTHER UNIVERSITY INCOME	900099	953,113	953,113			
	f All other program service revenue		2,178,381	2,178,381			
g Total. Add lines 2a-2f			393,961,984				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,610,888		288	16,610,600	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real					
		3,586,839					
		b Less rental expenses	3,471,079				
		c Rental income or (loss)	115,760	0			
	d Net rental income or (loss)		115,760			115,760	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		1,123,000			
		b Less cost or other basis and sales expenses		932,393			
		c Gain or (loss)		190,607			
	d Net gain or (loss)		190,607			190,607	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	0				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a	0					
	b Less direct expenses	0					
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a	34,687					
	b Less cost of goods sold	124					
	c Net income or (loss) from sales of inventory		34,563			34,563	
Miscellaneous Revenue	Business Code						
11a OTHER INC ALLOC FROM WCHN	900099	115,484			115,484		
b PARKING	900099	94,857			94,857		
c CAFETERIA/ VENDING	900099	21,533			21,533		
d All other revenue							
e Total. Add lines 11a-11d			231,874				
12 Total revenue. See Instructions			413,973,859	392,343,798	1,618,474	17,183,404	

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.	0			
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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,563,284	1,390,228	173,056	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	141,396,918	125,744,279	15,652,639	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	291,658	259,371	32,287	
9 Other employee benefits.	17,679,751	15,722,603	1,957,148	
10 Payroll taxes.	7,949,683	7,069,653	880,030	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	4,174		4,174	
c Accounting.	242,875		242,875	
d Lobbying.	108,669	96,639	12,030	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	156,663		156,663	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	68,530,392	60,944,078	7,586,314	
12 Advertising and promotion.	1,255,379	1,116,409	138,970	
13 Office expenses.	2,415,719	2,148,299	267,420	
14 Information technology.	11,328,651	10,074,569	1,254,082	
15 Royalties.	0			
16 Occupancy.	9,540,013	8,483,934	1,056,079	
17 Travel.	483,990	430,412	53,578	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	44,094	39,213	4,881	
20 Interest.	2,518,258	2,518,258		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	24,436,836	21,731,678	2,705,158	
23 Insurance.	917,197	61,969	855,228	
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	56,915,645	56,915,645		
b STATE OF CT HOSPITAL TAX	32,555,135	32,555,135		
c EQUIPMENT RENT AND MAINT	8,562,897	7,614,984	947,913	
d PROFESSIONAL MEMBERSHIP	1,809,555	1,609,237	200,318	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	390,707,436	356,526,593	34,180,843	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	17,238,252	1	34,237,227	
	2 Savings and temporary cash investments	15,353,696	2	15,418,485	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	40,531,520	4	42,855,044	
	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	42,542	7	30,122	
	8 Inventories for sale or use	2,911,024	8	4,796,943	
	9 Prepaid expenses and deferred charges	1,067,900	9	1,163,767	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 630,266,020			
	b Less accumulated depreciation	10b 369,181,855	269,057,524	10c	261,084,165
	11 Investments—publicly traded securities	0	11	0	
	12 Investments—other securities See Part IV, line 11	136,489,771	12	116,999,536	
	13 Investments—program-related See Part IV, line 11	114,799,754	13	131,652,615	
	14 Intangible assets	0	14	0	
	15 Other assets See Part IV, line 11	40,921,669	15	45,579,461	
16 Total assets. Add lines 1 through 15 (must equal line 34)	638,413,652	16	653,817,365		
Liabilities	17 Accounts payable and accrued expenses	44,712,922	17	42,737,046	
	18 Grants payable	0	18	5,121	
	19 Deferred revenue	0	19	0	
	20 Tax-exempt bond liabilities	103,362,621	20	97,047,561	
	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	33,756,347	25	32,017,513	
	26 Total liabilities. Add lines 17 through 25	181,831,890	26	171,807,241	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	400,816,430	27	410,038,050	
	28 Temporarily restricted net assets	44,796,607	28	59,994,614	
	29 Permanently restricted net assets	10,968,725	29	11,977,460	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	456,581,762	33	482,010,124	
	34 Total liabilities and net assets/fund balances	638,413,652	34	653,817,365	

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	413,973,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,707,436
3	Revenue less expenses Subtract line 2 from line 1	3	23,266,423
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	456,581,762
5	Net unrealized gains (losses) on investments	5	-6,908,496
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	9,070,435
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	482,010,124

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 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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			
KAREN GOTTLIEB DIRECTOR	1 0 0 0	X						0	0	0
HEATHER FRIMMER TO 0123 DIRECTOR	1 0 0 0	X						0	0	0
THOMAS AYOUB MD DIRECTOR	1 0 0 0	X						85,004	0	0
GEORGE BAUER DIRECTOR	1 0 2 0	X						0	0	0
LATANYA LANGLEY DIRECTOR	1 0 0 0	X						0	0	0
CRAIG GLOVER DIRECTOR	1 0 0 0	X						0	0	0
JENNY Y LEE DIRECTOR	1 0 0 0	X						0	0	0
HOWARD EISON MD TO 123 DIRECTOR	1 0 0 0	X						0	0	0
PAUL GAGNE MD TO 1128 DIRECTOR	1 0 1 0	X						0	0	0
MARK GUDIS FROM 123 CHAIRMAN	3 0 1 0	X		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			
DAVID KOMANSKY TO 1128 DIRECTOR	1 0 0 0	X						0	0	0
DAVID LEHN ESQ DIRECTOR	1 0 0 0	X						0	0	0
DANIELLE ROBINSON PHD DIRECTOR	1 0 0 0	X						0	0	0
EDWARD MAHONY FROM 123 DIRECTOR	1 0 5 0	X						0	0	0
MICHAEL DAGLIO TO 925 PRESIDENT NHA	40 0 9 0	X		X				0	708,902	48,518
ROBERT CIOFFI DIRECTOR	1 0 2 0	X						0	0	0
CURTIS STEWART DIRECTOR	1 0 0 0	X						0	0	0
AMY SCHAFRANN FROM 0123 VICE CHAIRMAN	3 0 2 0	X		X				0	0	0
ERVIN R SHAMES DIRECTOR	1 0 1 0	X						0	0	0
ANDREW WHITTINGHAM SECRETARY	3 0 3 0	X		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			
RICHARD JABARA TO 1128 DIRECTOR	1 0 2 0	X						0	0	0
JOSEPH SKRZYPCZAK TO 1128 DIRECTOR	1 0 3 0	X						0	0	0
PATRICIA S BAM FROM 0123 DIRECTOR	1 0 1 0	X						0	0	0
STEVEN H ROSENBERG TREASURER	3 0 56 0			X				0	800,722	48,529
CAROLYN MCKENNA SVP & GEN COUNSEL WCHN	3 0 43 0				X			0	526,673	20,675
SHARON ADAMS COO & CHIEF NURSING OFFICER	3 0 44 0				X			0	592,002	19,704
CHRISTOPHER MICHOS ER PHYSICIAN	40 0 0 0					X		450,778	0	36,571
BRIAN MCGOVERN ER PHYSICIAN	40 0 0 0					X		570,635	0	36,221
BENJAMIN GREENBLATT CHAIRMAN, ER MED	40 0 0 0					X		570,927	0	23,485
RICHARD TEITELL ER PHYSICIAN	40 0 0 0					X		531,379	0	21,298

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
VIRGINIA COLLIER ER PHYSICIAN	40 0 0 0					X		497,153	0	37,859	
PATRICK MINICUS VP OF FINANCE	20 0 20 0						X	0	560,301	0	

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 above (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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 12a or 12b 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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 I of Schedule L (Form 990 or 990-EZ).		
	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 Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) 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 Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI) **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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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)		

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

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 06-6068853

Name: THE NORWALK HOSPITAL ASSOCIATION

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

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.

OMB No 1545-0047

2017
Open to Public Inspection

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 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

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?

Yes 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) 2014	(b) 2015	(c) 2016	(d) 2017	(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 on 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		15
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		49,764
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		58,378
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		512
j Total Add lines 1c through 1i			108,669
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
PART II B - DESCRIPTION OF LOBBYING ACTIVITY	DUES WERE PAID TO CHA IN THE AMOUNT OF \$286,762, OR WHICH 13 25% OF THIS AMOUNT OR \$37,990 WERE EXPENDED ON LOBBYING AHA DUES OF \$51,234 HAD 22 98% OR \$11,774 EXPENDED ON LOBBYING ACTIVITIES BOTH AMOUNTS ARE REFLECTED ON 1F FEDERAL, STATE AND LOCAL OFFICIALS WERE LOBBIED DURING 2018 AS PART OF THIS MISCELLANEOUS OFFICE EXPENSE SUCH AS PHONE, COMPUTER SUPPLIES, FREIGHT, REFRESHMENT ETC WERE INCURRED AND WERE REFLECTED ON LINE 1I ACCORDINGLY FISCAL YEAR 2018 WAS A CHALLENGING YEAR AT THE CONNECTICUT CAPITOL WITH TREMENDOUS SHORTFALLS AND BUDGET CUTS FOR PHYSICIAN REIMBURSEMENT, MENTAL HEALTH AND COMMUNITY BASED SERVICES AND THE ONGOING THREAT OF A DEVASTATING HOSPITAL TAX AS A RESULT, FEDERAL STATE AND LOCAL ELECTED OFFICIALS WERE LOBBIED TO FIND CREATIVE SOLUTIONS AND WAYS TO DEFLECT DRASTIC CUTS AND ULTIMATELY MAINTAIN THE CURRENT LEVEL OF ACCESS FOR NEEDED SERVICES FUNDING FOR MENTAL HEALTH AND SUBSTANCE USE PROGRAMMING WAS OF PARTICULAR IMPORTANCE AS PART OF THIS EFFORT, STAFF AND OFFICE EXPENSES WERE HIGHER THAN IN PAST YEARS BUT ESSENTIAL TO MAINTAIN ACCESS TO NEEDED SERVICES THE AMOUNTS SPENT ON LOBBYING WERE NOT A SIGNIFICANT PORTION OF THE HOSPITAL'S ACTIVITIES BASED ON TOTAL REVENUES LOBBYING WAS MOSTLY RELATED TO THE HOSPITAL'S EXEMPT PURPOSE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047
2017
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" on 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on 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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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	0	27,510,000		27,510,000
b Buildings	0	330,534,078	145,131,871	185,402,207
c Leasehold improvements	0	11,655,861	7,014,506	4,641,355
d Equipment	0	259,604,326	217,035,478	42,568,848
e Other	0	961,755	0	961,755
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				261,084,165

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INT IN INV HELD BY WCHNI	116,999,536	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	116,999,536	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) BEN INT IN NORWALK HOSPITAL FD	131,652,615	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	131,652,615	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	45,579,461

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
457 PLAN LIABILITY	1,026,449
ASSET RETIREMENT OBLIGATION	9,375,161
DUE TO THIRD PARTIES	18,548,424
LONG TERM DISABILITY RESERVE	1,163,444
MALPRACTICE RESERVE	1,904,035
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	32,017,513

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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' on 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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 06-6068853

Name: THE NORWALK HOSPITAL ASSOCIATION

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

(a) Description	(b) Book value
457 PLAN ASSET	1,026,449
CERNER PROJECT ALLOCATION	20,151,062
CONSTRUCT FUND/ COST ISSUANCE	207,203
DUE FROM RELATED PARTIES	3,130,374
ERP PROJECT ALLOCATION	6,024,641
INTEREST IN CRT	8,891,053
INTEREST RATE SWAP	2,961,187
IT INTEGRATION PROJECT COSTS	754,770
OTHER RECEIVABLES	2,362,287
PREPAID ERP/KRONOS	70,435
REEF ROAD JOINT VENTURE	0

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 THE NORWALK HOSPITAL ASSOCIATION

Hospitals

▶ **Complete if the organization answered "Yes" on 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.**

Employer identification number
 06-6068853

OMB No 1545-0047
2017
Open to Public Inspection

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 type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	3a Yes	
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 _____ %	3b Yes	
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		
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	No
b If "Yes," did the organization make it available to the public?	6b	

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)			19,417,862	13,103,865	6,313,997	1 620 %
b Medicaid (from Worksheet 3, column a)			76,177,233	52,126,899	24,050,334	6 160 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			95,595,095	65,230,764	30,364,331	7 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	1,354,108	286,384		286,384	0 070 %
f Health professions education (from Worksheet 5)	3	295	10,719,324	5,857,637	4,861,687	1 240 %
g Subsidized health services (from Worksheet 6)	1	6,670	6,437,076	3,782,644	2,654,432	0 680 %
h Research (from Worksheet 7)	1		1,279,019	254,430	1,024,589	0 260 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	17	1,361,073	18,721,803	9,894,711	8,827,092	2 250 %
k Total. Add lines 7d and 7j	17	1,361,073	114,316,898	75,125,475	39,191,423	10 030 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1	615	4,253		4,253	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	2,420	1,430,758	523,024	907,734	0.230 %
7 Community health improvement advocacy			53,033		53,033	0.010 %
8 Workforce development	1	90	127		127	
9 Other						
10 Total	3	3,125	1,488,171	523,024	965,147	0.240 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 6,819,833	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 402,370	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5 112,683,886
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 152,877,454
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -40,193,568
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	66.34 %		33.66 %
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)

See Additional Data Table	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

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

Community Health Needs Assessment		Yes	No
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?		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		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)	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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		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	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART VI FOR URL</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART VI FOR URL</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART VI FOR URL</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)**Financial Assistance Policy (FAP)**

NORWALK HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART VI FOR URL</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART VI FOR URL</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART VI FOR URL</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

NORWALK HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	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 nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<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 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
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)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

NORWALK HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
23		No
24		No

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? 12

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C - CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED)	THE FAP INDICATES A 75% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 301% AND 350% OF THE FPG AND A 59.07% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 351% AND 400% OF THE FPG ANYONE WHO HAS INCOME AT OR BELOW 300% OF THE FPL WOULD GET 100% OF THE BILL IT IS THE SAME FOR BOTH DANBURY HOSPITAL AND NORWALK HOSPITAL WHEN THE HOSPITALS MERGED AND CREATED ONE COMBINED CHARITY POLICY, THE INCOME LIMITS WERE INCREASED FOR NORWALK HOSPITAL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A -RELATED ORGANIZATION COMMUNITY BENEFIT REPORT	LINES 6A & 6B THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS SUBMITTED ON THE FORM 990, SCHEDULE H ANNUALLY IT CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAMS AND SERVICES' DESCRIPTIONS AND FINANCIAL DATA THE FORM IS MADE AVAILABLE TO THE PUBLIC ON THE OFFICE OF HEALTH CARE ACCESS' WEBSITE HTTPS //PORTAL CT GOV/-/MEDIA/OHS/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2016/2016GREATERNORWALKCHNAPDF.PDF?LA=EN

990 Schedule H, Supplemental Information

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 PAYER, SERVICE TYPE AND BY ACCOUNT AGE AND APPLIES THOSE PERCENTAGES ADJUSTED FOR PRICE INCREASES TO CURRENT AR THE RATIO OF COST TO CHARGES IS APPLIED TO THE BAD DEBT EXPENSE ON THE AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3 - METHODOLOGY OF ESTIMATED AMOUNT & RATIONALE FOR	COMMUNITY BENEFIT THE PERCENT OF CHARITY CARE APPLICATIONS UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY THAT RESULTED IN A DISCOUNT WAS 5.9%. WE APPLIED THIS % TO OUR BAD DEBT EXPENSE OF \$6,822,644 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$402,536

990 Schedule H, Supplemental Information

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 SERVICES ARE PROVIDED. 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. THE HOSPITAL'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSISTS OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS.</p>

990 Schedule H, Supplemental Information

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 26% 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	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 IN 2018, NORWALK HOSPITAL, ALONG WITH THE NORWALK HEALTH DEPARTMENT AND COMMUNITY MEMBERS, BEGAN THE PROCESS FOR THE NEXT CHNA CYCLE A MEETING WAS HELD IN JANUARY WITH DATAHAVEN AND OTHER LOCAL HOSPITALS AND HEALTHCARE ORGANIZATIONS TO DISCUSS THE COMMUNITY WELLBEING SURVEY, ITS CONTENT, AND AREAS THAT WILL BE TARGETED FURTHER PLANNING WILL TAKE PLACE THROUGHOUT THE YEAR

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE NOTIFICATION IS SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED THE FACILITY ALSO EMPLOYS FINANCIAL COUNSELORS TO FACILITATE PATIENT EDUCATION REGARDING ALL PROGRAMS AVAILABLE TO INCLUDE STATE, LOCAL AND INTERNAL IF AT ANY TIME IN THE COLLECTION 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

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Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	NORWALK HOSPITAL SERVES AN AREA WITH A POPULATION OF ABOUT 161,400 PEOPLE THE PRIMARY SERVICE AREA INCLUDES NORWALK, NEW CANAAN, WESTPORT, WESTON AND WILTON, CT 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 UNDERSERVED NORWALK HAS A MEDIAN HOUSEHOLD INCOME OF \$80,896, AND A POVERTY RATE OF 8.5% THE OVERALL UNINSURED POPULATION RATE FOR THE STATE IS ESTIMATED TO BE 6% ALTHOUGH THE POPULATION OF THE PRIMARY AND SECONDARY SERVICE AREAS IS EXPECTED TO REMAIN VIRTUALLY UNCHANGED FROM 2010 TO 2020, THE COHORT AGED 65 AND OVER IS EXPECTED TO HAVE A COMPOUND ANNUAL GROWTH RATE OF 2%

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY BUILDING ACTIVITIES	<p>PART II LINE #3, COMMUNITY SUPPORT AND LINE #7, COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOTALING \$57,286 COMMUNITY SUPPORT WAS PROVIDED THROUGH DONATIONS TO NEW BEGINNINGS CHURCH, THE THANKSGIVING FOOD DRIVE FOR THE FOOD BANK, AND NORWALK HOSPITAL'S ANNUAL MEMORIAL SERVICE STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERINSURED THE TOTAL ADVOCACY INVESTMENT FOR FY2018 IS \$53,033, WHICH INCLUDES INDIRECT AND DIRECT STAFFING COSTS PART II LINE #6, COALITION BUILDING, TOTALING \$907,734 IN CONDUCTING THE CURRENT CHNA, NORWALK HOSPITAL COLLABORATED WITH VARIOUS COMMUNITY ORGANIZATIONS TO DEVELOP, IMPLEMENT, AND MONITOR STRATEGIES TO ADDRESS IDENTIFIED PRIORITIES IN THE CHIP WORKGROUPS WERE CREATED FOR CHRONIC DISEASE, MENTAL HEALTH/SUBSTANCE ABUSE, AND ACCESS TO THE COMMUNITY BENEFIT IN THE COALITION BUILDING CATEGORY WAS PROVIDED THROUGH PLANNING AND DEVELOPMENT MEETINGS, AS WELL AS PROGRAMS FOR EACH PRIORITY AREA CHRONIC DISEASE - TWO INITIATIVES FOCUS ON HEALTHY LIVING THE GREATER NORWALK HEALTHY RESTAURANT INITIATIVE (HRI) AND THE HEALTHY LIVING PARTNERSHIP THE HRI HELPS RESTAURANTS IN THE GREATER NORWALK AREA HIGHLIGHT HEALTHY MENU OPTIONS TO DINERS OF ALL AGES THE PROGRAM IS VOLUNTARY FOR RESTAURANT OWNERS, AND CURRENTLY SIXTEEN AREA RESTAURANTS IN THE GREATER NORWALK AREA PARTICIPATE THE HEALTHY LIVING PARTNERSHIP IS A PARTNERSHIP WITH THE RIVERBROOK REGIONAL YMCA TO PROMOTE HEALTH AND WELLNESS THROUGH THE HEALTHY LIVING PARTNERSHIP THE PARTNERSHIP AIMS TO DELIVER COMMUNITY-BASED HEALTH AND WELLNESS SERVICES IN INNOVATIVE NEW WAYS ROOTED IN A COMMON COMMITMENT TO PREVENTION AND COMBATING CHRONIC DISEASE - THERE ARE THREE ONGOING INITIATIVES FROM THE PREVIOUS CHIP REGARDING CHILDREN'S HEALTH 1) HEALTHIER NORWALK KIDS IS A PROGRAM DESIGNED TO ACTIVELY ENGAGE ELEMENTARY SCHOOL CHILDREN WITH A HANDS-ON CURRICULUM TO COMBAT CHILDHOOD OBESITY THE PROGRAM'S GOAL IS TO IMPROVE ATTITUDES, INCREASE KNOWLEDGE, AND KEEP BODY MASS INDEX AT OR BELOW THE CENTER FOR DISEASE CONTROL AND PREVENTION AVERAGE GAINS THROUGH NUTRITION EDUCATION AND INCREASED ACTIVITY 2) THE MOVE MORE IN SCHOOLS TOOLKIT WAS DEVELOPED AS A COMPREHENSIVE GUIDE THAT PROVIDES SIMPLE, YET SPECIFIC, CONCRETE STRATEGIES TO INCORPORATE MORE PHYSICAL ACTIVITY INTO THE DAY FOR ALL SCHOOL AGED CHILDREN 3) ELEMENTARY SCHOOLS ARE ALSO OFFERED TRAINING IN FIT KIDS, A 100% GRANT-FUNDED EVIDENCE-BASED PROGRAM WHICH HAS BEEN PROVEN AN EFFECTIVE TOOL FOR FILLING FREE PLAY TIME TEN ELEMENTARY SCHOOLS IN NORWALK ARE UTILIZING THIS BEFORE-AND/OR AFTER-SCHOOL PROGRAM SUPPORTED BY TRAIN-THE-TRAINER EFFORTS - TWO INITIATIVES FOCUS ON ACTIVE LIFESTYLES THE NORWALKER PROGRAM AND THE NORWALK BIKE/WALK COMMISSION THE NORWALKER IS A NEIGHBORHOOD WALKING PROJECT THAT CONSISTS OF SIXTEEN NEIGHBORHOODS IN NORWALK WITH A TOTAL OF 44 WALKING ROUTES THROUGHOUT 2017, NORWALK'S MAYOR CONTINUED TO HOST A NORWALKER WALK EACH WEEKEND ENCOURAGING NORWALK RESIDENTS TO JOIN HIM IT HAS RECEIVED MULTIPLE RECOGNITIONS, SUCH AS THE 'BEST PLACE TO LIVE-WORK-PLAY CAR FREE' AWARD FROM THE BUSINESS COUNCIL OF FAIRFIELD COUNTY, AND RECOGNITION FROM THE US DEPARTMENT OF TRANSPORTATION AS THE WINNER OF THE MAYOR'S CHALLENGE FOR SAFER PEOPLE AND SAFER STREETS THE NORWALK BIKE/WALK COMMISSION WAS CREATED IN 2017 TO SUPPORT BICYCLING AND WALKING AS SAFE, ACCESSIBLE AND SUSTAINABLE FORMS OF TRANSPORTATION AND RECREATION THE COMMISSION IS CHARGED WITH HELPING CREATE SAFE ROADS, SIDEWALKS AND TRAILS IN NORWALK THAT MAKE BICYCLING AND WALKING DESIRABLE AND EASY WHILE PROMOTING HEALTHY LIFESTYLES MENTAL HEALTH AND SUBSTANCE ABUSE - IN APRIL 2014, NORWALK HOSPITAL LAUNCHED A COMMUNITY CARE TEAM WITH THE GOAL OF TARGETING MENTAL HEALTH AND SUBSTANCE ABUSE POPULATIONS THE FORMATION OF THE GREATER NORWALK COMMUNITY CARE TEAM (CCT) HAS ALLOWED US TO DELIVER ENHANCED CARE TO INDIVIDUALS WITH COMPLEX MEDICAL AND PSYCHOSOCIAL CHALLENGES THIS BROAD COMMUNITY INITIATIVE PROVIDES WRAP AROUND SERVICES TO INDIVIDUALS WITH HOUSING INSTABILITY SUFFERING FROM MENTAL HEALTH AND/OR SUBSTANCE ABUSE ISSUES OR SERIOUS MEDICAL CONDITIONS NORWALK HOSPITAL'S GREATER NORWALK CCT CONSISTS OF APPROXIMATELY 25 REPRESENTATIVES FROM LOCAL PROGRAMS, AGENCIES AND INSTITUTIONS THE CCT MEETS WEEKLY IN THE COMMUNITY TO DEVELOP, REVIEW, IMPLEMENT, AND MONITOR TREATMENT PLANS FOR VULNERABLE POPULATIONS THE CCT NAVIGATOR WORKS TO IMPROVE OUTCOMES BY REFERRING TARGETED INDIVIDUALS TO APPROPRIATE COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND SERVING AS A LIAISON TO COORDINATE AND LEVERAGE EXISTING COMMUNITY-BASED RESOURCES AS OF SEPTEMBER 2018, INDIVIDUALIZED CARE PLANS HAVE BEEN DEVELOPED FOR MORE THAN 200 INDIVIDUALS OUTCOMES FOR PATIENTS WITH CARE PLANS IN PLACE INCLUDE MAINTAINED SOBRIETY, MENTAL HEALTH STABILIZATION, IMPROVED ACCESS TO CARE, A 63% REDUCTION IN INAPPROPRIATE EMERGENCY DEPARTMENT</p>

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY BUILDING ACTIVITIES	<p>ENT (ED) VISITS AND REDUCED HOMELESSNESS - WITH MORE THAN 50 INDIVIDUALS ASSISTED IN FINDING STABLE HOUSING - THE WESTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES NORWALK HOSPITAL, HAS FORMED A MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) TO WORK TOGETHER TO PROVIDE HIGHER-QUALITY COORDINATED CARE FOR OUR PATIENTS, WHILE HELPING TO SLOW HEALTH CARE COST GROWTH. THE ACO WILL ALSO HELP TO PROVIDE BETTER CARE TO MEDICARE'S SENIORS AND PEOPLE WITH DISABILITIES. IN ADDITION TO HELPING US SERVE OUR COMMUNITY MEMBERS IN A MORE COMPREHENSIVE WAY, THE ACO WILL HELP US IDENTIFY GAPS IN CARE. CMS DEFINES QUALITY AS MEETING 33 IDENTIFIED BENCHMARKS IN 4 DOMAINS: PATIENT CAREGIVER EXPERIENCE, CARE COORDINATION, PATIENT SAFETY, PREVENTATIVE HEALTH, AT-RISK POPULATIONS. THE ACO HAS DEFINED PROCESSES AND PROCEDURES TO PROMOTE EVIDENCE-BASED MEDICINE AND PATIENT ENGAGEMENT AND MUST REPORT ON QUALITY AND COST MEASURES. IT MUST ALSO MEET PATIENT-CENTEREDNESS CRITERIA SUCH AS THE USE OF PATIENT AND CAREGIVER ASSESSMENTS OR INDIVIDUALIZED CARE TEAMS WHICH WILL ALIGN WITH OUR CURRENT GREATER DANBURY CCT INITIATIVE TO IMPROVE MANAGEMENT OF COMPLEX PATIENTS AND REDUCE UNNECESSARY EMERGENCY DEPARTMENT VISITS AND ADMISSIONS. THE ACO SERVES APPROXIMATELY 28,000 MEDICARE BENEFICIARIES THROUGHOUT OUR REGION.</p>

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Form and Line Reference	Explanation
PART VI, LINE 5 - 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 FY18, NORWALK HOSPITAL SERVED OVER 1.3 MILLION PERSONS THROUGH OVER 850 COMMUNITY HEALTH OCCURRENCES HOSPITAL STAFF AND AFFILIATED PHYSICIANS PARTICIPATED IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES, SUPPORT GROUPS, AND SCREENINGS WITH COMMUNITY ORGANIZATIONS THE HEALTH TALK SHOWS AIRED ON OPTIMUM AND REACHED 1.3 MILLION NORWALK HOSPITAL ALSO 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 THE AMERICARES FREE CLINIC NORWALK HOSPITAL SUB-SPECIALTY CLINICS ARE ALSO STAFFED BY VOLUNTEER-ATTENDING PHYSICIANS FOR UNDERSERVED PATIENTS

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Form and Line Reference	Explanation
<p>PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM</p>	<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 NORWALK HOSPITAL, DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS, THE CONTINUUM OF CARE INCLUDES A LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED BIOMEDICAL RESEARCH INSTITUTE, THE DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC AND NORWALK HOSPITAL FOUNDATION, 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 FY2018, WCHN PROVIDED APPROXIMATELY \$21,695,288 IN TOTAL CHARITY CARE DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS AND NORWALK HOSPITAL 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, AS NOTED ABOVE FOR FY2018, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS NORWALK HOSPITAL, APPROXIMATELY \$6,316,562 , DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, APPROXIMATELY \$13,343,726 WESTERN CONNECTICUT MEDICAL GROUP, INC (WCMG) 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 FOR FY2018, WCMG PROVIDED \$1,958,000 IN CHARITY CARE DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION INC (DH/NMHF) DH/NMHF'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS OTHER DANBURY NOT-FOR-PROFIT HEALTH CARE AFFILIATES NORWALK HOSPITAL FOUNDATION (NH) NH'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO NORWALK HOSPITAL AND OTHER NOT-FOR-PROFIT NORWALK HOSPITAL AFFILIATES WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, IN (WCHNA) WCHNA'S 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 FY2018, WCHNA PROVIDED APPROXIMATELY \$28,000 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 FY2018, WCHC PROVIDED \$49,000 IN CHARITY CARE EASTERN NEW YORK MEDICAL SERVICES, PC (ENYMS) THE MISSION AT ENYMS IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND GASTROENTEROLOGY HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS' NEEDS</p>

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Form and Line Reference	Explanation
PART VI, LINE 7 - STATES FILING COMMUNITY BENEFIT REPORT	CT

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Form and Line Reference	Explanation
ADDITIONAL INFORMATION	<p>PART VI, PART 1, LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS NORWALK HOSPITAL PROVIDED COMMUNITY BENEFIT THROUGH VARIOUS PROGRAMS AND EVENTS THAT WERE MADE AVAILABLE TO THE COMMUNITY AT LARGE BELOW IS A LIST OF ALL THE PROGRAMS OFFERED WITH A BRIEF DESCRIPTION CANCER 592 SERVED PROVIDED THROUGH BEREAVEMENT GROUPS AND CANCER EDUCATION AT FAIRS AND TALKS SENIOR OUTREACH 280 SERVED THROUGH SENIOR-ORIENTED FAIRS, LECTURES, AND SCREENING FAMILY/PARENTING ED 150 SERVED THROUGH LECTURES AND THE READ WITH ME PROGRAM AT THE STAMFORD TOWN CENTER HEALTH FAIRS 2,832 SERVED THROUGH THE DAY-LONG KIDSFEST, PLUS FAIRS HELD AT VARIOUS COMMUNITY ORGANIZATIONS HEART DISEASE 1230 SERVED THROUGH HANDS FOR LIFE EVENTS AND TALKS LECTURES 134 MILLION SERVED THROUGH HEALTH TALK SHOWS (INCLUDING REPEATS), SCHOOLS, LIBRARIES AND CORPORATIONS HEALTH TALK AIRS ON OPTIMUM WITH A VIEWERSHIP OF 25,000 PER SHOW AND SOCIAL MEDIA OUTREACH NUTRITION/WELLNESS 2199 SERVED THROUGH LECTURES, HEALING CUISINE, KIDS HEALTHY WEIGHT CLASSES, AND THE AMERICARES CLINICS SUPPORT GROUPS 75+ SERVED THROUGH THE BARIATRIC AND BREAST CANCER SUPPORT GROUPS AA MEETINGS 6670 SERVED THROUGH ENGLISH AND IN SPANISH MEETINGS BLOOD DRIVES 192 SERVED SCHEDULE H - PART I, LINE 7F - HEALTH PROFESSIONAL EDUCATION - NORWALK HOSPITAL HAS AN ACGME ACCREDITED MEDICAL RESIDENCY PROGRAM PARTNERED WITH YALE UNIVERSITY SCHOOL OF MEDICINE APPROXIMATELY 58 RESIDENTS AND FELLOWS ROTATE IN THE MEDICINE, RADIOLOGY, GASTROENTEROLOGY, PULMONARY OR SLEEP PROGRAMS THE ASSOCIATED COSTS AND REVENUES ARE DERIVED FROM THE MEDICARE COST REPORT SCHEDULE H - PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES - NORWALK HOSPITAL RECEIVES A DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE OUTPATIENT PSYCHIATRIC CLINIC THESE DOLLARS HELP OFFSET THE SHORTFALL FROM UNDER OR UNINSURED PATIENTS PART V LINE 5 - THE MOST RECENTLY COMPLETED CHNA WAS MADE AVAILABLE ON A) NORWALK HOSPITAL'S WEBSITE HTTPS //WWW NORWALKHOSPITAL.ORG/ABOUT-US/ABOUT-US B) THE CT HOSPITAL ASSOCIATION'S WEBSITE HTTP //WWW CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/ , ON THE CITY OF NORWALK WEBSITE HTTPS //WWW NORWALKCT.ORG/DOCUMENTCENTER/VIEW/11296 , AND ON THE CT STATE DEPARTMENT OF PUBLIC HEALTH'S WEBSITE HTTP //PORTAL CT GOV/DPH/OFFICE-OF-HEALTH-CARE-ACCESS/COMMUNITY-NEEDS-ASSESSMENTS/COMMUNITY-NEEDS-ASSESSMENTS C) IS AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY PART V, LINE 10A MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY TO MEET THE SIGNIFICANT COMMUNITY HEALTH NEEDS CAN BE FOUND AT HTTP //WWW NORWALKHOSPITAL.ORG/ABOUT-US/ABOUT-NORWALK-HOSPITAL/COMMUNITY-BENEFIT TITLED GREATER NORWALK CHA CHIP REPORT, DECEMBER, 2012 PART V SECTION B LINES 16A, 16B AND 16C - NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY ("FAP"), FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS MADE AVAILABLE ON THE FOLLOWING LINKS HTTP //WWW NORWALKHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/FINANCIAL-ASSISTANCE-POLICY PART I, LINE 3C- CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED) ASSETS ARE FACTORED IN FOR PATIENTS ABOVE 400% OF FEDERAL POVERTY GUIDELINES WHEN FACED WITH MEDICAL HARDSHIPS MEDICAL HARDSHIP COMBINES AVAILABLE INCOME WITH COUNTABLE ASSETS AND IS GRANTED WHEN MEDICAL BILLS EXCEED THIS FIGURE</p>

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 06-6068853**Name:** THE NORWALK HOSPITAL ASSOCIATION**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	NORWALK HOSPITAL 24 STEVENS STREET NORWALK, CT 06850 NORWALKHOSPITAL.ORG LICENSE #0053	X	X		X			X			

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 3J - DESCRIPTION OF OTHER NEEDS ASSESSMENT	FACILITY NORWALK HOSPITAL YES, THE CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS COMPLETED AND APPROVED IN 2016 NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ENGAGED IN A COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF THE GREATER NORWALK AREA RESIDENTS INCLUDING NORWALK, NEW CANAAN, WESTPORT, WESTON, AND WILTON ALTHOUGH DARIEN, FAIRFIELD AND RIDGEFIELD WERE INCLUDED IN THE 2012 COMMUNITY HEALTH ASSESSMENT, A REGIONAL APPROACH WAS TAKEN IN THIS ASSESSMENT TO AVOID DUPLICATION OF EFFORT AMONG FAIRFIELD COUNTY HOSPITALS, AND YET ENSURE THAT EACH TOWN IN THE REGION SERVED BY NORWALK HOSPITAL WAS INCLUDED IN A CHNA THE INITIATIVE INCLUDED A CHNA TO IDENTIFY THE HEALTH-RELATED STRENGTHS AND NEEDS OF THE AREA AND A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO IDENTIFY PRIORITIES, GOALS, AND IMPLEMENT AND COORDINATE STRATEGIES TO ADDRESS THESE PRIORITY ISSUES ACROSS THE REGION FINDINGS FROM THE CHNA IDENTIFIED CHRONIC DISEASE, MENTAL HEALTH AND SUBSTANCE ABUSE, AND ACCESS AS PRIORITIES FOR THE AREA

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	<p>FACILITY NORWALK HOSPITAL IN CONDUCTING THE CURRENT CHNA, NORWALK HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY IT SERVES. QUANTITATIVE DATA WAS COLLECTED BY DATAHAVEN, A NON-PROFIT ORGANIZATION THAT WORKS TO IMPROVE QUALITY OF LIFE BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA FOR EFFECTIVE DECISION-MAKING. DATAHAVEN CONDUCTED A STATEWIDE COMMUNITY WELLBEING SURVEY (CWS), FROM MAY THROUGH OCTOBER 2015. OVER 900 SURVEYS WERE COMPLETED BY RESIDENTS OF THE GREATER NORWALK REGION. THE PROCESS ALSO INCLUDED INTEGRATING EXISTING DATA REGARDING SOCIAL, ECONOMIC, AND HEALTH INDICATORS IN THE REGION WITH QUALITATIVE INFORMATION. A COMMUNITY FORUM, ATTENDED BY OVER 45 REPRESENTATIVES OF HEALTH, SOCIAL SERVICE AND GOVERNMENT AGENCIES WAS HELD IN APRIL, 2016. THESE COMMUNITY MEMBERS AGREED TO PARTICIPATE IN A COMMUNITY TASK FORCE TO ASSIST IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT. AN ONLINE KEY INFORMANT SURVEY (KIS) WAS DEVELOPED AND DISTRIBUTED TO 184 COMMUNITY LEADERS IN THE GREATER NORWALK AREA. A 29% PARTICIPATION RATE WAS ACHIEVED. KIS RESPONDENTS INCLUDED COMMUNITY STAKEHOLDERS, COMMUNITY AND BEHAVIORAL HEALTH PROVIDERS, LOCAL HEALTH DEPARTMENTS, SCHOOL AND GOVERNMENT OFFICIALS. A SECOND COMMUNITY FORUM WAS HELD IN JULY 2016, AND PRELIMINARY FINDINGS WERE SHARED WITH THE COMMUNITY TASK FORCE. THE TASK FORCE THEN COMPLETED A VOTING EXERCISE TO RANK FINDINGS AND PARTICIPATED IN A FACILITATED DISCUSSION TO DETERMINE HEALTH PRIORITIES AND TO IDENTIFY RESOURCES NEEDED FOR THE CHIP PROCESS. THE GREATER NORWALK CHNA BUILDS OFF OF PREVIOUS EFFORTS IN THE GREATER NORWALK REGION, SPECIFICALLY, THE 2012 CHNA AND CHIP THAT HAVE BEEN GUIDING THE COMMUNITY HEALTH IMPROVEMENT WORK OF NORWALK HOSPITAL AND NORWALK HEALTH DEPARTMENT OVER THE PAST THREE YEARS. NORWALK HOSPITAL PARTNERED WITH DATAHAVEN TO HELP FUND THE 2015 COMMUNITY WELLBEING SURVEY (CWS). THE CWS GATHERED QUANTITATIVE DATA THAT WAS NOT PROVIDED AT A LOCAL LEVEL BY SECONDARY SOURCES, TO UNDERSTAND PUBLIC PERCEPTIONS AROUND HEALTH, SOCIAL DETERMINANT, AND OTHER ISSUES. THE SURVEY INSTRUMENT WAS DESIGNED BY DATAHAVEN AND THE SIENA COLLEGE RESEARCH INSTITUTE, IN CONSULTATION WITH LOCAL, STATE, AND NATIONAL EXPERTS. THE CWS WAS CONDUCTED FROM MAY TO OCTOBER 2015 BY THE SIENA COLLEGE RESEARCH INSTITUTE INTERVIEWERS WHO COMPLETED IN-DEPTH INTERVIEWS WITH 16,219 ADULTS STATEWIDE INCLUDING 912 ADULTS LIVING IN THE GREATER NORWALK REGION. THE SURVEY WAS ADMINISTERED VIA RANDOMLY-SELECTED LAND AND CELL PHONES IN BOTH ENGLISH AND SPANISH. INTERVIEWS WERE WEIGHTED TO BE STATISTICALLY REPRESENTATIVE OF ADULTS IN EACH SUB-REGION, AND ZIP CODES WERE TARGETED TO SUPPLEMENT SAMPLES OF HARD-TO-REACH POPULATIONS. THE SURVEY HAS CREATED INFORMATION THAT WAS PREVIOUSLY UNAVAILABLE AT A LOCAL LEVEL FROM OTHER SOURCES, AND CROSS SECTOR ANALYSIS PROVIDES INFORMATION ON NEIGHBORHOOD QUALITY, HAPPINESS, HOUSING, TRANSPORTATION, HEALTH, ECONOMIC SECURITY, W</p>

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	<p>ORKFORCE DEVELOPMENT, AND OTHER TOPICS IN ADDITION TO COMPLETING THE CWS, DATAHAVEN WAS ENGAGED TO PERFORM AN ANALYSIS OF AVAILABLE SECONDARY DATA SOURCES INCLUDING BUT NOT LIMITED TO, THE U S CENSUS, COUNTY HEALTH RANKINGS, CENTERS FOR DISEASE CONTROL AND PREVENTION, CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), NORWALK HOSPITAL, NORWALK HEALTH DEPARTMENT, AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES A COMMUNITY FORUM, ATTENDED BY OVER 45 REPRESENTATIVES OF HEALTH, SOCIAL SERVICE AND GOVERNMENT AGENCIES WAS HELD IN APRIL, 2016 AND AGAIN IN JULY 2016 THESE COMMUNITY MEMBERS AGREED TO PARTICIPATE IN AN ADVISORY COMMITTEE, NAMED THE COMMUNITY HEALTH IMPROVEMENT TASK FORCE, TO PROVIDE GUIDANCE ON THE CHNA PROCESS, AND PARTICIPATE IN IDENTIFYING PRIORITY ISSUES ENGAGEMENT OF COMMUNITY MEMBERS AND PARTNERS WAS EXPANDED THROUGHOUT THE PROJECT TO INCLUDE ADDITIONAL REPRESENTATIVES FROM HOUSING, EDUCATION, BUSINESS, LOCAL AND STATE GOVERNMENT, HEALTH CARE, SOCIAL SERVICES, MENTAL HEALTH AND BEHAVIORAL HEALTH, PHILANTHROPY, ADVOCACY, AND COMMUNITY-BASED ORGANIZATIONS SPECIFICALLY, THE TASK FORCE WAS ASKED TO PROVIDE EXISTING QUANTITATIVE AND QUALITATIVE DATA, IDENTIFY ADDITIONAL APPROPRIATE SECONDARY DATA SOURCES, PROVIDE INPUT ON PRIMARY DATA COLLECTION, MOTIVATE AND RECRUIT COMMUNITY MEMBERS TO PARTICIPATE IN THE ASSESSMENT PROCESS, PROVIDE TECHNICAL ASSISTANCE IN THEIR AREAS OF EXPERTISE, IDENTIFY PRIORITY ISSUES FOR HEALTH IMPROVEMENT, AND DEVELOP AND IMPLEMENT PROGRAMS AND POLICIES TO ADDRESS PRIORITY ISSUES THE UNITED WAY OF WESTERN CONNECTICUT SHARED THE ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) COMMUNITY CONVERSATION AND SURVEY 2015 SUMMARY REPORT, INFORMATION WAS OBTAINED FROM THE NORWALK PUBLIC SCHOOLS, AND THE 2016 REGION ONE BEHAVIORAL HEALTH PRIORITY SERVICES REPORT FOR SOUTH-WESTERN CT INFORMATION FROM THESE SOURCES WAS REVIEWED AND INCORPORATED INTO THE COMMUNITY HEALTH NEEDS ASSESSMENT THROUGHOUT THE PROCESS, INFORMATION WAS PROVIDED TO ALL TASK FORCE MEMBERS VIA EMAIL ALLOWING PARTICIPANTS TO BE INFORMED ON THE PROGRESS OF THE PROJECT AND THE OPPORTUNITIES TO SHARE THEIR EXPERTISE LASTLY, AN ONLINE KEY INFORMANT SURVEY (KIS) WAS ADMINISTERED TO COMMUNITY LEADERS AND SERVICE PROVIDERS IN THE GREATER NORWALK REGION USING AN ONLINE SURVEY TOOL THE SURVEY WAS DISTRIBUTED TO 184 KEY INFORMANTS AND HAD 54 RESPONSES IN TOTAL - A 29% RESPONSE RATE RESPONDENTS INCLUDED HEALTH CARE PROFESSIONALS, COMMUNITY LEADERS AND MEMBERS, AND GOVERNMENT OFFICIALS THE SURVEY WAS DESIGNED TO BETTER UNDERSTAND THE HEALTH NEEDS OF THE GREATER NORWALK REGION AND INCLUDED QUESTIONS ON COMMUNITY HEALTH INITIATIVES, STRENGTHS AND CHALLENGES, HEALTH CONCERNS AND LIMITATIONS, AND VULNERABLE POPULATIONS THE SECONDARY DATA AND QUALITATIVE DATA FROM THE CWS AND KIS WERE SYNTHESIZED AND INTEGRATED IN DEVELOPING THE 2016 CHNA PARTICIPATING ORGANIZATIONS INCLUDED THE AMERICAN CANCER SOCIETY, THE AM</p>

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	ERICAN HEART ASSOCIATION, NORWALK COMMUNITY HEALTH CENTER, SACRED HEART UNIVERSITY, UNITED WAY OF COASTAL FAIRFIELD COUNTY, AND MANY MORE

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 6B - CHNA CONDUCTED BY ORGANIZATIONS OTHER THAN HOSPITAL	FACILITY NORWALK HOSPITAL NORWALK HEALTH DEPARTMENT

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 7D - DESCRIPTION OF MAKING NEEDS ASSESSMENT WIDELY AVAILABLE	FACILITY NORWALK HOSPITAL THE MOST RECENTLY COMPLETED CHNA WAS MADE AVAILABLE ON THE FOLLOWING A) NORWALK HOSPITAL'S WEBSITE HTTPS //WWW NORWALKHOSPITAL ORG/ABOUT-US/ABOUT-US B) THE CT HOSPITAL ASSOCIATION'S WEBSITE HTTP //WWW CHIME ORG/ADVOCACY/COMMUNITY-HEALTH/ , ON THE CITY OF NORWALK WEBSITE HTTPS //WWW NORWALKCT ORG/DOCUMENTCENTER/VIEW/11296 , AND ON THE CT STATE DEPARTMENT OF PUBLIC HEALTH'S WEBSITE HTTPS //PORTAL CT GOV/-/MEDIA/OHS/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2016/2016GREATERNORWALKCHNAPDF.PDF?LA=EN C) IS AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY

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 11 - EXPLANATION OF NEEDS NOT ADDRESSED AND REASONS WHY	FACILITY NORWALK HOSPITAL TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2016 CHIP ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT NORWALK HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS ENVIRONMENTAL HEALTH IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A COMMUNITY HEALTH IMPROVEMENT TASK FORCE WAS CREATED OF OVER 100 COMMUNITY RESIDENTS AND PROFESSIONALS REPRESENTING VARIOUS ORGANIZATIONS THEY IDENTIFIED MENTAL HEALTH, OBESITY AND SUBSTANCE ABUSE, AND ACCESS AS THE MAIN PRIORITIES TO ADDRESS WHICH INFORMED THE DEVELOPMENT OF THE 2016 CHIP WHICH DETAILS SPECIFIC GOALS AND METRICS FOR EACH IDENTIFIED NEED AND COMMUNITY BENEFIT PROGRAMS THAT WOULD HELP ACHIEVE THESE GOALS THE NARRATIVE FOR PART II COMMUNITY BUILDING ACTIVITIES DESCRIBES ACTIONS TAKEN TO ADDRESS THE NEEDS IDENTIFIED IN THE 2016 CHNA

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 13H-OTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED PATIENT	FACILITY NORWALK HOSPITAL ASSETS ARE FACTORED IN FOR PATIENTS ABOVE 400% OF THE FPG IF WE ARE ATTEMPTING MEDICAL HARDSHIP FOR MEDICAL HARDSHIP THE PATIENT'S UNPAID MEDICAL DEBT WOULD NEED TO BE GREATER THAN THE PATIENT'S AVAILABLE INCOME ADDED WITH THEIR COUNTABLE ASSETS SOME PATIENTS WHO HAVE INCOME OVER 400% OF THE FPG WILL NOT HAVE THE UNPAID MEDICAL DEBT TO MEET MEDICAL HARDSHIP

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)
1 NORWALK HOSP RADIOLOGY & MAMMOGRAPHY CTR 148 EAST AVENUE SUITE 1R NORWALK, CT 06851	RADIOLOGY AND MAMMOGRAPHY CENTER
1 NORWALK SURGERY CENTER LLC 40 CROSS STREET NORWALK, CT 06851	AMBULATORY SURGERY CENTER
2 NORWALK HOSPITAL OUTPATIENT REHAB SVCS 520 WEST AVENUE NORWALK, CT 06850	OUTPATIENT REHABILITATION FACILITY
3 NORWALK HOSPITAL SLEEP DISORDER CENTER 520 WEST AVENUE NORWALK, CT 06850	SLEEP DISORDER SERVICES
4 CROSS STREET RADIOLOGY 40 CROSS STREET NORWALK, CT 06850	RADIOLOGY SERVICES
5 NORWALK HOSPITAL WESTPORT RADIOLOGY 728 POST ROAD EAST WESTPORT, CT 06880	RADIOLOGY SERVICES
6 OCCUPATIONAL HLTH & REHAB SRVCS 45 GROVE ST NEW CANAAN, CT 06840	OUTPATIENT REHABILITATION SERVICES
7 WESTPORT BLOOD COLLECTION CENTER 728 POST ROAD EAST WESTPORT, CT 06880	BLOOD COLLECTION
8 NORWALK BLOOD COLLECTION CENTER 40 CROSS STREET NORWALK, CT 06851	BLOOD COLLECTION
9 NEW CANAAN BLOOD COLLECTION CENTER 25-30 EAST AVENUE NEW CAANAN, CT 06840	BLOOD COLLECTION
10 NORWALK HOSPITAL NEW CANAAN RADIOLOGY 28-30 EAST AVENUE NEW CANAAN, CT 06840	RADIOLOGY SERVICES
11 NORWALK BLOOD COLLECTION CENTER 148 EAST AVENUE NORWALK, CT 06851	BLOOD COLLECTION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number
06-6068853

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b Yes									
<p>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?</p>	2 Yes									
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a No	5b No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a Yes	6b Yes								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on 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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS	REPORTED IN PART VII FOR SHARON ADAMS IS A TAXABLE HOUSING ALLOWANCE FOR THE FOLLOWING INDIVIDUALS, BENEFITS REPORTED IN PART VII INCLUDE GROSS-UP PAYMENTS FOR A TAXABLE STIPEND SHARON ADAMS MICHAEL DAGLIO CAROLYN MCKENNA STEVEN H ROSENBERG
PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-	BASED COMPENSATION PART 1, LINE 4B-PARTICIPATED IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WESTERN CONNECTICUT HEALTH NETWORK (WCHN) 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 A 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 DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2018, A PAYMENT OF \$2,619,020 WAS MADE TO STEVEN H ROSENBERG, TREASURER, PARTICIPANT 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, 2018, NO PAYMENTS WERE MADE TO MICHAEL DAGLIO, PRESIDENT NHA, PARTICIPANT OF SERP #3
PART I, LINE 6 - COMPENSATION ON NET EARNINGS OR RELATED ORGANIZATION	SUMMARY OF EXECUTIVE INCENTIVE PLAN THE PLAN IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE (THE COMMITTEE) OF WESTERN CONNECTICUT HEALTH NETWORK, INC (WHCN) 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 PARTICIPANT, 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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE NORWALK HOSPITAL ASSOCIATION

Employer identification number 06-6068853

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include ST of CT Hlth & Educ Fac.

Part II Proceeds

Table with columns: A, B, C, D. Rows 1-17 detailing bond proceeds, including amounts retired, legally defeased, total proceeds, and issuance costs.

Part III Private Business Use

Table with columns: A, B, C, D. Rows 1-2 detailing private business use of bond-financed property.

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 ▶	0 580 %							
6 Total of lines 4 and 5	2 150 %							
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 BK					
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	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 \$14,610 RECEIVED ON THE CONSTRUCTION FUND AND COST OF ISSUANCE FUND 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 2C - NAME OF PROVIDER - CHEFA SERIES J - PEOPLE'S UNITED BANK NAME OF PROVIDER - CHEFA SERIES G, H, & I - IN DECEMBER, 2017, THE ARBITRAGE REBATE CALCULATION FOR NORWALK HOSPITAL WAS COMPUTED TO DECEMBER, 2015

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JILLENE MAHONY	SEE PART V	19,522	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	JILLENE MAHONY IS THE DAUGHTER OF EDWARD MAHONY, A DIRECTOR OF NORWALK HOSPITAL SHE HAS BEEN EMPLOYED AS A NURSE AT THE HOSPITAL SINCE FEBRUARY 2016

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

OMB No 1545-0047

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, OFFICERS AND TRUSTEES, PART VII	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 amounts in Column F, of Part VII, "Estimated Amount of Other Compensation", represent benefits, and do not reflect any compensation for which the average amount of time worked can be reflected

990 Schedule O, Supplemental Information

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 CASES GASTROINTESTINAL 1,117 INFECTIOUS DISEASE 1,125 INTERNAL MEDICINE 462 NEUROLOGY MEDICINE 351 RENAL/UROLOGY MEDICINE 453 PULMONARY MEDICINE 833 ALL OTHER INPATIENT 1,584 OUTPATIENT SERVICE LINE CASES O/P MEDICINE 5,319 O/P MEDICINE COMM CLINIC 3,297 O/P MEDICAL ONCOLOGY 8,490 O/P PULMONARY MEDICINE 2,626 DIGESTIVE DISEASES OUR DIGESTIVE DISEASE CENTER IS STAFFED BY RENOWNED FELLOWSHIP-TRAINED GASTROENTEROLOGISTS WHO ARE LEADING DIAGNOSTICS AND TREATMENT OF A WIDE RANGE OF DIGESTIVE DISEASES AND CONDITIONS, WHILE PROVIDING INDIVIDUALIZED TREATMENT FOR EVERY PATIENT OUR SERVICES INCLUDE ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, COLON CANCER SCREENING, COLONOSCOPY, CRYOTHERAPY, ENDOSCOPIC ULTRASOUND AND FINE-NEEDLE ASPIRATION, LACTOSE TOLERANCE TESTING, AND WIRELESS CAPSULE ENDOSCOPY INFECTIOUS DISEASE 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-INFECTION MEDICINES TO TREAT DISEASE AND ALSO COLLABORATE WITH PRIMARY CARE DOCTORS, SPECIALISTS AND SURGEONS TO ENSURE A COMPREHENSIVE, PERSONALIZED TREATMENT PLAN FOR EACH PATIENT INTERNAL MEDICINE HAVING A PRIMARY CARE PROVIDER (PCP) IS ONE OF THE MOST IMPORTANT STEPS YOU CAN TAKE WHEN IT COMES TO YOUR HEALTH WITH A PCP, YOU HAVE A PROVIDER WHO TAKES THE TIME TO GET TO KNOW EVERY ASPECT OF YOUR HEALTHCARE NEEDS AND BUILD A TRUSTING RELATIONSHIP WITH YOU-AND IS FOCUSED ON YOUR OVERALL HEALTH AND WELLNESS OUR PCPS ARE COMMITTED TO UNDERSTAND ALL YOUR NEEDS WHETHER CLINICAL OR PERSONAL, AND DEVELOP A PERSONALIZED PLAN JUST FOR YOU THEY ARE COMMITTED TO TREATING YOU LIKE A PERSON, NOT A NUMBER ON A CHART WHATEVER YOUR MEDICAL NEEDS, NORWALK HOSPITAL PROVIDES EXPERT CARE IN THE WARM, FOCUSED AND PERSONAL MANNER YOU DESERVE SPECIALISTS IN PRIMARY CARE, OUR FAMILY MEDICINE PHYSICIANS TREAT INFANTS, CHILDREN AND ADULTS OF ALL AGES SERVICES INCLUDE PREVENTIVE MEDICINE (INCLUDING VACCINES AND IMMUNIZATIONS), DIAGNOSIS AND TREATMENT OF CHRONIC AND ACUTE ILLNESSES AND INJURIES, AND COORDINATION OF SPECIALTY CARE OUR FAMILY PHYSICIANS ARE TRAINED TO PROVIDE MEDICAL CARE FOR PATIENTS RANGING IN AGE FROM PEDIATRICS THROUGH ADULT AND GERIATRICS NEUROLOGY AND STROKE WE OFFER EXPERTISE IN TREATMENT OF NEUROLOGICAL DISORDERS, INCLUDING STROKE, EPILEPSY, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE AND VERTIGO 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 L</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	ATEST EFFECTIVE TREATMENTS UROLOGY OUR EXPERT UROLOGISTS TREAT CONDITIONS SUCH AS -FEMALE UROLOGIC DISORDERS, INCLUDING URINARY INCONTINENCE AND VOIDING DYSFUNCTION -INFERTILITY -KIDNEY, BLADDER, PROSTATE AND TESTICULAR CANCER -KIDNEY STONES -MALE SEXUAL DIFFICULTIES -PROSTATE CANCER -URINARY TRACT INFECTIONS -VASECTOMY AND VASECTOMY REVERSAL PROCEDURES WE PERFORM INCLUDE -EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES -LAPAROSCOPIC NEPHRECTOMY -MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE -MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE -PYELOPLASTY PULMONOLOGY 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 AWARDS & ACCREDITATIONS AT NORWALK HOSPITAL, OUR MEDICAL SERVICE LINE IS HONORED TO HAVE EARNED THE FOLLOWING NATIONAL RECOGNITIONS AND AWARDS AMERICA'S 250 BEST HOSPITAL'S AWARD - TOP 5% IN THE NATION FOR CONSISTENTLY DELIVERING CLINICAL QUALITY (2018-2019) AMERICA'S BEST HOSPITAL FOR PULMONARY CARE AWARD - SUPERIOR CLINICAL OUTCOMES IN TREATING CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND PNEUMONIA (2017-2019) WHITTINGHAM CANCER CENTER - FOR CONTINUED QUALITY IMPROVEMENT BY MEETING QOPI'S CORE STANDARDS IN ALL AREAS OF TREATMENT (2017-2020) DIABETES EDUCATION PROGRAM - AMERICAN DIABETES ASSOCIATION (ADA) EDUCATION RECOGNITION CERTIFICATE (2017-2019) ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	<p> SURGERY SERVICE LINE Inpatient Cases Major Joint Replacement 468 Trauma Surgery 371 Minor GI Surgery 158 General Surgery 222 Urology Surgery 103 Colon/Bowel Surgery 190 Obesity Surgery 142 Spinal Surgery 143 All Other Inpatient Surgery 344 Outpatient Service Line Cases Abdomen GI Surgery 1,160 Breast Surgery-Non Plastic 582 Endoscopy 6,870 Misc General Surgery 178 Oral Surgery 109 Ophthalmology 144 Urology 348 Pain Injection Procedures 284 Head /Neck Procedures 115 Plastic Surgery 424 All Other Outpatient Surgery 587 GENERAL SURGERY Norwalk Hospital takes pride in a Surgical Services Department that offers every advantage Highly trained surgeons who are attentive to patient needs and experienced with the latest technology, including minimally invasive approaches Many of our surgeons have advanced fellowship training in specialties such as oncology, colorectal and bariatric surgery N orwalk Hospital's surgeons are continually recognized for their experience, excellent outcomes, and expertise in minimally invasive surgical techniques Here are just some of the awards we've been privileged to receive - Certification and Goal Seal of Distinction awarded for Excellence in Total Joint Replacement (2012-2018) - MBSAQIP Accredited Bariatric Center At Norwalk Hospital our expert surgeons excel at using advanced technology to perform minimally invasive procedures, allowing patients to undergo surgery with less pain, shorter hospital stays, and quicker recovery periods Surgeons use very small incisions, meaning less trauma to the body, less blood loss, smaller scars and a lower need for pain medication Our surgeons have been recognized for excellence in laparoscopic techniques performed in many surgical specialties including weight loss, colorectal, and general surgical procedures For robotic surgery, we use the latest, most advanced robotic technology available We are committed to staying at the forefront of innovation, equipping our surgeons with sophisticated technology so they can offer innovative surgical procedures here in our co mmunity Our surgical system gives surgeons better visualization and tools that improve dexterity With more control they can operate with greater precision Our doctors use this advanced technology to perform a wide range of procedures, including single-incision robotic surgery Norwalk Hospital's team of board certified surgeons provide immediate, 24/7 car e for acute and life-threatening injuries to children and adults ORTHOPEDIC SURGERY Our Center for Advanced Orthopedic and Spine Care has earned the "Center of Excellence" designation from the Joint Commission for providing comprehensive, multidisciplinary care, including hip, knee, shoulder, and ankle replacement Our Norwalk Hospital orthopedic surgeons offer a wide array of joint replacement procedures Our continuum of care includes A care coordinator who provides education and guidance every step of the way, pre-op through your rehabilitation Pre-admissio </p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	<p>n testing in our dedicated unit, designed to meet the unique needs of joint replacement patients and families. Services include individualized patient education, nursing, and anesthesia assessments, and collaboration with you on planning a pain management program for your surgical recovery. Dedicated orthopedic operating rooms and clinical support staff. A comfortable orthopedic recovery unit with physician assistants, nursing and rehabilitation staff specially trained to care for total joint replacement patients. - Advanced, digital diagnostics imaging technology. - Acute in-hospital therapy services. - Outpatient physical and occupational therapy. - Access to home care services with Western Connecticut Home Care (formerly DVNA).</p> <p>DIGESTIVE DISEASE 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.</p> <p>UROLOGIC SURGERY 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. Norwalk Hospital's colon and rectal surgeons treat a variety of anorectal conditions using surgical intervention.</p> <p>BARIATRIC/WEIGHT LOSS SURGERY At Norwalk Hospital our expert surgeons excel at using advanced technology to perform minimally invasive procedures, allowing patients to undergo surgery with less pain, shorter hospital stays, and quicker recovery periods. Surgeons use very small incisions, meaning less trauma to the body, less blood loss, smaller scars and a lower need for pain medication. Our surgeons have been recognized for excellence in laparoscopic techniques performed in many surgical specialties including weight loss, colorectal, and general surgical procedures.</p> <p>NEUROSURGERY Board certified neurosurgeons diagnose and treat disorders that affect any portion of the nervous system, including the brain, spinal cord and its surrounding structures and the peripheral nerves. Conditions include Brain aneurysms, Cerebral aneurysms, Chronic subdural hematoma, coma, concussions, Degenerative disc disease, Disc herniation, epilepsy, Head trauma, Seizures, Spinal compression fractures, Spinal Cord injury, Spinal cord tumors, Stenosis, Stroke, and Torticollis. Accreditation to the Praxair Cancer Center, American College of Surgeons Commission on Cancer, 2015. All programs are administered consistent with the Norwalk Hospital's financial assistance policy.</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARDIOVASCULAR SERVICES NORWALK HOSPITAL'S CARDIOVASCULAR SERVICE LINE CONSISTS OF THE FOL LOWING SERVICES INPATIENT CASES CARDIAC MEDICINE 1,130 CARDIAC PCI MEDICINE 74 CARDIAC V ASCULAR SURGERY 109 ALL OTHER INPATIENT CARDIOVASCULAR SERV S 167 OUTPATIENT SERVICE LINE CASE CARDIAC DIAGNOSTIC CLINIC 2,102 CARDIAC REHABILITATION 833 ALL OTHER OUTPATIENT CARD IOVASCULAR SERV S 2,290 NORWALK HOSPITAL OFFERS A PREMIER CARDIOVASCULAR PROGRAM TO MEET T HE NEEDS OF PATIENTS WITH CARDIAC AND VASCULAR PROBLEMS LED BY A SPECIALIST TEAM OF CARDI OLOGISTS, INTERVENTIONAL CARDIOLOGISTS AND VASCULAR SURGEONS, THIS PROGRAM HAS ACHIEVED WI DE ACCLAIM FOR PROVIDING LEADING-EDGE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF CARDIOVASCULAR DISEASE AT NORWALK HOSPITAL, WE PROVIDE EXPERT, COLLABORATIVE, MULTIDIS CIPLINARY CARE, INPATIENT AND OUTPATIENT, FOR THE FULL RANGE OF CARDIOVASCULAR CONDITIONS, INCLUDING THOSE THAT AFFECT THE HEART, HEART VALVES AND THE VASCULAR SYSTEM WE OFFER THE FULL SPECTRUM OF ADVANCED TREATMENTS AND PROCEDURES FOR CARDIOVASCULAR DISEASE IN THE ARE AS OF -GENERAL CARDIOLOGY -CARDIAC SURGERY (IN COLLABORATION WITH DANBURY HOSPITAL) -VASC ULAR SURGERY -INTERVENTIONAL CARDIOLOGY -ELECTROPHYSIOLOGY -STRUCTURAL HEART (IN COLLABORA TION WITH DANBURY HOSPITAL) COMMON HEART & VASCULAR CONDITIONS WE TREAT -ATRIAL FIBRILLAT ION (IRREGULAR HEARTBEAT) -CONGESTIVE HEART FAILURE -HEART ATTACK -CHEST PAIN -CORONARY AR TERY DISEASE -PERIPHERAL ARTERY DISEASE OUR EXPERT PHYSICIANS, ADVANCED PRACTICE PROVIDERS , NURSES AND SUPPORT STAFF ARE SERIOUS ABOUT THEIR ROLE IN SUPPORTING THE HEART HEALTH OF EVERYONE IN OUR COMMUNITY WHETHER FOR SCREENING, DIAGNOSTIC TESTS OR TREATMENT FOR A HEAR T OR VALVE CONDITION, WE PROVIDE COMPASSIONATE CARE THAT IS PERSONALIZED TO YOUR NEEDS DI AGNOSTICS AND TESTS WE OFFER INCLUDE -ANGIOGRAM -CORONARY ANGIOGRAPHY -DIAGNOSTIC ELECTRO PHYSIOLOGY STUDIES (EPS) -ECHOCARDIOGRAM -HOLTER MONITOR -STRESS TESTS HEART AND VASCULAR TREATMENTS AND PROCEDURES AMONG THE ADVANCED TREATMENTS AND PROCEDURES WE PROVIDE ARE -AB DOMINAL AORTIC ANEURYSM (AAA) SURGERY -ANGIOPLASTY -AORTIC VALVE REPLACEMENT -CARDIOVERSIO N -CATHETER ABLATION -DEEP VEIN THROMBOSIS (DVT) THERAPY -HEART BYPASS SURGERY (IN COLLABO RATION WITH DANBURY HOSPITAL) -HYBRID CONVERGENT PROCEDURE FOR ATRIAL FIBRILLATION (AFIB) -MITRAL VALVE REPAIR/REPLACEMENT (IN COLLABORATION WITH DANBURY HOSPITAL)-OPEN HEART SURGE RY (IN COLLABORATION WITH DANBURY HOSPITAL) -PACEMAKER AND ICD PLACEMENT -STENT PLACEMENT -TAVR (IN COLLABORATION WITH DANBURY HOSPITAL) -THORACIC AORTIC ANEURYSM SURGERY, OPEN AWA RDS & ACCREDITATIONS AT NORWALK HOSPITAL, OUR CARDIOVASCULAR PREVENTION, DIAGNOSIS, TREATM ENT AND REHABILITATION STAFF AND PROGRAMS ARE HONORED TO HAVE EARNED THE FOLLOWING NATIONAL RECOGNITIONS AND AWARDS GET WITH THE GUIDELINES - STROKE SILVER PLUS QUALITY ACHIEVEMEN T AWARD (2018) CHEST PAIN CENTER WITH PRIMARY PCI ACCREDITAION (2016-2019) RECERTIFICATIO N - PRIMARY STROKE CENTER (201</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	7-2019) ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM

990 Schedule O, Other Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	<p>OTHER PROGRAM SERVICES AT NORWALK HOSPITAL DURING FYE2018, APPROXIMATELY 13,000 DISCHARGES AND 50,000 EMERGENCY ROOM VISITS OCCURRED EMERGENCY SERVICES 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 LIFESAVING TECHNOLOGY AND IS STAFFED BY BOARD-CERTIFIED PHYSICIANS AND EXPERIENCED NURSES WITH ADVANCED SKILLS FOR PATIENTS EXPERIENCING A STROKE, NORWALK HOSPITAL IS CERTIFIED AS A STROKE CENTER BY THE JOINT COMMISSION ONCE IDENTIFIED AS A CANDIDATE BY EMS OR BY THE EMERGENCY PHYSICIAN, A CRITICAL PATHWAY ENSURES THE RAPID EVALUATION OF THE PATIENT FOR DEFINITIVE CARE TO MINIMIZE LONG-TERM CONSEQUENCES WOMEN'S AND CHILDREN'S SERVICE OUR WOMEN'S AND CHILDREN'S SERVICES FEATURE 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 HYSTRECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE CANCERS, ARE AVAILABLE AT THE HOSPITAL AT NORWALK HOSPITAL, WE UNDERSTAND THAT A CHILD IS LIFE'S MOST PRECIOUS GIFT NO PARENT SHOULD FEEL THE NEED TO CHOOSE BETWEEN EXPERT MEDICAL CARE AND A TENDER, LOVING MANNER TO THE CHILDREN OF OUR COMMUNITY FOR CHILDREN WHO NEED HOSPITAL CARE, OUR CHILD-FRIENDLY PEDIATRIC UNIT OFFERS A VARIETY OF SUPPORTS TO MAKE YOUR CHILD'S STAY AS COMFORTABLE AS POSSIBLE FOR BOTH OF YOU AND MANY CHILDREN REQUIRE THE CARE OF A SPECIALIST AT ONE POINT OR ANOTHER, WE MAKE IT EASIER BY BRINGING EXCELLENT PEDIATRIC SPECIALTY SERVICES INTO ONE CONVENIENT LOCATION AT OUR CHILDREN'S HEALTH AND WELLNESS CENTER THE CHILDREN'S HEALTH AND WELLNESS CENTER IS A CHILD-FRIENDLY, INTERACTIVE ENVIRONMENT FOR WELLNESS AND HEALING WITH YOUR CONVENIENCE IN MIND, WE OFFER A VARIETY OF PEDIATRIC SPECIALTY SERVICES IN ONE LOCATION AT NORWALK HOSPITAL WE ARE PROUD TO PROVIDE ADVANCED SUPPORT, STAFFED 24/7 BY EXPERIENCED NEONATOLOGISTS AND NICU NURSES WITH ADVANCED DIAGNOSTIC IMAGING AND A FULL STAFF OF PEDIATRIC SPECIALISTS, WE'RE PREPARED TO "EXPECT THE UNEXPECTED" BEHAVIORAL AND MENTAL HEALTH NORWALK HOSPITAL PROVIDES EXPERT, SUPPORTIVE INPATIENT PSYCHIATRIC SERVICES FOR ADULTS AND GERIATRIC PATIENTS WITH ACUTE PS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION</p>	<p>PSYCHIATRIC ILLNESS OR CO-OCCURRING SUBSTANCE USE THE INPATIENT UNIT OFFERS A VARIETY OF SERVICES AIMED TO STABILIZE ACUTE PSYCHIATRIC SYMPTOMS OUR PSYCHIATRIC INPATIENT MULTIDISCIPLINARY TEAM INCLUDES PHYSICIAN-PSYCHIATRISTS, ADVANCED PRACTICE PSYCHIATRIC NURSES, SOCIAL WORKERS, ACTIVITY THERAPISTS, EXPERIENCED PSYCHIATRIC NRS AND SUPPORT STAFF OUR CENTRAL INTAKE TEAM LOCATED IN THE EMERGENCY DEPARTMENT PROVIDES COMPREHENSIVE PSYCHIATRIC AND SAFETY ASSESSMENTS LICENSED CLINICIANS IDENTIFY PATIENTS WHO MAY REQUIRE A BEHAVIORAL HEALTH ASSESSMENT AND PROVIDE REFERRALS TO THE APPROPRIATE LEVEL OF CARE THIS MAY INCLUDE A PSYCHIATRIC ADMISSION OR REFERRAL FOR OUTPATIENT SERVICES NORWALK HOSPITAL OUTPATIENT PSYCHIATRIC TREATMENT SERVICES ARE INTENDED FOR PATIENTS WITH EMOTIONAL DISTURBANCES, ACUTE PSYCHIATRIC SYMPTOMS, EXACERBATION OF PSYCHIATRIC DISORDERS, OR MANAGEMENT OF PROLONGED PSYCHIATRIC ILLNESS SERVICES INCLUDE EVALUATION AND ASSESSMENT, MEDICATION MANAGEMENT, INDIVIDUAL AND GROUP THERAPY, INTENSIVE OUTPATIENT PROGRAMS, FAMILY THERAPY, AND CRISIS INTERVENTION FOR THE TREATMENT OF MENTAL HEALTH CONDITIONS AND CO-OCCURRING SUBSTANCE ABUSE THE COMMUNITY SUPPORT PROGRAM PROVIDES INTEGRATED OUTPATIENT CASE MANAGEMENT FOR PERSONS WITH SEVERE AND PROLONGED MENTAL ILLNESS WITH AN EMPHASIS ON RECOVERY ONGOING TREATMENT IS PROVIDED BY A MULTIDISCIPLINARY TEAM THAT FOCUSES ON OUTREACH, CASE MANAGEMENT, AND SKILL BUILDING TO HELP THE INDIVIDUAL DEVELOP AND OPTIMIZE INDEPENDENT FUNCTIONING TO MINIMIZE THE NEED FOR ACUTE CARE SERVICES WE TREAT ADULTS WITH THE FOLLOWING CONDITIONS -BIPOLAR DISORDER -DEPRESSION -ANXIETY DISORDERS -PSYCHOTIC DISORDERS -CO-OCCURRING DISORDERS (MENTAL ILLNESS AND ADDICTION) PATHOLOGY AND LABORATORY SERVICES NORWALK HOSPITAL'S DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE IS FOCUSED ON OPERATIONAL PROFICIENCY TO ASSURE THE ACCURACY AND QUALITY OF EVERY TEST DIRECTED BY BOARD-CERTIFIED PATHOLOGISTS WHO ARE ASSISTED BY CERTIFIED MEDICAL LABORATORY SCIENTISTS AND SUPPORTED BY A LARGE TEAM OF LABORATORY PROFESSIONALS, OUR LAB IS CLIA CERTIFIED (CLINICAL LABORATORY IMPROVEMENT AMENDMENTS) THE STATE OF CONNECTICUT HAS LICENSED US AS HIGH COMPLEXITY, MEANING WE ARE QUALIFIED TO PERFORM NON-AUTOMATED TESTS THAT REQUIRE MULTIPLE STEPS AND A HIGH-LEVEL OF TRAINING AND CARE WE ARE PROUD OF OUR CERTIFICATIONS AND ACCREDITATIONS AND WILLINGLY PARTICIPATE IN UNANNOUNCED INSPECTIONS, ROUTINELY RECEIVING THE HIGHEST RATINGS IN FACT, AS PART OF OUR QUALITY ASSURANCE PROCESS, WE PARTICIPATE IN RANDOM PROFICIENCY TEST SURVEYS FROM VARIOUS OUTSIDE AGENCIES TO CONSISTENTLY MEASURE AND EVALUATE THE PERFORMANCE OF OUR TESTING STAFF QUALIFICATIONS AND ACCREDITATIONS OUR LABORATORY IS ACCREDITED BY CLIA (LICENSE #07D0101574), CAP (LICENSE #11928-01) AND CT STATE (LICENSE #HP0228) NORWALK HOSPITAL PARTICIPATES IN RANDOM UNANNOUNCED INSPECTIONS BY THESE AGENCIES AND ALWAYS RECEIVES THE HIGHEST SCORES THE LABORATORY ALSO PARTICIPATES I</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	<p>N PROFICIENCY SURVEYS, WHICH ENSURE QUALITY RESULTS ARE ACHIEVED BY ALL TECHNOLOGISTS TEACHING NORWALK HOSPITAL IS PART OF A PREMIER PATIENT-CENTERED SYSTEM OF CARE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR PATIENTS AND THE SURROUNDING COMMUNITIES OF WESTERN CONNECTICUT AND NEARBY NEW YORK STATE AS A REGIONAL MEDICAL CENTER AND UNIVERSITY TEACHING HOSPITAL AFFILIATED WITH THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE AND YALE UNIVERSITY SCHOOL OF MEDICINE, NORWALK PROVIDES A DYNAMIC ENVIRONMENT FOR TEACHING AND RESEARCH FOR OUR GRADUATE MEDICAL EDUCATION TRAINING PROGRAMS THE HOSPITAL RECEIVED ACCREDITATION WITH COMMENDATION FROM THE JOINT COMMISSION, AND IS APPROVED TO SPONSOR RESIDENCY/FELLOWSHIP PROGRAMS BY THE ACCREDITATION COUNCIL OF GRADUATE MEDICAL EDUCATION NORWALK HOSPITAL SPONSORS RESIDENCY TRAINING IN INTERNAL MEDICINE AND RADIOLOGY, AND FELLOWSHIPS IN GI, PULMONARY AND SLEEP MEDICINE RESIDENTS AND FELLOWS ARE EXPOSED TO A BROAD RANGE OF CLINICAL AND DIDACTIC EXPERIENCES THROUGHOUT THEIR TRAINING, AND HAVE MANY OPPORTUNITIES TO PRESENT AT LOCAL AND NATIONAL MEETINGS AS WELL AS PUBLISH ORIGINAL RESEARCH A DISTINCTIVE COMPONENT OF OUR GRADUATE MEDICAL EDUCATION TRAINING PROGRAM IS OUR GLOBAL HEALTH TRACK GLOBAL HEALTH OFFERS THE OPPORTUNITY FOR RESIDENTS TO PERFORM ROTATIONS IN THE DOMINICAN REPUBLIC, RUSSIA, UGANDA, VIETNAM AND ZIMBABWE RESEARCH STATE-OF-THE-ART COLLABORATIVE PRECISION MEDICINE PROGRAM IS UNDERWAY AT WCHN THE PROGRAM LINKS GYNECOLOGIC/ONCOLOGY PATIENT CLINICAL CARE AND GENOMIC INFORMATION TO IMPROVED TREATMENT AND SURVEILLANCE THIS IS THE FUTURE OF HEALTH CARE WHERE PATIENT CARE WOULD EVOLVE FROM A ONE-SIZE-FITS-ALL TO A MORE PERSONALIZED APPROACH TOWARDS DISEASE DIAGNOSIS AND TREATMENT WE HOPE TO EXPAND THIS APPROACH TO THE DIAGNOSIS AND TREATMENT OF DISEASE IN OTHER THERAPEUTIC AREAS SUCH AS DIABETES AND CARDIOVASCULAR DISEASE THE WCHN BIOMEDICAL RESEARCH INSTITUTE HAS ADDED A NEW RESEARCH GROUP, LABORATORY FOR TRANSLATIONAL RESEARCH, TO ITS CURRENT DEPARTMENTS THIS RESEARCH GROUP IS BEING DIRECTED BY DR JOHN MARTIGNETTI, MD, PHD, ASSOCIATE PROFESSOR AT THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI DR MARTIGNETTI HAS ESTABLISHED A BENCH TO BEDSIDE APPROACH TO A PERSONALIZED MEDICINE PROGRAM FOR OVARIAN CANCER AT MOUNT SINAI THE PERSONALIZED APPROACH TO OVARIAN CANCER PATIENT CARE WOULD IMPROVE OUTCOMES AS IT WOULD LINK PATIENT CLINICAL CARE AND GENOMIC INFORMATION TO IMPROVE DETECTION, SURVEILLANCE, PROGNOSIS AND TREATMENT WE HAVE PUT TOGETHER ALL THE NECESSARY COMPONENTS OF A BIOREPOSITORY THAT WILL BE PART OF A CORE PROGRAM TO SUPPORT RESEARCH PROGRAMS AIMED AT BIOMARKER DISCOVERY, VALIDATION AND DEVELOPMENT OF NOVEL THERAPEUTICS THE BIOREPOSITORY WILL HOUSE FROZEN PATIENTS TISSUE, PATIENT DERIVED CELL LINES AND BLOOD/PLASMA FOR RESEARCH PURPOSES ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2-BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS,ETC	A BUSINESS RELATIONSHIP EXISTS BETWEEN RICHARD JABARA AND ERVIN SHAMES A FAMILY RELATIONSHIP EXISTS BETWEEN MARK GUDIS AND MARY GRACE GUDIS A BUSINESS RELATIONSHIP EXISTS BETWEEN MARK GUDIS AND OTHER BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS/SHAREHOLDERS	Western Connecticut Health Network, Inc is the sole member of The Norwalk Hospital Association

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A - HOW MEMBERS/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 Directors of the Hospital to serve for three year terms and until their successors are elected and have qualified

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	<p>CERTAIN FUNDAMENTAL DECISIONS TO BE UNDERTAKEN BY THE HOSPITAL REQUIRE THE APPROVAL OF THE MEMBER A)THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CAPACITY VOTING AS A SHAREHOLDER OR MEMBER OF A SUBSIDIARY ("DANBURY SUBSIDIARY") SHALL NOT REQUIRE APPROVAL B Y THE BOARD AND ARE RESERVED SOLELY TO THE MEMBER -THE AMENDMENT OF THE HOSPITAL'S BYLAWS , -THE ELECTION OR REMOVAL OF A DIRECTOR, -APPROVAL OF INVESTMENT POLICIES, -APPROVAL OF T HE ADOPTION OF OR AMENDMENT TO ANY QUALIFIED OR ANY NON-QUALIFIED BENEFIT PLAN, -APPROVAL OF THE ADOPTION OF OR ANY AMENDMENT TO THE POLICIES AND PROCEDURES GOVERNING A) INDEMNIFIC ATION OF DIRECTORS AND OFFICERS OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY, B) CONFLICTS OR DUALITIES OF INTEREST, C) ACCOUNTING AND INVESTMENT STANDARDS AND PRACTICES AND D) SUCH O THER POLICIES THE MEMBER MAY DETERMINE, -APPROVAL OF SYSTEM-WIDE QUALITY, PERFORMANCE AND CREDENTIALING STANDARDS AND PROCEDURES TO WHICH THE HOSPITAL OR ANY DANBURY SUBSIDIARY IS EXPECTED TO ADHERE, AND -APPROVAL OF REGULATORY COMPLIANCE AND METHODOLOGY FOR PHYSICIAN C OMPENSATION ARRANGEMENTS THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CAPAC ITY VOTING AS A SHAREHOLDER OR MEMBER OF A DANBURY SUBSIDIARY, WHICH REQUIRE APPROVAL OF T HE BOARD, MUST ALSO BE APPROVED BY THE MEMBER -THE ELECTION AND REMOVAL OF A DIRECTOR OF A DANBURY SUBSIDIARY, -THE ELECTION OF THE OFFICERS OF THE HOSPITAL, -APPROVAL OF ALL OPER ATING AND CAPITAL BUDGETS OF THE HOSPITAL AND DANBURY SUBSIDIARY, -APPROVAL OF ANY AMENDME NT OR RESTATEMENT OF THE HOSPITAL'S CERTIFICATE OF INCORPORATION, BYLAWS, OR OPERATING AGR EEMENT OF ANY DANBURY SUBSIDIARY, -APPROVAL OF ANY SALE, LEASE, EXCHANGE, OR OTHER DISPOSI TION OF ALL OR SUBSTANTIALLY ALL THE PROPERTY OR ASSETS OF THE HOSPITAL OR ANY DANBURY SUB SIDIARY, -APPROVAL OF THE CREATION OF ANY CORPORATION OF WHICH THE HOSPITAL OR A DANBURY S SUBSIDIARY IS THE SOLE OR CONTROLLING MEMBER OR CORP OR CONTROLLING SHAREHOLDER, THE MERGER OR CONSOLIDATION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY WITH ANOTHER CORPORATION,AND T HE REORGANIZATION, LIQUIDATION OR DISSOLUTION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY, - APPROVAL OF ANY LOANS BY THE HOSPITAL OR ANY DANBURY SUBSIDIARY,OR THE INCURRING OF ANY IN DEBTEDNESS, SECURED OR UNSECURED, WHICH EXCEEDS TWO MILLION DOLLARS (\$2 0 MILLION) OR WHIC H HAS A TERM LONGER THAN ONE YEAR, -APPROVAL OF UNBUDGETED EXPENDITURES IN EXCESS OF TWO M ILLION DOLLARS (\$2 0 MILLION) OR ANY INCREASE IN ANY APPROVED ANNUAL OPERATING OR CAPITAL BUDGET -APPROVAL OF ANY AGREEMENT OR TRANSACTION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY INVOLVING AN AMOUNT GREATER THAN TWO MILLION DOLLARS (\$2 0 MILLION)WITH ANOTHER INDIVIDUA L OR ENTITY, -APPROVAL OF THE AFFILIATION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY WITH A NY OTHER ENTITY FOR THE PURPOSES OF THE JOINT CONDUCT OF BUSINESS, -CREATION OF ANY COMMIT TEE WHICH SHALL HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OR ON BEHALF OF ANY DANBU RY SUBSIDIARY, -APPROVAL OF AN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	Y CONVEYANCE OF, OR THE GRANTING OF MORTGAGES OR TRUSTS ON ANY REAL PROPERTY ASSETS OF THE HOSPITAL OR OF ANY DANBURY SUBSIDIARY, -APPROVAL OF THE STRATEGIC PLAN OF THE HOSPITAL AND OF ANY DANBURY SUBSIDIARY, AND -APPROVAL OF ANY COMMENCEMENT, CESSATION, LOCATION, RELOCATION OR CONSOLIDATION OF SIGNIFICANT CLINICAL SERVICES PROVIDED BY THE HOSPITAL OR ANY DANBURY SUBSIDIARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	Steven Rosenberg, SVP/CFO of Western Connecticut Health Network, Inc , along with Finance and Accounting Management, 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF	CONFLICTS THE ORGANIZATION'S PROCESS FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST THE WESTERN CONNECTICUT HEALTH NETWORK AND ITS AFFILIATES' (THE NETWORK) CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, ITS REPRESENTATIVES SHALL SIGN A STATEMENT AFFIRMING THAT THEY DISCLOSED ALL POTENTIAL CONFLICTS, AS DOCUMENTED IN THE CONFLICT OF INTEREST POLICY IN ADDITION, GENERAL COUNSEL IS PART OF THE ROUTINE CONTRACTS REVIEW PROCESS AND WATCHES FOR POTENTIAL CONFLICTS WITH ANY OF THE NETWORK'S REPRESENTATIVES WHO IS COVERED BY THE POLICY THE NETWORK'S CONFLICT OF INTEREST POLICY COVERS EACH DIRECTOR, OFFICER, PHYSICIAN 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 15B- COMPENSATION REVIEW&APPROVAL PROCESS- OFFICERS&</p>	<p>KEY EMPLOYEES COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES 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, HEALTH CARE 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) APPROXIMATES A RANGE BETWEEN THE 50TH AND 75TH PERCENTILES 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 KORN FERRY GROUP, WHOSE PURPOSE IS TO PROVIDE A VALID INDEPENDENT ASSESSMENT OF THE RELEVANT MARKET RATES AND PAY PRACTICES FOR HEALTH CARE 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 NOVEMBER, 2018</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19-OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE	The governing documents, conflict of interest policy and financial statements are available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII - COMPENSATION EXPLANATION	Heather Frimmer (To 01/23) Heather Frimmer was a Director until January 23, 2018 Howard Eison, MD (To 01/23) Howard Eison, MD was a Director until January 23, 2018 Paul Gagne, MD (To 11/28) Paul Gagne, MD was a Director until November 28, 2017 Mark Gudis (From 01/23) Mark Gudis was Vice Chairman until January 23, 2018, when he became the Chairman David Komansky (To 11/28) David Komansky was a Director until November 28, 2017 Edward Mahony (From 01/23) Edward Mahony was Chairman until January 23, 2018, when he became a Director Michael Daglio (To 09/25) Michael Daglio was President until September 25, 2018 Amy Schafrann (From 01/23) Amy Schafrann was a Director until January 23, 2018, when she became the Vice Chairman Patricia S Bam (From 01/23) Patricia Bam became a Director on January 23, 2018 Richard Jabara (To 11/28) Richard Jabara was a Director until November 28, 2017 Joseph Skrzypczak (To 11/28) Joseph D Skrzypczak was a Director until November 28, 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	Other Fees For Services (A) (B) (C) (D) Program Management Fund- TOTAL Services & General raising Healthcare Professionals 32,785,053 29,155,748 3,629,305 Purchase Services 35,745,339 31,788,330 3,957,009 Total \$68,530,392 \$60,944,078 \$7,586,314 \$ 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>Other Changes In Net Assets Or Fund Balances Increase Ben Interest in NHF - Permanently Restr \$ 1,008,735 Increase Ben Interest in NHF - Temporarily Restr 14,879,253 Increase Ben Interest NHF - Unrestricted 964,879 Increase in Ben Int Charitable Remainder Trust 318,760 Net Asset Transfer NHA to WCHN -13,000,000 Net Unrestricted changes in Joint Venture 2,454,000 Norwalk Surgery Center / Joint Venture Income -2,509,812 Pension Related Changes Other Than Net Period -99,379 Transfer from Norwalk Hospital Foundation 2,460,192 Transfer to Captive for Workers Comp 2,593,807 Total \$ 9,070,435</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NORWALK SURGERY 40 CROSS STREET NORWALK, CT 06850 27-2394942	SURGERY CENTER	CT	NHA	RELATED	2,509,812	5,133,375		No	0		No	66.340 %
(2) NEW MILFORD MRI 21 ELM STREET NEW MILFORD, CT 06776 27-1877801	INACTIVE	CT	NA	N/A	0	0		No	0		No	
(3) WCHN INVESTMENTS 24 HOSPITAL AVE DANBURY, CT 06810 47-5523212	INVESTMENTS	CT	WCHN	EXCLUDED SEC 512-514	19,895,842	116,998,566		No	288		No	32.010 %

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	NA	C CORP	0	0		Yes	
(2) WESTERN CT HEALTH NETWORK INS 23 LIME TREE BAY PO BOX 105 GRAND CAYMAN CJ 98-0438151	MALPRACTICE	CJ	NA	C CORP	0	0		Yes	
(3) ADVANCED CENTER FOR REHAB MED 24 Stevens Street Norwalk, CT 06850 06-1304799	INACTIVE	CT	NHA	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

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

See Additional Data Table

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

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 WCHN Investments, LLC 47-5523212 24 Hospital Ave Danbury, CT 06810 06810

Schedule Form 9021

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
24 STEVENS STREET NORWALK, CT 06850 22-2577707	FUNDRAISING	CT	501(C)(3)	7	WCHN	Yes	
24 HOSPITAL AVENUE DANBURY, CT 06810 06-0646597	ACUTE CARE	CT	501(C)(3)	3	WCHN	Yes	
24 HOSPITAL AVENUE DANBURY, CT 06810 22-2594977	PRGM DEVELOP	CT	501(C)(3)	12 Type 2	NA		No
95 LOCUST AVENUE DANBURY, CT 06810 22-2594968	HLTH CARE SV	CT	501(C)(3)	10	WCHN	Yes	
24 Hospital Avenue Danbury, CT 06810 23-7425557	ADMIN CONTIB	CT	501(C)(3)	7	WCHN	Yes	
4 Liberty Street Danbury, CT 06810 06-0655138	HOME HLTHCARE	CT	501(C)(3)	10	WCHN	Yes	
14 Research Drive Suite 201A Bethel, CT 06801 06-1137531	PHYSCN PRCTC	CT	510(C)(3)	10	WCHN	Yes	
14 Research Drive Suite 201A Bethel, CT 06801 45-5431389	PHYSCN PRCTCE	NY	501(C)(3)	10	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 FOUNDATION INC	C	3,971,142	COST
NORWALK HOSPITAL FOUNDATION INC	P	523,465	COST
NORWALK HOSPITAL FOUNDATION INC	S	1,695,270	COST
DANBURY HOSPITAL	O	5,093,549	COST
DANBURY HOSPITAL	P	26,582,296	COST
DANBURY HOSPITAL	Q	689,416	COST
DANBURY HOSPITAL	R	46,772,270	COST
DANBURY HOSPITAL	S	6,919,100	COST
DANBURY & NEW MILFORD HOSP FOUND	Q	52,086	COST
DANBURY & NEW MILFORD HOSP FOUND	S	82,314	COST
WESTERN CONNECTICUT HOME CARE INC	S	204,044	COST
WESTERN CT MEDICAL GROUP INC	J	971,969	COST
WESTERN CT MEDICAL GROUP INC	L	25,773,682	COST
WESTERN CT MEDICAL GROUP INC	O	171,225	COST
WESTERN CT MEDICAL GROUP INC	P	488,530	COST
WESTERN CT MEDICAL GROUP INC	Q	78,158	COST
WESTERN CT MEDICAL GROUP INC	R	27,816,103	COST
SWC CORPORATION	O	217,398	COST
SWC CORPORATION	P	854,416	COST
SWC CORPORATION	Q	136,739	COST
SWC CORPORATION	R	1,095,509	COST