

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning** 10/01, 2011, and ending 09/30, 2012

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE NORWALK HOSPITAL ASSOCIATION			<b>D</b> Employer identification number 06-6068853
	Doing Business As			<b>E</b> Telephone number (203) 852-2000
	Number and street (or P.O. box if mail is not delivered to street address) 24 STEVENS STREET		Room/suite	
	City or town, state or country, and ZIP + 4 NORWALK, CT 06850			<b>G</b> Gross receipts \$ 391,051,710. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: DANIEL DEBARBA 24 STEVENS STREET NORWALK, CT 06850				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.NORWALKHOSPITAL.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1893 <b>M</b> State of legal domicile: CT

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF NORWALK HOSPITAL IS TO PROVIDE UNIQUELY EXCELLENT, INNOVATIVE AND COMPASSIONATE HEALTH CARE WITH EXCEPTIONAL OUTCOMES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13.
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	2,165.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	525.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	3,903,308.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-187,811.	
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	4,163,105.	6,577,196.
	<b>9</b> Program service revenue (Part VIII, line 2g)	355,229,999.	371,139,088.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,637,037.	4,649,560.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,473,072.	2,719,656.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	363,503,213.	385,085,500.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,042,576.	6,428,040.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	176,190,042.	182,765,374.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	161,029,924.	169,436,679.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	338,262,542.	358,630,093.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	25,240,671.	26,455,407.	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	347,466,749.	432,888,470.
	<b>21</b> Total liabilities (Part X, line 26)	211,769,948.	266,195,478.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	135,696,801.	166,692,992.	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CHAD FRANKS	Preparer's signature <i>Chad W. Franks</i>	Date 08/09/2013	Check <input type="checkbox"/> if self-employed	PTIN P01071312
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-656596	
	Firm's address ▶ 55 IVAN ALLEN BLVD, SUITE 1000 ATLANTA, GA 30308			Phone no. 404-874-8300	

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE MISSION OF NORWALK HOSPITAL IS TO PROVIDE UNIQUELY EXCELLENT,  
INNOVATIVE AND COMPASSIONATE HEALTH CARE WITH EXCEPTIONAL OUTCOMES.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 38,476,185. including grants of \$ ) (Revenue \$ 49,711,042. )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 37,759,493. including grants of \$ ) (Revenue \$ 42,034,414. )

ATTACHMENT 2

4c (Code: ) (Expenses \$ 36,284,897. including grants of \$ ) (Revenue \$ 40,936,636. )

ATTACHMENT 3

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

(Expenses \$ 190,388,549. including grants of \$ 6,428,040. ) (Revenue \$ 237,942,007. )

4e Total program service expenses ▶ 302,909,124.

**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> . . . . .	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
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> . . . . .		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
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> . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .		X
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, XII, and XIII is optional</i> . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		X
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> . . . . .		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

JSA TONI HORNE, CONTROLLER 24 STEVENS STREET NORWALK, CT 06850 203-852-2071 Form 990 (2011)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 4										
(1) ERVIN SHAMES TRUSTEE THRU (12/31/2011)	2.00	X						0	0	0
(2) DIANE M. ALLISON, ESQ. CHAIRMAN	5.00	X		X				0	0	0
(3) GEORGE P. BAUER TRUSTEE	2.00	X						0	0	0
(4) ANDREW WHITTINGHAM TREASURER	3.00	X		X				0	0	0
(5) JOSEPH MANN SECRETARY	2.00	X		X				0	0	0
(6) FRED AFRAGOLA TRUSTEE	2.00	X						0	0	0
(7) CHARLES AUGENBRAUN, MD TRUSTEE (LEAVE OF ABSENCE)	0	X						0	0	0
(8) BARBARA BUTLER TRUSTEE	3.00	X						0	0	0
(9) DANIEL DEBARBA PRESIDENT & CEO	50.00	X		X			785,240.	0	29,083.	0
(10) VICTOR LISS TRUSTEE	3.00	X						0	0	0
(11) DAVID KOMANSKY TRUSTEE	2.00	X						0	0	0
(12) DAVID LEHN TRUSTEE	2.00	X						0	0	0
(13) GARY REINER TRUSTEE	3.00	X						0	0	0
(14) ROLAND STICHWEH TRUSTEE (THRU 12/31/2011)	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) WILLIAM J. TAMMEE VICE CHAIR THRU 12/31/11	2.00	X						0	0	0
16) RICHARD ZELKOWITZ TRUSTEE	2.00	X						0	0	0
17) ROBERT READY TRUSTEE	2.00	X						0	0	0
18) THOMAS AYOUB TRUSTEE, CHIEF OF STAFF	18.00	X					85,000.	0	0	0
19) MARIA BORGES-LOPEZ TRUSTEE	2.00	X					0	0	0	0
20) PAUL GAGNE, MD TRUSTEE	2.00	X					0	0	0	0
21) MARK GUDIS TRUSTEE	2.00	X					0	0	0	0
22) ED KANGAS - TTEE THRU 12/31/11 VICE CHAIR 1/1/12	3.00	X		X			0	0	0	0
23) ED MAHONY TRUSTEE	3.00	X					0	0	0	0
24) PATRICK MINICUS VP AND CHIEF FINANCIAL OFFICER	50.00			X			395,398.	0	26,425.	
25) ERIC MAZUR VP AND CHIEF MEDICAL OFFICER	50.00				X		784,370.	0	52,937.	
<b>1b Sub-total</b>							785,240.	0	29,083.	
<b>c Total from continuation sheets to Part VII, Section A</b>							5,744,896.	0	448,367.	
<b>d Total (add lines 1b and 1c)</b>							6,530,136.	0	477,450.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 321**

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 60**



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) LISA BRADY CHIEF OPERATING OFFICER	50.00				X		508,462.	0	27,783.	
( 27 ) MARY NOLAN VP NURSING & PATIENT CARE SVCS	50.00				X		363,277.	0	59,640.	
( 28 ) ANTHONY ACETO VP HUMAN RESOURCES	50.00				X		349,093.	0	52,105.	
( 29 ) MICHAEL CARIUS CHAIRMAN EMERGENCY DEPARTMENT	50.00					X	508,485.	0	53,076.	
( 30 ) ARTHUR STRICHMAN PHYSICIAN	50.00				X		466,279.	0	49,587.	
( 31 ) BRIAN MCGOVERN PHYSICIAN	50.00				X		608,020.	0	51,024.	
( 32 ) LEWIS BERMAN CHAIRMAN, DEPT. OF MEDICINE	50.00				X		456,325.	0	43,007.	
( 33 ) YONI BARNHARD CHAIRMAN OBGYN	50.00				X		589,689.	0	32,783.	
( 34 ) GEOFFREY COLE FORMER PRESIDENT & CEO	0					X	630,498.	0	0	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 321

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	4,520,237.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	2,056,959.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . .			6,577,196.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> NET PATIENT SERVICES REVENUE			621400	359,364,569.	359,364,569.			
<b>b</b> OTHER MEDICAL SERVICES			900099	1,757,715.	1,757,715.			
<b>c</b> NORWALK SURGERY CENTER JOINT VENTURE			900099	662,518.	662,518.			
<b>d</b> LAB SERVICES			621400	3,903,308.		3,903,308.		
<b>e</b> MEANINGFUL USE			900099	3,440,764.	3,440,764.			
<b>f</b> All other program service revenue . . . . .			900099	2,010,214.	2,010,214.			
<b>g Total.</b> Add lines 2a-2f . . . . .				371,139,088.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,289,938.			1,289,938.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real						
		(ii) Personal						
			3,904,706.					
		<b>b</b> Less: rental expenses . . . . .		3,101,151.				
	<b>c</b> Rental income or (loss) . . . . .		803,555.					
	<b>d</b> Net rental income or (loss) . . . . .			803,555.			803,555.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			997,000.	5,007,480.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		999,502.	1,645,356.			
	<b>c</b> Gain or (loss) . . . . .		-2,502.	3,362,124.				
	<b>d</b> Net gain or (loss) . . . . .			3,359,622.			3,359,622.	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from fundraising events . . . . .			0					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
<b>b</b> Less: direct expenses . . . . .	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . .			0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		476,420.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		220,201.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			256,219.			256,219.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> CAFETERIA/VENDING		900099	1,531,323.			1,531,323.		
<b>b</b> PARKING		900099	128,559.			128,559.		
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			1,659,882.					
<b>12 Total revenue.</b> See instructions . . . . .			385,085,500.	367,235,780.	3,903,308.	7,369,216.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	6,428,040.	6,428,040.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,716,034.		2,716,034.	
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 . . . . .	131,064,312.	114,328,913.	16,735,399.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	11,100,781.	9,840,996.	1,259,785.	
9 Other employee benefits . . . . .	27,319,025.	24,107,997.	3,211,028.	
10 Payroll taxes . . . . .	10,565,222.	9,296,448.	1,268,774.	
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	1,825,297.		1,825,297.	
c Accounting . . . . .	253,790.		253,790.	
d Lobbying . . . . .	115,000.		115,000.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	47,828,239.	36,467,496.	11,360,743.	
12 Advertising and promotion . . . . .	1,741,055.	58,029.	1,683,026.	
13 Office expenses . . . . .	3,343,753.	2,010,656.	1,333,097.	
14 Information technology . . . . .	6,832,436.	4,891,707.	1,940,729.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	16,828,204.	13,708,437.	3,119,767.	
17 Travel . . . . .	650,836.	523,863.	126,973.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	30,006.	29,707.	299.	
20 Interest . . . . .	2,025,836.	2,025,836.		
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	20,380,372.	13,701,144.	6,679,228.	
23 Insurance . . . . .	7,881,407.	7,767,160.	114,247.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BAD DEBT</u> . . . . .	23,530,477.	23,530,477.		
b <u>PHARMACY</u> . . . . .	7,616,398.	7,616,398.		
c <u>RADIOLOGY &amp; LAB SUPPLIES</u> . . . . .	2,402,932.	2,402,932.		
d <u>MEDICAL SUPPLIES</u> . . . . .	21,205,237.	21,205,237.		
e All other expenses . . . . .	4,945,404.	2,967,651.	1,977,753.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	358,630,093.	302,909,124.	55,720,969.	
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	61,458,676.	<b>1</b>	79,838,027.
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	37,299,759.	<b>4</b>	30,103,755.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,387,672.	<b>7</b>	983,779.
	<b>8</b> Inventories for sale or use . . . . .	1,879,253.	<b>8</b>	1,860,656.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,698,590.	<b>9</b>	2,373,762.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 429,133,210.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 292,559,901.		
		126,908,218.	<b>10c</b>	136,573,309.
	<b>11</b> Investments - publicly traded securities . . . . .	30,219,610.	<b>11</b>	55,114,847.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	2,729,803.	<b>12</b>	2,267,986.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	36,399,874.	<b>13</b>	49,220,441.
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11 . . . . .	46,485,294.	<b>15</b>	74,551,908.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	347,466,749.	<b>16</b>	432,888,470.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	105,366,368.	<b>17</b>	45,455,394.
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	208,218.	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	56,060,000.	<b>20</b>	52,395,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,275,846.	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	43,859,516.	<b>25</b>	168,345,084.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	211,769,948.	<b>26</b>	266,195,478.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	104,824,797.	<b>27</b>	123,000,420.
	<b>28</b> Temporarily restricted net assets . . . . .	21,432,761.	<b>28</b>	34,246,719.
	<b>29</b> Permanently restricted net assets . . . . .	9,439,243.	<b>29</b>	9,445,853.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	135,696,801.	<b>33</b>	166,692,992.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	347,466,749.	<b>34</b>	432,888,470.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	385,085,500.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	358,630,093.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	26,455,407.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	135,696,801.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	4,540,784.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	166,692,992.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	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.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
---	---

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

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

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

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

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

- a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

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

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 ►



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

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# Schedule of Contributors

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

**2011**

<b>Name of the organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORWALK HOSPITAL FOUNDATION, INC ----- 24 STEVENS STREET ----- NORWALK, CT 06850 -----	\$ 4,520,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

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

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

Name of organization <b>THE NORWALK HOSPITAL ASSOCIATION</b>	Employer identification number <b>06-6068853</b>
--	---

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

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

▶ **See separate instructions.**

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization <b>THE NORWALK HOSPITAL ASSOCIATION</b>	Employer identification number <b>06-6068853</b>
---	---

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2011

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		438,721.
<b>j</b> Total. Add lines 1c through 1i			438,721.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."**

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

**Part IV Supplemental Information**

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

SEE PAGE 4

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**Part IV** Supplemental Information (continued)

## OTHER ACTIVITIES

## SCHEDULE C PART II-B LINE I

NORWALK HOSPITAL ASSOCIATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES; THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES. NORWALK HOSPITAL ENGAGED THE FIRM BROWN RUDNICK LLP FOR GOVERNMENT RELATIONS IN CONNECTICUT AND ON THE FEDERAL LEVEL. BROWN RUDNICK KEEPS NORWALK HOSPITAL ASSOCIATION APPRAISED OF FEDERAL HEALTHCARE POLICY, GRANT OPPORTUNITIES AND RELATED BILLS & PENDING LEGISLATION THAT MAY BE OF INTEREST TO THE WELL BEING OF THE HOSPITAL. LOBBYING EXPENDITURES ARE INCURRED TO ENSURE THE HOSPITAL IS MADE AWARE OF ISSUES THAT IMPACT FUNDING TO HOSPITALS ON BOTH A FEDERAL AND STATE LEVEL.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE NORWALK HOSPITAL ASSOCIATION

Employer identification number 06-6068853

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIV, describe how the organization reports conservation easements...

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

**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 XIV.

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

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

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

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

	Amount
c Beginning balance . . . . .	<b>1c</b>
d Additions during the year . . . . .	<b>1d</b>
e Distributions during the year . . . . .	<b>1e</b>
f Ending balance . . . . .	<b>1f</b>

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

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

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

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

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		951,359.		951,359.
b Buildings . . . . .		165,546,575.	87,250,813.	78,295,762.
c Leasehold improvements . . . . .		9,232,064.	2,209,983.	7,022,081.
d Equipment . . . . .		242,977,945.	201,876,899.	41,101,046.
e Other . . . . .		10,425,267.	1,222,206.	9,203,061.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). . . . .				136,573,309.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BEN. INT. IN NORWALK HOSP FDN	49,220,441.	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	49,220,441.	

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	389,206.
(2) DEBT SERVICE FUND	278,083.
(3) DUE FROM AFFILIATES	4,330,064.
(4) DEBT SERVICE RESERVE FUND	2,366,125.
(5) MALPRACTICE TRUST FUND	2,450,281.
(6) GOODWILL - NRM C PURCHASE	13,843,749.
(7) NON-COMPETE - NRM C PURCHASE	6,753,304.
(8) CHEFA BOND ISSUE EXPENSE	932,040.
(9) CHEFA BOND DISCOUNT	92,211.
(10) MALPRACTICE RECEIVABLE	43,116,845.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	74,551,908.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	27,778,256.
(3) MALPRACTICE RESERVE	50,184,679.
(4) ASSET RETIREMENT OBLIGATION	10,866,380.
(5) CHA TRUST LOAN	671,926.
(6) WORKERS' COMP RESERVE	2,328,377.
(7) LONG TERM DISABILITY RESERVE	2,501,086.
(8) LEASE - CURRENT AND LONG TERM	4,711,073.
(9) ACCRUED PENSION LIABILITY	64,741,651.
(10) DUE TO AFFILIATES	4,561,656.
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	168,345,084.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

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

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

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

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

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

**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		17316	6,275,150.	4,206,333.	2,068,817.	.62
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		43813	46,664,552.	35,303,508.	11,361,044.	3.39
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		61129	52,939,702.	39,509,841.	13,429,861.	4.01
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	115	1347084	1,769,799.	31,811.	1,737,988.	.52
<b>f</b> Health professions education (from Worksheet 5) . . . . .	5	305	12,277,378.	3,723,467.	8,553,911.	2.55
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1		3,143,006.	1,883,420.	1,259,586.	.38
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .	121	1347389	17,190,183.	5,638,698.	11,551,485.	3.45
<b>k Total.</b> Add lines 7d and 7j. . . . .	121	1408518	70,129,885.	45,148,539.	24,981,346.	7.46

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2011

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2	220	45,937.		45,937.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	220	45,937.		45,937.	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- Enter the amount of the organization's bad debt expense . . . . .
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy . . . . .
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

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

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME) . . . . .
- Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 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:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures (see instructions)**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	70.00000		25.00000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: NORWALK HOSPITAL ASSOCIATION

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):	<b>1</b>	
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u>		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b>	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	<b>5</b>	
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	
<b>Financial Assistance Policy</b>			
<b>8</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	<b>8</b>	X
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  </u> <u>  </u> <u>  </u> % If "No," explain in Part VI the criteria the hospital facility used.	<b>9</b>	X

**Part V Facility Information (continued)** NORWALK HOSPITAL ASSOCIATION

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

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . .	X	
<b>15</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency		
<b>b</b> <input type="checkbox"/> Lawsuits		
<b>c</b> <input type="checkbox"/> Liens on residences		
<b>d</b> <input type="checkbox"/> Body attachments		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b> <input type="checkbox"/> Reporting to credit agency		
<b>b</b> <input type="checkbox"/> Lawsuits		
<b>c</b> <input type="checkbox"/> Liens on residences		
<b>d</b> <input type="checkbox"/> Body attachments		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
<b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b> <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** NORWALK HOSPITAL ASSOCIATION

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? . . . . .		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? . . . . .		X
If "Yes," explain in Part VI.			

**Part V Facility Information** *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
<b>1</b> NORWALK HOSPITAL OUTPATIENT REHAB 520 WEST AVE. NORWALK CT 06850	OUTPATIENT REHABILITATION FACILITY
<b>2</b> NORWALK RADIOLOGY & MAMMOGRAPHY CTR 148 EAST AVE. NORWALK CT 06851	RADIOLOGY & MAMMOGRAPHY CENTER
<b>3</b> NORWALK HOSPITAL AMBULATORY SURGERY CTR 40 CROSS ST. NORWALK CT 06851	AMBULATORY SURGERY CENTER
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

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PART I, LINE 7, COLUMN F

BAD DEBT EXPENSE OF \$23,530,477 HAS BEEN EXCLUDED FROM THE DENOMINATOR IN THE CALCULATIONS FOR PART I, COLUMN F.

PART II

GREATER NORWALK OPENING DOORS - PROJECT TO END HOMELESSNESS

NORWALK HOSPITAL HAS BEEN A LEADER IN THIS COALITION THROUGH A SERIES OF STRATEGIC GOALS AND ACTION STEPS. WORKING COLLABORATIVELY WITH MORE THAN 100 COMMITTED REPRESENTATIVES OF APPROXIMATELY 50 AGENCIES, A COLLABORATIVE MODEL HAS BEEN DEVELOPED INCLUDING THE DEVELOPMENT OF A PHILOSOPHY OF CARE AND A COORDINATED CARE TEAM. THIS BROAD COLLABORATION INCLUDES MULTIPLE CITY DEPARTMENTS WITH THE MAYOR SERVING AS THE CO-CHAIR OF THE LEADERSHIP COUNSEL. NORWALK HOSPITAL REPRESENTATIVES ARE ON THE LEADERSHIP COMMITTEE WHICH DIRECTS AND OVERSEES THE ENTIRE PROJECT AND ALSO SERVES AS CO-CHAIR OF THE SERVICES COMMITTEE.

MODELING A CURRENT PROGRAM DEVELOPED BY THE CORPORATION FOR SUPPORTIVE HOUSING WHICH IS SUPPORTED BY FEDERAL SOCIAL INNOVATION FUNDING, GREATER NORWALK OPENING DOORS HAS LAUNCHED AN INITIATIVE THAT STRIVES TO HOUSE

**Part VI Supplemental Information**

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AND PROVIDE SERVICES TO 100 HOMELESS IN AN EFFORT TO INTEGRATE HOUSING, CASE MANAGEMENT AND HEALTH CARE. THE HOUSING AUTHORITY, A QUASI-MUNICIPAL AND FEDERAL AGENCY, IS PROVIDING FIVE HOUSING UNITS FOR THIS VULNERABLE POPULATION. THE NORWALK COORDINATED CARE TEAM MODEL SEEKS TO IMPROVE THE HEALTH, HOUSING STABILITY AND OVERALL WELL-BEING OF THE CITY'S MOST VULNERABLE POPULATION WHILE LOWERING PUBLIC COSTS. THE PROJECT IDENTIFIED HIGH UTILIZERS OF HEALTH SERVICES WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS AND WHO MAY HAVE CHRONIC PHYSICAL AND/OR MENTAL ILLNESSES, INCLUDING SUBSTANCE ABUSE DISORDERS. CLIENT GOALS AND OBJECTIVES WILL INCLUDE REDUCING HOMELESSNESS AND INCREASING HOUSING STABILITY, REDUCING EMERGENCY ROOM UTILIZATION, AND IMPROVING PHYSICAL AND MENTAL HEALTH. SYSTEM LEVEL GOALS AND OBJECTIVES INCLUDE BREAKING DOWN BARRIERS TO COORDINATED SERVICES THEREBY ENHANCING THE QUALITY OF CARE DELIVERED AND INTEGRATING AFFORDABLE HOUSING RESOURCES WITH THE HEALTH CARE SYSTEM.

PROJECT LEAN

PROJECT LEAN (LEARNING WITH ENERGY FROM ACTIVITY AND NUTRITION) IS AN

**Part VI Supplemental Information**

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INNOVATIVE, COMMUNITY-WIDE COLLABORATIVE PROGRAM DESIGNED TO ACTIVELY ENGAGE ELEMENTARY SCHOOL CHILDREN WITH A HANDS-ON INTERACTIVE CURRICULUM TO COMBAT CHILDHOOD OBESITY. PROJECT LEAN'S GOAL IS TO IMPROVE ATTITUDES, INCREASE KNOWLEDGE, AND KEEP BODY MASS INDEX AT OR BELOW THE CENTER FOR DISEASE CONTROL AND PREVENTION AVERAGE GAINS THROUGH NUTRITION EDUCATION AND INCREASED ACTIVITY. THE AIM IS TO IMPROVE THE OVERALL HEALTH OF THE STUDENTS THROUGH HEALTHY NUTRITION AND EXERCISE WITH THE GOAL TO MAKE A SUSTAINABLE DIFFERENCE IN THEIR LIVES. THE PROGRAM HAS THREE COMPONENTS. THE BEFORE SCHOOL "BREAKFAST CLUB BOOT CAMP" BEGINS AT 7:30AM AND INCLUDES A FREE HEALTHY BREAKFAST SERVED AFTER 40 MINUTES OF FUN BUT STRUCTURED, VIGOROUS EXERCISES. THE IN-SCHOOL COMPONENT PROVIDES THE CHILDREN WITH A WEEKLY 40 MINUTE FUN-FILLED NUTRITION AND ACTIVITY EDUCATION PROGRAM DIRECTED BY A REGISTERED DIETITIAN FROM NORWALK HOSPITAL. THE DIETITIAN BRINGS NUTRITION EDUCATION TO LIFE IN THE CLASSROOM WITH WEEKLY INTERACTIVE, HANDS-ON ACTIVITIES. THE AFTER-SCHOOL ACTIVITIES INCLUDE A MONTHLY "FAMILY NIGHT" AIMED AT ENGAGING THE ENTIRE FAMILY AND PROVIDING EDUCATIONAL SESSIONS ON PHYSICAL ACTIVITIES, HEALTHY EATING, AND LEADING A HEALTHY LIFESTYLE. ACTIVITIES INCLUDE FAMILY



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ZUMBA, COOKING CLASSES, SHOPPING ACTIVITIES, ETC.

SINCE WEIGHT PROBLEMS IN CHILDHOOD OFTEN CONTINUE INTO ADULTHOOD,  
 TARGETING THIS AGE GROUP ALLOWS US TO MAKE A LASTING EFFECT ON HEALTHY  
 LIVING MINIMIZING FUTURE POTENTIAL MEDICAL RISKS AND SIGNIFICANTLY  
 IMPACTING THE BATTLE AGAINST OBESITY. ADDITIONALLY, IMPLEMENTING THIS  
 PROGRAM AT THIS POINT IN CHILDREN'S LIVES GREATLY INCREASES THE CHANCES  
 THE CHILDREN WILL RETAIN THE INFORMATION AS THEY AGE. WE STRESS THE  
 BENEFIT OF THE ENTIRE FAMILY WORKING TOGETHER TO LEAD A HEALTHY, ACTIVE  
 LIFESTYLE AND GIVE THEM THE SKILLS TO DO SO.

PART III, LINE 4

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

LINE 3 - THE PERCENT OF CHARITY CARE APPLICATIONS UNDER NORWALK

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HOSPITAL'S FINANCIAL ASSISTANCE POLICY THAT RESULTED IN A DISCOUNT WAS 44.67%. WE APPLIED THIS % TO OUR BAD DEBT EXPENSE OF \$23,530,477 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$10,510,336.

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

PART III, LINE 8

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

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MEDICARE CHARGES.

PART III, LINE 9B

NORWALK HOSPITAL COLLECTION PRACTICES CONSIST PRIMARILY OF BILLING NOTICES AND FOLLOW UP COURTESY CALLS. THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (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. IF AT ANYTIME DURING THE COLLECTION PROCESS A PATIENT WOULD LIKE TO PARTICIPATE IN THE FAP PROGRAM COLLECTION ACTIVITY CEASES. THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL COUNSELING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNTS.

NEEDS ASSESSMENT

PART VI, QUESTION 1

IN FY 2010, AS PART OF NORWALK HOSPITAL'S COMMUNITY OUTREACH STRATEGIC INITIATIVE, NORWALK HOSPITAL AND THE NORWALK HOSPITAL FOUNDATION DEVELOPED COMMUNITY ADVISORY BOARDS REPRESENTING EACH OF THE COMMUNITIES

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WE SERVE. COMPRISED OF NEIGHBORS, HEALTH DIRECTORS, PUBLIC OFFICIALS, CLERGY, BUSINESS LEADERS, CIVIC GROUP REPRESENTATIVES, ETC., THESE GROUPS ASSIST THE HOSPITAL IN ASSESSING THE HEALTH CARE NEEDS AND OUTREACH OPPORTUNITIES IN SPECIFIC TOWNS. THE ADVISORY BOARDS PROVIDE INVALUABLE FEEDBACK SO THAT WE CAN CONTINUALLY ENHANCE OUR OUTREACH EFFORTS AND MEET CHANGING HEALTH CARE NEEDS. THE PLANNING DEPARTMENT OF THE HOSPITAL HAS ACCESS TO HOSPITAL, STATEWIDE AND NATIONAL DATABASES THAT TRACK TRENDS AND SERVICE USAGE ON AN ONGOING BASIS IN ORDER TO EVALUATE HOW THE HOSPITAL IS MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY WE SERVE.

IN 2012, NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ENGAGED IN A COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF GREATER NORWALK AREA RESIDENTS. THIS EFFORT WAS SUPPORTED BY THE HEALTH DEPARTMENTS OF NEW CANAAN, WESTPORT, WESTON, WILTON, DARIEN, AND FAIRFIELD. THE INITIATIVE INCLUDED A COMMUNITY HEALTH NEEDS ASSESSMENT TO IDENTIFY THE HEALTH-RELATED STRENGTHS AND NEEDS OF THE REGION AND A COMMUNITY HEALTH IMPROVEMENT PLAN TO IDENTIFY PRIORITIES, GOALS, AND STRATEGIES. THE ASSESSMENT AND IMPROVEMENT PLAN IMPACTS ZIP CODES 06820,

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06824, 06825, 06840, 06850, 06851, 06853, 06854, 06855, 06880, 06883,  
06890, AND 06897.

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS GUIDED BY A PARTICIPATORY APPROACH THAT INTEGRATED EXISTING SOCIAL, ECONOMIC, AND HEALTH INDICATOR DATA WITH QUALITATIVE INFORMATION FROM 15 FOCUS GROUPS AND 17 KEY-INFORMANT INTERVIEWS WITH 225 COMMUNITY LEADERS, SERVICE PROVIDERS, AND RESIDENTS ACROSS THE GREATER NORWALK AREA. THE PRIMARY HEALTH NEEDS IDENTIFIED INCLUDE MENTAL HEALTH, SUBSTANCE ABUSE, OBESITY, CHRONIC DISEASE (CARDIOVASCULAR DISEASE, CANCER DIABETES, ASTHMA, HIV/AIDS), HEALTH LITERACY, LONG TERM CARE, AND ACCESS TO CARE.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, QUESTION 3

THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE. NOTIFICATION IS SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED. THE FACILITY ALSO EMPLOYS FINANCIAL COUNSELORS TO FACILITATE

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PATIENT EDUCATION REGARDING ALL PROGRAMS AVAILABLE TO INCLUDE STATE,  
LOCAL AND INTERNAL. IF AT ANYTIME DURING THE COLLECTION PROCESS A PATIENT  
WOULD LIKE TO PARTICIPATE IN THE FAP PROGRAM COLLECTION ACTIVITY CEASES.  
THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL  
COUNSELING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNTS.

COMMUNITY INFORMATION

PART VI, QUESTION 4

NORWALK HOSPITAL SERVICES AN AREA POPULATION OF ABOUT 270,000 IN LOWER  
FAIRFIELD COUNTY. THE PRIMARY SERVICE AREA INCLUDES NORWALK, NEW CANAAN,  
WESTPORT, WESTON AND WILTON, AND THE SECONDARY SERVICE AREA INCLUDES  
DARIEN, FAIRFIELD, REDDING AND RIDGEFIELD. THERE ARE NO OTHER HOSPITALS  
IN NORWALK'S PRIMARY OR SECONDARY SERVICE AREAS, BUT THERE ARE FIVE OTHER  
HOSPITALS LOCATED IN FAIRFIELD COUNTY. A DIVERSE SOCIO-ECONOMIC  
POPULATION, NORWALK HOSPITAL SERVES AN AGING POPULATION, FROM THE  
AFFLUENT TO THE MEDICALLY UNDERSERVED. THE MEDIAN HOUSEHOLD INCOME IN  
THE GREATER NORWALK AREA IS \$103,996 AND THE ESTIMATED UNINSURED  
POPULATION OF THOSE AGED 18-64 IN FAIRFIELD COUNTY IS 10.2%. THE

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PERCENTAGE OF THE POPULATION IN THE PRIMARY AND SECONDARY SERVICE AREAS THAT IS 65+ IS EXPECTED TO INCREASE FROM 13.8% IN 2010 TO 15.0% IN 2015, AND WOMEN OF CHILDBEARING AGE (20 - 44) ARE FORECAST TO DECLINE 7.5% OVER THIS SAME PERIOD OF TIME.

PROMOTION OF COMMUNITY HEALTH

PART VI, QUESTION 5

NORWALK HOSPITAL PROVIDES A VAST ASSORTMENT OF SERVICES TO THE COMMUNITY FREE OF CHARGE AND FURTHER CARRIES OUT ITS CITIZENSHIP BY MEETING THE NEEDS OF THE UNDERSERVED.

THE HOSPITAL MAKES AVAILABLE TO THE COMMUNITY, WITHOUT REGARD FOR ABILITY TO PAY, AN IMPRESSIVE LIST OF SPECIALTIES, SUCH AS:

CHILDBIRTH CENTER: NORWALK HOSPITAL PROVIDES EXCEPTIONAL MATERNITY AND PEDIATRIC SERVICES. THE OBSTETRICIANS ARE SUPPORTED BY HIGHLY SKILLED NURSES, CERTIFIED NURSE MIDWIVES, PHYSICIAN ASSISTANTS, NEONATOLOGISTS, AND YALE PERINATOLOGISTS TO HELP MANAGE HIGH-RISK PREGNANCIES. THE

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HOSPITAL ALSO OFFERS COMPREHENSIVE CHILDBIRTH EDUCATION AND SUPPORT PROGRAMS .

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

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

STROKE PROGRAM: NORWALK HOSPITAL HAS EARNED THE GOLD SEAL OF APPROVAL FOR STROKE CARE. THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS AWARDED NORWALK HOSPITAL PRIMARY STROKE CENTER CERTIFICATION "FOR DEMONSTRATING THAT ITS STROKE CARE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN SIGNIFICANTLY IMPROVE



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUTCOMES FOR STROKE PATIENTS. "

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

SURGICAL SERVICES: NORWALK HOSPITAL'S DEDICATED SURGICAL STAFF OFFERS HIGH QUALITY SURGICAL CARE. NORWALK HOSPITAL'S OUTSTANDING SURGEONS ARE IN THE FOREFRONT OF SURGICAL PROCEDURES INCLUDING LAPAROSCOPIC SURGERY, MAJOR JOINT REPLACEMENT, AND UROLOGICAL SERVICES.

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

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

WOUND CARE AND HYPERBARIC MEDICINE CENTER: AS A REFERRAL CENTER FOR COMPREHENSIVE WOUND MANAGEMENT, THE CENTER HAS HAD VERY SUCCESSFUL RESULTS BY PROVIDING ADVANCED TREATMENT TO CURE WOUNDS THAT PREVIOUSLY WOULD NOT HEAL. NORWALK HOSPITAL HAS MORE THAN TWENTY-FIVE YEARS OF EXPERIENCE IN PROVIDING HYPERBARIC OXYGEN THERAPY, PIONEERING AS THE FIRST HOSPITAL-BASED HYPERBARIC SERVICE IN NEW ENGLAND. TWENTY-FIVE PERCENT OF PEOPLE WITH NON-HEALING WOUNDS BENEFIT FROM RECEIVING HYPERBARIC OXYGEN THERAPY. MANY PATIENTS WITH NON-HEALING WOUNDS ARE REFERRED TO NORWALK HOSPITAL FOR ASSESSMENT BECAUSE OF THIS EXPERTISE.

OTHER COMMUNITY BENEFIT ACTIVITIES:

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NORWALK HOSPITAL OFFERS A WIDE RANGE OF COMMUNITY SERVICES BOTH AT THE HOSPITAL AND IN THE COMMUNITY. HOSPITAL ASSOCIATES AND AFFILIATED PHYSICIANS PROVIDE WELLNESS PROGRAMS TO SCHOOLS, CIVIC GROUPS, CHURCHES, AND OFFER COMMUNITY HEALTH FAIRS AND SCREENINGS.

EXAMPLES OF PROMOTING HEALTH OF COMMUNITY: NORWALK HOSPITAL STAFF AND AFFILIATED MDS PARTICIPATE IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES AND SCREENINGS WITH COMMUNITY YMCAS, SENIOR CENTERS, SCHOOLS, ETC.

NORWALK HOSPITAL OFFERS PROGRAM AND FINANCIAL SUPPORT TO THE NORWALK COMMUNITY HEALTH CENTER, A FQHC AND PROGRAM SUPPORT TO AMERICARES CLINIC. NORWALK HOSPITAL SUB-SPECIALTY CLINICS ARE STAFFED BY VOLUNTEER ATTENDING PHYSICIANS FOR SURGICAL, BREAST, GI, LIVER, DERMATOLOGY, PULMONARY, CARDIOLOGY, ORTHOPEDICS, PODIATRY, PHYSIATRY, RHEUMATOLOGY, NEPHROLOGY, AND NEUROLOGY FOR UNDERSERVED PATIENTS.

AFFILIATED HEALTH CARE SYSTEM

PART VI, QUESTION 6

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY NORWALK HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION AND SOCIAL SERVICES IN THE COMMUNITY (E.G. LONG-TERM CARE FACILITIES, COMMUNITY OUTREACH, HEALTH PROMOTION/ILLNESS PREVENTION ORGANIZATIONS, ETC.) IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER. AS A NOT-FOR-PROFIT ORGANIZATION, NORWALK HOSPITAL PROVIDES NEEDED MEDICAL CARE TO ALL, INCLUDING THOSE WHO CANNOT PAY FOR IT. (THIS COMES FROM OUR VISION AND VALUES STATEMENT. WE ARE CURRENTLY A ONE SYSTEM HOSPITAL, NO AFFILIATED HOSPITALS.)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

06-6068853

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NORWALK HOSPITAL FOUNDATION 24 STEVENS STREET NORWALK, CT 06850	22-2577708	501(C)(3)	1,182,308.				FUND OPERATIONS
(2)	NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC 24 STEVENS STREET NORWALK, CT 06850	06-1522078	501(C)(3)	5,245,732.				STRATEGIC SUPPORT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

3 Enter total number of other organizations listed in the line 1 table 2

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

Schedule I (Form 990) (2011)

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

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

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

FORM 990, SCHEDULE I

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 DANIEL DEBARBA	(i)	476,134.	250,000.	59,106.	11,025.	18,058.	814,323.	0
	(ii)	0	0	0	0	0	0	0
2 PATRICK MINICUS	(i)	268,757.	109,650.	16,991.	7,667.	18,758.	421,823.	0
	(ii)	0	0	0	0	0	0	0
3 ERIC MAZUR	(i)	602,717.	155,428.	26,225.	36,179.	16,758.	837,307.	0
	(ii)	0	0	0	0	0	0	0
4 LISA BRADY	(i)	352,731.	120,672.	35,059.	11,025.	16,758.	536,245.	0
	(ii)	0	0	0	0	0	0	0
5 MARY NOLAN	(i)	280,422.	68,576.	14,279.	41,482.	18,158.	422,917.	0
	(ii)	0	0	0	0	0	0	0
6 ANTHONY ACETO	(i)	258,686.	71,160.	19,247.	35,347.	16,758.	401,198.	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL CARIUS	(i)	384,129.	94,555.	29,801.	35,538.	17,538.	561,561.	0
	(ii)	0	0	0	0	0	0	0
8 ARTHUR STRICHMAN	(i)	224,767.	219,840.	21,672.	31,329.	18,258.	515,866.	0
	(ii)	0	0	0	0	0	0	0
9 BRIAN MCGOVERN	(i)	252,571.	338,949.	16,500.	24,266.	26,758.	659,044.	0
	(ii)	0	0	0	0	0	0	0
10 LEWIS BERMAN	(i)	358,377.	72,778.	25,170.	23,999.	19,008.	499,332.	0
	(ii)	0	0	0	0	0	0	0
11 YONI BARNHARD	(i)	462,486.	124,528.	2,675.	11,025.	21,758.	622,472.	0
	(ii)	0	0	0	0	0	0	0
12 GEOFFREY COLE	(i)	0	0	630,498.	0	0	630,498.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

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

## SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4A

GEOFFREY COLE RECEIVED PART OF A TWO YEAR SEVERANCE ARRANGEMENT BASED UPON HIS COMPENSATION AT THE TIME OF TERMINATION. THE AMOUNT PAID DURING THE YEAR, \$630,498, HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)

## SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4B

NORWALK HOSPITAL ASSOCIATION HAS ESTABLISHED THE NORWALK HOSPITAL SENIOR DEFERRED COMPENSATION PLAN, PRIMARILY FOR THE PURPOSE OF PROVIDING A PROGRAM OF DEFERRED COMPENSATION FOR DANIEL DEBARBA, PRESIDENT AND CEO. AMOUNTS PROMISED UNDER THE PLAN ARE BASED ON TARGETED RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PLAN IS SUBJECT TO VESTING, NO AMOUNTS WERE VESTED OR REPORTED AS TAXABLE INCOME ON MR. DEBARBA'S 2011 W2.

**Part III Supplemental Information**

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

## SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 7

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

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

ACTUAL INCENTIVE AWARDS WERE APPROVED BY THE PRESIDENT AND CEO AND COMPENSATION COMMITTEE BASED ON EACH SENIOR LEADER'S FY2012 PERFORMANCE RATING, USING A 5 POINT SCALE:

- A PERFORMANCE RATING OF 3 GENERALLY EQUATES TO 100% OF TARGET OPPORTUNITY.
- A PERFORMANCE RATING OF 4 GENERALLY EQUATES TO 125% OF TARGET

**Part III Supplemental Information**

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

OPPORTUNITY.

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

OPPORTUNITY.

ACTUAL AWARDS ARE INTERPOLATED FOR PERFORMANCE RATINGS THAT FALL BETWEEN LEVELS, E.G., A RATING OF 3.60. THE PRESIDENT AND CEO AND COMMITTEE ALSO EXERCISE AND APPLY DISCRETION TO REFLECT SPECIAL ACCOMPLISHMENTS AND INDIVIDUAL RESULTS, AND CAN RECOMMEND SLIGHTLY HIGHER FINAL AWARDS.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> STATE OF CT HEALTH & EDU FACILITIES AUTHORITY	06-0806186		12/09/2010	46,840,000.	SEE PART V		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	3,005,000.							
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	46,844,786.							
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .	1,010,854.							
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	829,268.							
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .	463,600.							
<b>10</b> Capital expenditures from proceeds . . . . .	43,328,901.							
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .	1,252,451.							
<b>13</b> Year of substantial completion . . . . .	2012							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .		X						
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X						
<b>16</b> Has the final allocation of proceeds been made? . . . . .		X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

**Part III Private Business Use**

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

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

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)		STATE OF CT							
		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						
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						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	2.0600	%		%		%		%
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 . . . . . ▶	.5100	%		%		%		%
6	Total of lines 4 and 5 . . . . .	2.5700	%		%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .		X						

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X						
2	Is the bond issue a variable rate issue? . . . . .		X						
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X						
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
5	Were any gross proceeds invested beyond an available temporary period? . . . . .		X						
6	Did the bond issue qualify for an exception to rebate? . . . . .		X						

**Part V Procedures To Undertake Corrective Action**  
 Check the box if 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 . . . . .  Yes  No

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

SCHEDULE K, PART I  
 USE OF BOND PROCEEDS

Part III Private Business Use (Continued)		STATE OF CT							
		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? . . . . .								
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? . . . . .								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
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 . . . . . ▶		%		%		%		%
6	Total of lines 4 and 5 . . . . .		%		%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
2	Is the bond issue a variable rate issue? . . . . .								
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .								
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
5	Were any gross proceeds invested beyond an available temporary period? . . . . .								
6	Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Procedures To Undertake Corrective Action**  
 Check the box if 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 . . . . .  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).  
 THE PROCEEDS OF THE BOND ARE BEING USED FOR CONSTRUCTION OF A PARKING GARAGE AND FOR THE PURCHASE OF OTHER CAPITAL EQUIPMENT.

Part III Private Business Use (Continued)		STATE OF CT							
		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? . . . . .								
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? . . . . .								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
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 . . . . . ▶		%		%		%		%
6	Total of lines 4 and 5 . . . . .		%		%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
2	Is the bond issue a variable rate issue? . . . . .								
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .								
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
5	Were any gross proceeds invested beyond an available temporary period? . . . . .								
6	Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Procedures To Undertake Corrective Action**  
 Check the box if 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 . . . . .  Yes  No

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

SCHEDULE K, PART III, LINE 7  
 WHILE A FORMAL WRITTEN POLICY HAS NOT BEEN ADOPTED BY THE BOARD OF

Part III Private Business Use (Continued)		STATE OF CT							
		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? . . . . .								
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? . . . . .								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
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 . . . . . ▶		%		%		%		%
6	Total of lines 4 and 5 . . . . .		%		%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
2	Is the bond issue a variable rate issue? . . . . .								
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .								
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
5	Were any gross proceeds invested beyond an available temporary period? . . . . .								
6	Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Procedures To Undertake Corrective Action**  
 Check the box if 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 . . . . .  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).  
 TRUSTEES, MANAGEMENT HAS PROCEDURES IN PLACE TO ENSURE POST-ISSUANCE COMPLIANCE OF TAX EXEMPT BOND LIABILITIES. MANAGEMENT IS IN THE PROCESS



Part III Private Business Use (Continued)		STATE OF CT							
		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? . . . . .								
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? . . . . .								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
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 . . . . . ▶		%		%		%		%
6	Total of lines 4 and 5 . . . . .		%		%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
2	Is the bond issue a variable rate issue? . . . . .								
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .								
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .								
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
5	Were any gross proceeds invested beyond an available temporary period? . . . . .								
6	Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Procedures To Undertake Corrective Action**  
 Check the box if 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 . . . . .  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).  
 OF FORMALIZING THE PROCEDURES FOR ADOPTION BY THE BOARD OF TRUSTEES.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2011**

**Open To Public Inspection**

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

Schedule L (Form 990 or 990-EZ) 2011

**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) SCUL PRACTICE GROUP	SEE PART V	103,385.	SEE PART V		X
(2) BANK OF NEW CANAAN	SEE PART V	13,220.	SEE PART V		X
(3) FIRST COUNTY BANK	SEE PART V	11,817.	SEE PART V		X
(4) NORWALK MEDICAL GROUP	SEE PART V	282,617.	SEE PART V		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV, LINE 1

PAUL GAGNE, M.D. IS A MEMBER OF THE BOARD OF NORWALK HOSPITAL ASSOCIATION (NHA) AND THE MEDICAL DIRECTOR OF SCUL PRACTICE GROUP. NHA PAID SCUL PRACTICE GROUP \$103,385 FOR CARDIAC AND VASCULAR SERVICES.

SCHEDULE L, PART IV, LINE 2

THOMAS AYOUB, FRED AFRAGOLA, AND GEORGE BAUER ARE MEMBERS OF THE BOARD OF NHA AND DIRECTORS OF THE BANK OF NEW CANAAN. NHA RECEIVED INTEREST INCOME FROM THE BANK OF NEW CANAAN IN THE AMOUNT OF \$13,220.

SCHEDULE L, PART IV, LINE 3

MARY FRANCO IS AN EMPLOYEE OF NHA AND A DIRECTOR OF FIRST COUNTY BANK. NHA RECEIVED INTEREST INCOME FROM FIRST COUNTY BANK IN THE AMOUNT OF \$11,817.

SCHEDULE L, PART IV, LINE 4

RICHARD ZELKOWITZ, M.D. IS A MEMBER OF THE BOARD OF NHA AND THE MEDICAL DIRECTOR OF NORWALK MEDICAL GROUP. NHA PAID NORWALK MEDICAL GROUP

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

\$282,617 FOR CANCER SERVICES.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

THE MISSION OF NORWALK HOSPITAL IS TO PROVIDE UNIQUELY EXCELLENT,  
INNOVATIVE AND COMPASSIONATE HEALTH CARE WITH EXCEPTIONAL OUTCOMES.  
VISION: NORWALK HOSPITAL WILL BE THE HOSPITAL OF CHOICE FOR PATIENTS,  
PHYSICIANS, AND HEALTH CARE PROFESSIONALS, RECOGNIZED FOR DELIVERING  
INNOVATIVE CLINICAL SERVICES WITH COMPASSION. WE ARE GUIDED BY THESE  
VALUES - PATIENT-CENTERED: HONORING EACH INDIVIDUAL'S DIGNITY, PRIVACY,  
AND CONFIDENTIALITY, EMPOWERING PATIENTS AND THEIR FAMILIES AS PARTNERS  
IN THEIR CARE, FACILITATING SIMPLE, CONVENIENT WAYS FOR PATIENTS AND  
THEIR FAMILIES TO USE OUR PROGRAMS AND SERVICES - EXCELLENCE: SETTING THE  
HIGHEST STANDARDS FOR SAFETY, CLINICAL OUTCOMES AND PERSONAL SERVICE, AND  
CONTINUOUSLY MEASURING, MONITORING AND RAISING THOSE STANDARDS -  
INNOVATION: CONTINUOUSLY PIONEERING NEW AND BETTER WAYS TO DELIVER CARE,  
INCLUDING BRINGING STATE-OF-THE-ART TECHNOLOGY TO REAL-WORLD CARE  
DELIVERY, RESEARCH AND PREVENTION OF ILLNESS - LEADERSHIP: ATTRACTING AND  
DEVELOPING THROUGHOUT THE ORGANIZATION PEOPLE WHO ARE RECOGNIZED AS  
EXCEPTIONAL LEADERS AND WHO SUBSCRIBE TO THESE VALUES - TEAMWORK: WORKING  
TOGETHER TO ACHIEVE OUR MISSION AND GOALS IN A COOPERATIVE, RESPECTFUL,  
OPEN ENVIRONMENT - TRUST AND FAIRNESS: WE FOSTER A CLIMATE OF OPENNESS IN  
WHICH ALL WHO WORK HERE TREAT ONE ANOTHER WITH TRUST AND FAIRNESS, WE  
SUPPORT OPEN COMMUNICATION TO ENHANCE THIS CLIMATE - EDUCATION: PROVIDING  
NATIONALLY RECOGNIZED MEDICAL EDUCATION PROGRAMS FOR FUTURE PROVIDERS,  
PARTICIPATING IN CLINICAL RESEARCH AND OFFERING A RANGE OF EDUCATIONAL

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

PROGRAMS TO OUR PATIENTS AND THE COMMUNITY TO ENHANCE THEIR HEALTH AND WELL-BEING - FINANCIAL RESPONSIBILITY: BEING ACCOUNTABLE AS FINANCIAL STEWARDS FOR CONSTANT IMPROVEMENT IN THE EFFICIENCY AND EFFECTIVENESS OF SERVICE DELIVERY, COORDINATING THE SERVICES OF NORWALK HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY (E.G. LONG-TERM CARE FACILITIES, COMMUNITY OUTREACH, HEALTH PROMOTION/ILLNESS PREVENTION ORGANIZATIONS, ETC.) IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER - CHARITY: AS A NOT-FOR-PROFIT ORGANIZATION, PROVIDING NEEDED MEDICAL CARE TO ALL, INCLUDING THOSE WHO CANNOT PAY FOR IT.

## OTHER PROGRAM SERVICE DESCRIPTIONS

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE:

ED TREATED AND RELEASED;

CARDIOVASCULAR SERVICES;

CANCER SERVICES;

PULMONARY &amp; RESPIRATORY SERVICES;

REHAB SERVICES;

ALL OTHER SURGICAL SERVICES;

PEDIATRIC SERVICES;

PSYCHIATRY SERVICES;

ALL OTHER MEDICAL SERVICES; AND

ALL OTHER LAB SERVICES

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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## DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINES 6 AND 7A

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

## GOVERNANCE DECISIONS RESERVED TO MEMBER

FORM 990, PART VI, LINE 7B

ALL POWERS OF NORWALK HOSPITAL ASSOCIATION (NHA) SHALL BE EXERCISED BY AND UNDER THE AUTHORITY OF THE BOARD OF TRUSTEES, AND THE PROPERTY, BUSINESS AND AFFAIRS OF NHA SHALL BE MANAGED UNDER THE DIRECTION OF THE BOARD. PROVIDED, HOWEVER, THAT THE BOARD SHALL OBTAIN THE APPROVAL OF A TWO-THIRDS (2/3) VOTE OF THE BOARD OF THE MEMBER OF NHA BEFORE ACTION ON ANY OF THE FOLLOWING MATTERS BECOMES FINAL AND EFFECTIVE:

- (1) AMENDMENT OF THE ARTICLES OF INCORPORATION OF NHA OR OF THE BYLAWS OF NHA;
- (2) THE SALE, LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL THE PROPERTY OR ASSETS OF NHA;
- (3) MERGER OR CONSOLIDATION WITH ANY OTHER CORPORATION;
- (4) DISSOLUTION OF NHA;
- (5) APPROVAL OF THE ANNUAL BUDGET AND LONG RANGE PLAN FOR NHA;
- (6) ANY TRANSFER OF FUNDS BY GRANT, GIFT OR LOAN FROM NHA;
- (7) ANY OTHER MATTER THAT BY LAW REQUIRES THE APPROVAL OF THE MEMBER OF NHA.

THE BOARD OR THE APPROPRIATE COMMITTEE OF THE MEMBER OF NHA SHALL ALSO

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

INSTITUTE PROCEDURES TO PROVIDE FOR:

- (1) ORIENTATION OF NEWLY ELECTED BOARD MEMBERS TO BOARD FUNCTIONS AND PROCEDURES.
- (2) PERIODIC RE-EXAMINATION OF THE RELATIONSHIP OF THE HOSPITAL TO THE TOTAL HOSPITAL COMMUNITY;
- (3) A PROGRAM OF CONTINUING EDUCATION TO BE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD;
- (4) THE ESTABLISHMENT AND MONITORING OF AN EFFECTIVE MEDICAL AND HOSPITAL CARE QUALITY ASSURANCE PROGRAM;
- (5) DEVELOPING WITH MANAGEMENT NECESSARY POLICIES AND PROCEDURES AND, AS A BOARD, MONITORING POLICIES AND PROCEDURES;
- (6) REVIEW OF THE BOARD'S PERFORMANCE;
- (7) ADOPTION AND ENFORCEMENT OF A CONFLICT OF INTEREST POLICY; AND
- (8) IMPLEMENTATION, DISSEMINATION AND ENFORCEMENT OF A PATIENT'S BILL OF RIGHTS IN ACCORDANCE WITH APPLICABLE LAWS AND REGULATIONS PERTAINING TO THE SAME.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11

NORWALK HOSPITAL ASSOCIATION'S (NHA) FORM 990 IS PREPARED WITH THE ASSISTANCE OF ERNST & YOUNG LLP AND REVIEWED BY NHA'S INTERNAL MANAGEMENT. FOLLOWING THAT REVIEW, NHA'S INTERNAL MANAGEMENT PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT. THE COMPLETED FORM 990 IS PROVIDED, VIA EMAIL, TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO THE FORM BEING FILED WITH THE IRS.



Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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## DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

## MONITORING

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

## ENFORCEMENT

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

## WHO IS COVERED?

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS EACH PERSON COVERED BY THE POLICY, INCLUDING BOARD MEMBERS, AND KEY MANAGEMENT PERSONNEL,

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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INCLUDING THE CEO, VICE PRESIDENTS, CHAIRMEN, EXECUTIVE DIRECTORS, NHP&S AND ANY OTHER HOSPITAL EMPLOYED PHYSICIANS, DIRECTORS, AND ANY OTHER PERSONNEL WITH FINANCIAL DECISION MAKING AUTHORITY AS DESIGNATED BY THE CEO, SENIOR VICE PRESIDENT, VICE PRESIDENTS OR DEPARTMENT

LEVEL OF DETERMINATION AND REVIEW OF CONFLICTS

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER PRESENTATION OF A POTENTIAL TRANSACTION OR ARRANGEMENT IS MADE BY AN INTERESTED PERSON, THE REMAINING DISINTERESTED BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE IF THE HOSPITAL CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE.

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IN CONFORMITY WITH THE ABOVE DETERMINATION, THE GOVERNING BOARD OR COMMITTEE SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

RESTRICTIONS PLACED ON CONFLICTED PERSONS

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

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

WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

FORM 990, PART VI, LINE 14

NORWALK HOSPITAL ASSOCIATION IS IN THE PROCESS OF DRAFTING A FORMAL WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, LINES 15 A & B

AN OUTSIDE CONSULTING FIRM CONDUCTS AN EXECUTIVE COMPENSATION ANALYSIS

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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UTILIZING THIRD-PARTY, BLINDED SURVEY DATA SOURCES. THE CONSULTANT THEN PRESENTS FINDINGS TO THE COMPENSATION COMMITTEE OF THE BOARD, WHO DECIDE WHAT ACTION TO TAKE, IF ANY, FOR EACH EXECUTIVE. THIS PROCEDURE ONLY APPLIES TO THE PRESIDENT, VICE PRESIDENTS, AND CERTAIN KEY EMPLOYEES. FOR THOSE KEY EMPLOYEES WHOSE SALARIES ARE NOT SUBJECT TO THE COMPENSATION COMMITTEE REVIEW, THEIR RESPECTIVE VICE PRESIDENTS ASSESS THEIR PERFORMANCE AND DETERMINE SALARY INCREASES BASED ON THE GUIDELINES ESTABLISHED BY THE ANNUAL REVIEW PROGRAM AND FINAL REVIEW RATINGS. COMPENSATION DECISIONS ALSO EMPLOY EXTERNAL MARKET SURVEY DATA AND INTERNAL ANALYSIS BASED ON NORWALK HOSPITAL ASSOCIATION'S SALARY RANGES. THIS PROCESS IS UNDERTAKEN EACH YEAR.

#### JOINT VENTURE POLICY

FORM 990, PART VI, SECTION B, LINE 16B

WHILE A WRITTEN POLICY HAS NOT BEEN ADOPTED REGARDING THE EVALUATION OF PARTICIPATION IN JOINT VENTURES, MANAGEMENT FOLLOWS A PROCEDURE IN WHICH ALL POSSIBLE JOINT VENTURE ARRANGEMENTS ARE EVALUATED UNDER APPLICABLE FEDERAL TAX LAWS. MANAGEMENT UTILIZES THE SERVICES OF APPROPRIATE CONSULTANTS AND LEGAL COUNSEL TO EVALUATE EACH JOINT VENTURE OPPORTUNITY. THIS EVALUATION ALSO INCLUDES AN ANALYSIS OF HOW THE JOINT VENTURE WILL FURTHER THE HOSPITAL'S MISSION. THE HOSPITAL HAS TAKEN ALL APPROPRIATE STEPS TO SAFEGUARD ITS TAX EXEMPT STATUS WITH RESPECT TO ALL JOINT VENTURE ARRANGEMENTS. JOINT VENTURE ARRANGEMENTS ARE APPROVED BY THE BOARD OF TRUSTEES.

GOVERNING DOCUMENTS, ETC. AVAILABLE TO THE PUBLIC

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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FORM 990, PART VI, LINE 19

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 5

UNREALIZED GAINS ON INVESTMENT	3,763,749
TRANSFER TO NORWALK HEALTH SERVICES CORPORATION	(4,501,544)
TRANSFER TO NORWALK HOSPITAL FOUNDATION	(889,780)
TRANSFER FROM NORWALK HOSPITAL FOUNDATION	737,532
PENSION COST	(6,727,223)
HOSPITAL FOUNDATION - TEMPORARILY RESTRICTED	12,813,958
HOSPITAL FOUNDATION - PERMANENTLY RESTRICTED	6,610
NORWALK SURGERY CENTER	(662,518)
TOTAL OTHER CHANGES IN NET ASSETS	4,540,784

ATTACHMENT 1

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

WOMEN'S HEALTH: ONE OF THE HOSPITAL'S PREMIER SIGNATURE CLINICAL  
PROGRAMS, OUR WOMEN'S AND CHILDREN'S SERVICES FEATURES A TOP NOTCH  
TEAM OF OBSTETRICIANS/GYNECOLOGISTS, PEDIATRICIANS, CERTIFIED  
NURSES MIDWIVES, PEDIATRIC HOSPITALISTS, NEONATOLOGISTS, PEDIATRIC  
SPECIALISTS, PHYSICIAN ASSISTANTS AND NURSES. THIS TEAM'S  
COMPASSIONATE AND EXPERT CARE IS FURTHER ENHANCED BY THE ONSITE  
AVAILABILITY OF FULL-TIME PERINATOLOGISTS FROM YALE UNIVERSITY  
MEDICAL SCHOOL. OUR OBSTETRICIANS AND CERTIFIED NURSE MIDWIVES  
DELIVER BABIES IN THE HOSPITAL'S MODERN, HOME-LIKE CHILDBIRTH

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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ATTACHMENT 1 (CONT'D)

CENTER. THE CENTER FEATURES IN-SUITE AMENITIES, INCLUDING BEAUTIFUL SINGLE ROOMS WITH PRIVATE BATHS AND SHOWERS, MASSAGE THERAPY FOR INFANTS AND MOTHERS, WIRELESS INTERNET ACCESS AND FLAT-SCREEN TELEVISIONS. FOR ADDITIONAL EXPERTISE, THE HOSPITAL ALSO PROVIDES PERINATOLOGY SERVICES, FOR HIGH-RISK PREGNANCY, AS WELL AS REPRODUCTIVE ENDOCRINOLOGY SERVICES. IN ADDITION, ADVANCED, MINIMALLY INVASIVE ROBOTIC SURGERY FOR SEVERAL GYNECOLOGIC PROCEDURES, INCLUDING HYSTERECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE CANCERS, ARE NOW AVAILABLE AT THE HOSPITAL. WOMEN'S HEALTH HAD TOTAL INPATIENT DISCHARGES OF 3,465 FOR THE FISCAL YEAR ENDED 9/30/2012.

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

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

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

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

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

CHRONIC HEARTBURN PROGRAM, AND, IN PARTNERSHIP WITH YALE SCHOOL OF MEDICINE, A COMPREHENSIVE LIVER CENTER. CLINICAL SERVICES PROVIDED BY THE CENTER'S SPECIALIST PHYSICIANS INCLUDE, BUT ARE NOT LIMITED TO: ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, CHRONIC HEARTBURN (GERD) EVALUATION AND TREATMENT, COLON CANCER SCREENING, COLONOSCOPIES, DOUBLE BALLOON-ASSISTED ENTEROSCOPY, ENDOSCOPIC PROCEDURES, INCLUDING ENDOSCOPIC ULTRASOUND, INFLAMMATORY BOWEL DISEASE EVALUATION AND TREATMENTS, LIVER DISEASES, INCLUDING HEPATITIS C, EVALUATIONS AND TREATMENTS. THE CENTER SERVES AS A MAJOR TEACHING SITE FOR THE YALE SCHOOL OF MEDICINE. WILLIAM HALE, MD, DIRECTOR OF GASTROENTEROLOGY AND HEPATOLOGY; DENNIS MEIGHAN, DO, DIRECTOR OF ENDOSCOPY; AND SETH A. GROSS, MD, DIRECTOR OF ADVANCED ENDOSCOPY; HELP TRAIN RESIDENTS AND FELLOWS, AND ALSO CONDUCT CLINICAL RESEARCH STUDIES DESIGNED TO IMPROVE CARE FOR PATIENTS. GASTRO & DIGESTIVE HAD TOTAL INPATIENT DISCHARGES OF 1,908 FOR THE FISCAL YEAR ENDED 9/30/2012.

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

ORTHOPEDICS AND NEUROSPINE SERVICES: NORWALK HOSPITAL PROVIDES COMPREHENSIVE, HIGH-QUALITY ORTHOPEDIC AND NEUROSPINE CARE TO RESIDENTS OF GREATER FAIRFIELD COUNTY, CONNECTICUT THROUGH AN EXPERT TEAM OF BOARD-CERTIFIED OR ELIGIBLE ORTHOPEDISTS AND NEUROSURGEONS WHO HAVE TRAINED AT SOME OF THE NATION'S MOST PRESTIGIOUS HOSPITALS AND MEDICAL SCHOOLS. A SIGNATURE SERVICE,



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ATTACHMENT 3 (CONT'D)

OUR ORTHOPEDIC AND NEUROSPINE PROGRAM FEATURES A COLLABORATIVE, TEAM APPROACH FOR THE EVALUATION, TREATMENT, AND REHABILITATION OF DISEASES AND CONDITIONS AFFECTING THE BONES, JOINTS, CARTILAGE, MUSCLES, TENDONS AND LIGAMENTS. CLINICAL SERVICES PROVIDED INCLUDES: ARTHRITIS & JOINT PAIN TREATMENT, FOOT AND ANKLE CARE, FRACTURE CARE, HAND AND UPPER EXTREMITY CARE, INCLUDING SHOULDER AND ELBOW REPLACEMENT SURGERY), JOINT REPLACEMENT (HIP & KNEE), SPINE SURGERY, SPORTS MEDICINE, TRAUMA CARE FOR ORTHOPEDIC INJURIES. ORTHONEURO HAD TOTAL INPATIENT DISCHARGES OF 1,745 FOR THE FISCAL YEAR ENDED 9/30/2012.

ATTACHMENT 4FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
ERVIN SHAMES TRUSTEE THRU (12/31/2011)	3.00
DIANE M. ALLISON, ESQ. CHAIRMAN	3.00
GEORGE P. BAUER TRUSTEE	2.00
ANDREW WHITTINGHAM TREASURER	1.00
JOSEPH MANN SECRETARY	1.00
FRED AFRAGOLA TRUSTEE	3.00
BARBARA BUTLER TRUSTEE	2.00
DANIEL DEBARBA PRESIDENT & CEO	6.00
VICTOR LISS TRUSTEE	4.00
DAVID KOMANSKY TRUSTEE	1.00
DAVID LEHN TRUSTEE	3.00

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ATTACHMENT 4 (CONT'D)

GARY REINER TRUSTEE	1.00
ROLAND STICHWEH TRUSTEE (THRU 12/31/2011)	1.00
WILLIAM J. TAMMEE VICE CHAIR THRU 12/31/11	2.00
RICHARD ZELKOWITZ TRUSTEE	2.00
ROBERT READY TRUSTEE	3.00
THOMAS AYOUB TRUSTEE, CHIEF OF STAFF	1.00
MARIA BORGES-LOPEZ TRUSTEE	1.00
PAUL GAGNE, MD TRUSTEE	1.00
MARK GUDIS TRUSTEE	1.00
ED KANGAS - TTEE THRU 12/31/11 VICE CHAIR 1/1/12	2.00
ED MAHONY TRUSTEE	3.00
PATRICK MINICUS VP AND CHIEF FINANCIAL OFFICER	2.00

ATTACHMENT 5

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMFORCE TECHNICAL SERVICES P.O. BOX 9695 UNIONDALE, NY 11555	STAFFING SERVICES	3,724,687.
MORRISON MANAGEMENT SPECIALISTS INC. P.O. BOX 102289 ATLANTA, GA 30368	FOOD SERVICE	2,904,339.
CARPEDIA INTERNATIONAL 75 NAVY STREET L6J2ZCAN OAKVILLE ONTARIO CANADA	CONSULTING	2,022,000.
FREEMAN WHITE, INC 8845 RED OAK BOULEVARD CHARLOTTE, NC 28217-5593	ARCHITECT	1,521,531.

Name of the organization <b>THE NORWALK HOSPITAL ASSOCIATION</b>	Employer identification number <b>06-6068853</b>
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ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNITEX TEXTILE RENTAL 121-123 MEADOW STREET HARTFORD, CT 06114	LAUNDRY SERVICES	1,332,198.
TOTAL COMPENSATION		<u>11,504,755.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

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

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NORWALK SURGERY CENTER LLC 27-2394942 40 CROSS STREET	SURGERY CENTER	CT	NONE	RELATED	662,518.	5,233,400.		X	0		X	70.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MAPLE STREET INDEMNITY COMPANY LTD 98-0549862 40 CHURCH ST. PO BOX 2062 HAMILTON HM HX, BD	CAPTIVE INSURANCE	BD	NHSC	C-CORP			
(2) SWC CORPORATION 22-2577718 24 STEVENS STREET NORWALK, CT 06850	PHARMACY	CT	NHSC	C-CORP			
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NORWALK HOSPITAL PHYSICIANS & SURGEONS	I	408,758.	FMV
(2) NORWALK HOSPITAL PHYSICIANS & SURGEONS	L	7,491,890.	FMV
(3) NORWALK HOSPITAL PHYSICIANS & SURGEONS	P	8,503,343.	FMV
(4) MAPLE STREET INDEMNITY COMPANY LTD	Q	7,804,000.	FMV
(5) NORWALK HEALTH CARE, INC	R	2,408,015.	FMV
(6) NORWALK HEALTH SERVICES CORPORATION	R	319,630.	FMV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NORWALK HOSPITAL FOUNDATION	B	1,182,308.	FMV
(2) NORWALK HOSPITAL FOUNDATION	C	4,520,237.	FMV
(3) NORWALK HOSPITAL FOUNDATION	K	65,160.	FMV
(4) NORWALK HOSPITAL FOUNDATION	P	1,691,552.	FMV
(5) NORWALK HOSPITAL FOUNDATION	Q	889,780.	FMV
(6) NORWALK HOSPITAL FOUNDATION	R	5,125,000.	FMV

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	SWC CORPORATION	K	138,000.	FMV
<b>(2)</b>	SWC CORPORATION	L	3,469,471.	FMV
<b>(3)</b>	SWC CORPORATION	P	227,237.	FMV
<b>(4)</b>	SWC CORPORATION	Q	3,050,000.	FMV
<b>(5)</b>	NORWALK HOSPITAL PHYSICIANS & SURGEONS	O	145,500.	FMV
<b>(6)</b>	NORWALK HOSPITAL PHYSICIANS & SURGEONS	Q	8,650,000.	FMV



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	NORWALK HEALTH SERVICES CORPORATION	Q	4,501,544.	FMV
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

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

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