

<b>Cumulative e-File History 2015</b>	
<b>Federal</b>	
Locator:	0133KV
Taxpayer Name:	THE NORWALK HOSPITAL ASSOCIATION
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	08/14/2017 10:49:47
Acknowledgement Date:	08/14/2017 10:59:04
Status:	Accepted
Submission ID:	02007720172265000000

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning 10/01, 2015, and ending 09/30, 2016

2015

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

THE NORWALK HOSPITAL ASSOCIATION

06-6068853

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 390871705.
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) . . . . . 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) . . . . . 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . 5b

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [X] Signature of officer [X] 8/11/17 Date SVP & CFO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only ERO's signature [Signature] Date 08/10/17 Check if also paid preparer [X] Check if self-employed [ ] ERO's SSN or PTIN P01595811 Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG U.S. LLP 200 CLARENDON STREET BOSTON MA 02116-5072 EIN 34-6565596 Phone no. 617 266-2000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 2016

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE NORWALK HOSPITAL ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 24 STEVENS STREET City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06850	<b>D</b> Employer identification number 06-6068853
	<b>F</b> Name and address of principal officer: MICHAEL DAGLIO 24 STEVENS STREET NORWALK, CT 06850	<b>E</b> Telephone number (203) 852-2000
	<b>G</b> Gross receipts \$ 394,448,452.	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
	<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 <input type="checkbox"/>
<b>J</b> Website: <input checked="" type="checkbox"/> 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 <input type="checkbox"/>		
<b>L</b> Year of formation: 1893		<b>M</b> State of legal domicile: CT

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF NORWALK HOSPITAL IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE.</u>		
	<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.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20.
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	2,079.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	410.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,588,912.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-1,758,108.
			<b>7b</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,369,032.	2,700,928.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	365,394,458.	380,818,071.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,203,481.	4,804,006.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,768,162.	2,548,700.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,735,133.	390,871,705.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,234,828.	0.
	<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)	176,528,299.	177,639,277.
	<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)	161,645,152.	201,570,725.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	354,408,279.	379,210,002.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	23,326,854.	11,661,703.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	639,545,087.	638,508,505.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	289,830,942.	221,238,468.
		349,714,145.	417,270,037.

**Part II Signature Block**

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

<b>Sign Here</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 8/11/17	
	Signature of officer <input checked="" type="checkbox"/>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MIKE A CINCOTTA	Preparer's signature 	Date 08/10/17
	Firm's name <input checked="" type="checkbox"/> ERNST & YOUNG U.S. LLP	Firm's EIN <input checked="" type="checkbox"/> 34-6565596	Check <input type="checkbox"/> if self-employed
	Firm's address <input checked="" type="checkbox"/> 200 CLARENDON STREET BOSTON, MA 02116-5072	Phone no. 617 266-2000	PTIN P01595811

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 122,063,388. including grants of \$ \_\_\_\_\_) (Revenue \$ 111,310,801.)

SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ 86,347,845. including grants of \$ \_\_\_\_\_) (Revenue \$ 83,413,546.)

SEE SCHEDULE O

**4c** (Code: \_\_\_\_\_) (Expenses \$ 37,319,450. including grants of \$ \_\_\_\_\_) (Revenue \$ 34,682,772.)

SEE SCHEDULE O

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

(Expenses \$ 77,217,427. including grants of \$ \_\_\_\_\_) (Revenue \$ 151,410,952.)

**4e** Total program service expenses ▶ 322,948,110.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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
<b>4</b> <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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> 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
<b>19</b> 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		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>24a</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 25a</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>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		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, Part II, III, or IV, and Part V, line 1</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (20), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

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, address, and telephone number of the person who possesses the organization's books and records:

TONI HORNE, CONTROLLER 14 RESEARCH DRIVE BETHEL, CT 06801

203-852-2000



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

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

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN GOTTLIEB EFF 1/01/2016 TRUSTEE	2.00 0.	X						0.	0.	0.
(2) FRED AFRAGOLA SECRETARY	2.00 0.	X		X				0.	0.	0.
(3) THOMAS AYOUB, MD TRUSTEE	18.00 0.	X					85,000.	0.	0.	0.
(4) GEORGE BAUER TRUSTEE	2.00 2.00	X					0.	0.	0.	0.
(5) KATHLEEN LAVORGNA EFF 1/01/16 TRUSTEE	2.00 0.	X					0.	0.	0.	0.
(6) BARBARA BUTLER TRUSTEE	2.00 1.00	X					0.	0.	0.	0.
(7) JENNY Y. LEE EFF 1/01/16 TRUSTEE	2.00 0.	X					0.	0.	0.	0.
(8) HOWARD EISON, MD TRUSTEE	2.00 3.00	X					0.	0.	0.	0.
(9) PAUL GAGNE TRUSTEE	2.00 1.00	X					0.	0.	0.	0.
(10) MARK GUDIS TRUSTEE	2.00 0.	X					0.	0.	0.	0.
(11) DAVID KOMANSKY TRUSTEE	2.00 0.	X					0.	0.	0.	0.
(12) DAVID LEHN, ESQ TRUSTEE	2.00 1.00	X					0.	0.	0.	0.
(13) VICTOR LISS TRUSTEE	2.00 4.00	X					0.	0.	0.	0.
(14) ED MAHONY CHAIRMAN	5.00 2.00	X		X			0.	0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MICHAEL DAGLIO PRESIDENT	40.00 8.00	X		X				0. 585,528.	45,214.	
16) GARY REINER TRUSTEE	2.00 1.00	X						0. 0.	0.	
17) AMY SCHAFRANN TRUSTEE	2.00 1.00	X						0. 0.	0.	
18) ERVIN SHAMES TRUSTEE	2.00 2.00	X						0. 0.	0.	
19) ANDREW WHITTINGHAM VICE CHAIR	4.00 1.00	X		X				0. 0.	0.	
20) RICHARD JABARA TRUSTEE	2.00 4.00	X						0. 0.	0.	
21) JOSEPH D. SKRZYPCZAK TRUSTEE	2.00 4.00	X						0. 0.	0.	
22) STEVEN ROSENBERG CFO/TREASURER	5.00 51.00			X				0. 781,435.	44,044.	
23) RENEE MAURIELLO VP NURSING & PATIENT CARE SERV	40.00 0.				X			385,651. 0.	35,154.	
24) JAMES HAYNES VP OPERATIONS	40.00 0.				X			312,599. 0.	36,054.	
25) JAMES VARRONE VP SUPPLY CHAIN	4.00 36.00				X			204,529. 0.	32,348.	
<b>1b Sub-total</b>								85,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,474,204.	1,872,171.	407,544.
<b>d Total (add lines 1b and 1c)</b>								3,559,204.	1,872,171.	407,544.

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 **328**

	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 1		

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 **50**



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<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>	1,016,953.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,683,975.					
	<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 . . . . . ▶			2,700,928.				
<b>Program Service Revenue</b>		<b>Business Code</b>						
	<b>2a</b> NET PATIENT SERVICE REV		621400	369,664,379.	369,664,379.			
	<b>b</b> NORWALK SURGERY CENTER JV		900099	3,469,202.	3,469,202.			
	<b>c</b> LAB SERVICES REVENUE		621500	2,588,899.		2,588,899.		
	<b>d</b> OTHER MEDICAL SERVICES		900099	1,355,651.	1,355,651.			
	<b>e</b> OTHER		900099	1,174,043.	1,174,043.			
	<b>f</b> All other program service revenue . . . . .			2,565,897.	2,565,897.			
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			380,818,071.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			4,804,006.		13.	4,803,993.	
	<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						
			3,821,936.					
		<b>b</b> Less: rental expenses . . . . .		3,408,850.				
	<b>c</b> Rental income or (loss) . . . . .		413,086.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			413,086.			413,086.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			0.				
	<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>			363,353.					
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		167,897.					
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			195,456.			195,456.	
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b> CAFETERIA/VENDING		900099		1,800,431.			1,800,431.	
	<b>b</b> PARKING		900099	139,727.			139,727.	
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				1,940,158.				
<b>12 Total revenue.</b> See instructions. . . . . ▶				390,871,705.	378,229,172.	2,588,912.	7,352,693.	

**Part IX Statement of Functional Expenses**

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

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

<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 domestic organizations and domestic governments. See Part IV, line 21 . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	892,780.		892,780.	
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 . . . . .	138,378,710.	119,082,809.	19,295,901.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,534,999.	3,967,932.	567,067.	
9 Other employee benefits . . . . .	25,325,564.	22,209,656.	3,115,908.	
10 Payroll taxes . . . . .	8,507,224.	7,427,495.	1,079,729.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	924,906.		924,906.	
c Accounting . . . . .	0.			
d Lobbying . . . . .	121,314.		121,314.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 2</u>	72,789,541.	58,731,666.	14,057,875.	
12 Advertising and promotion . . . . .	28,503.	26,407.	2,096.	
13 Office expenses . . . . .	1,517,505.	815,461.	702,044.	
14 Information technology . . . . .	3,192,659.	2,743,809.	448,850.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	16,411,030.	11,951,224.	4,459,806.	
17 Travel . . . . .	660,275.	601,661.	58,614.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	24,607.	24,607.		
20 Interest . . . . .	2,666,380.	639,708.	2,026,672.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	22,949,810.	16,548,898.	6,400,912.	
23 Insurance . . . . .	2,433,100.	2,404,221.	28,879.	
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>PHARMACY</u> . . . . .	28,012,046.	28,012,046.		
b <u>MEDICAL SUPPLIES</u> . . . . .	20,654,628.	20,654,628.		
c <u>HOSPITAL TAX</u> . . . . .	20,153,761.	20,153,761.		
d <u>RADIOLOGY &amp; LAB SUPPLIES</u> . . . . .	4,245,276.	4,245,276.		
e All other expenses . . . . .	4,785,384.	2,706,845.	2,078,539.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	379,210,002.	322,948,110.	56,261,892.	
<b>26 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**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	43,468,380.	<b>1</b>	14,672,648.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	15,836,057.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net . . . . .	44,469,740.	<b>4</b>	46,916,152.
	<b>5</b> Loans and other 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> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	61,725.	<b>7</b>	53,027.
	<b>8</b> Inventories for sale or use . . . . .	2,725,505.	<b>8</b>	3,163,878.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,688,811.	<b>9</b>	731,340.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 644,172,138.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 372,195,173.		
		269,175,967.	<b>10c</b>	271,976,965.
	<b>11</b> Investments - publicly traded securities . . . . .	123,434,544.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	7,411,876.	<b>12</b>	143,647,499.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	98,322,402.	<b>13</b>	100,837,121.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	48,786,137.	<b>15</b>	40,673,818.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	639,545,087.	<b>16</b>	638,508,505.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	51,194,090.	<b>17</b>	47,704,607.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	114,265,000.	<b>20</b>	103,521,514.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<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 . . . . .	124,371,852.	<b>25</b>	70,012,347.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	289,830,942.	<b>26</b>	221,238,468.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	280,584,110.	<b>27</b>	370,196,285.
	<b>28</b> Temporarily restricted net assets . . . . .	59,661,583.	<b>28</b>	37,484,265.
	<b>29</b> Permanently restricted net assets . . . . .	9,468,452.	<b>29</b>	9,589,487.
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .	349,714,145.	<b>33</b>	417,270,037.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	639,545,087.	<b>34</b>	638,508,505.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	390,871,705.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	379,210,002.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,661,703.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	349,714,145.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,512,496.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	50,381,693.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	417,270,037.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

<b>Name of the organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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, etc. (see instructions); 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 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.) . . . . .						
<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 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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**Part VI** **Supplemental Information.** 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**

**2015**

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

<b>Name of the organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
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**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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
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**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  24 STEVENS STREET  NORWALK, CT 06850	\$ 1,016,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF CT, DEPT OF MENTAL HEALTH  410 CAPITAL AVENUE  HARTFORD, CT 06134	\$ 1,657,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATE OF CT, DEPT OF PUBLIC HEALTH  410 CAPITAL AVENUE  HARTFORD, CT 06134	\$ 26,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

**Part 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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

<b>Name of organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

  

(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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

  

(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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

  

(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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of 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) 2015



**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>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<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		8.
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		50,110.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		71,042.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		154.
<b>j</b> Total. Add lines 1c through 1i			121,314.
<b>2a</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**

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

SEE PAGE 4

**Part IV Supplemental Information** (continued)

## SCHEDULE C PART II B - DESCRIPTION OF LOBBYING ACTIVITY

FEDERAL STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERSERVED. A PART OF THIS EFFORT, LOBBYISTS AND STAFF TIME ARE INCLUDED IN 1G AND MISCELLANEOUS EXPENSES ARE NOTED IN 1I. MENTAL HEALTH INITIATIVES AND SUBSTANCE ABUSE TREATMENT WERE OF PARTICULAR IMPORTANCE.

DUES WERE PAID TO CONNECTICUT HOSPITAL ASSOCIATION (CHA) IN THE AMOUNT OF \$256,691 DURING FISCAL 2016. CHA HAS DETERMINED THAT FOR CHA'S FISCAL YEAR ENDING APRIL 30, 2016, 15.46% OF ITS MEMBERSHIP DUES WERE EXPENDED ON ACTIVITIES THAT MEET THE MEDICARE DEFINITION OF UNALLOWABLE LOBBYING (THOSE ACTIVITIES THAT ARE DIRECTLY RELATED TO COMMUNICATIONS WITH LEGISLATORS OR ACTIONS ON SPECIFIC LEGISLATIVE BILLS). CHA CONTINUES TO INVEST RESOURCES ON ADVOCACY EFFORTS AND GOVERNMENTAL INTERACTIONS THAT ARE SUPPORTED BY DUES AND NOT CONSIDERED UNALLOWABLE.

DUES WERE PAID TO AMERICAN HOSPITAL ASSOCIATION (AHA) IN THE AMOUNT OF \$47,134 DURING FISCAL 2016. AHA HAD DETERMINED THAT 22.12% OF ITS MEMBERSHIP DUES FOR CALENDAR 2016, WERE EXPENDED PM ACTIVITIES THAT MEET THE MEDICARE DEFINITION OF UNALLOWABLE LOBBYING. AHA CONTINUES TO INVEST RESOURCES ON A BROAD RANGE OF ADVOCACY AND REPRESENTATION INITIATIVES TO HELP THE FIELD UNDERSTAND AND RESPOND TO THE LEGISLATIVE AND REGULATORY CHANGES ON THE HORIZON AND TO SUPPORT HOSPITALS AS THEY STRIVE TO DELIVER AN EVER-HIGHER QUALITY OF CARE IN THE FACE OF CHANGES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

THE NORWALK HOSPITAL ASSOCIATION

06-6068853

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, 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 XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,000,000.		26,000,000.
b Buildings		205,903,566.	120,727,107.	85,176,459.
c Leasehold improvements		11,381,591.	5,243,537.	6,138,054.
d Equipment		290,746,574.	244,577,141.	46,169,433.
e Other		110,140,407.	1,647,388.	108,493,019.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				271,976,965.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) INT IN INV HELD BY WCHNI	143,647,499.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	143,647,499.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BEN INT IN NORWALK HOSP. FDN	100,837,121.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	100,837,121.	

**Part IX Other Assets.**

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

ATTACHMENT 1	(a) Description	(b) Book value
(1)	457 PLAN ASSET	852,186.
(2)	CERNER PROJECT ALLOCATION	6,446,721.
(3)	CONSTRUCT FUND/COST ISSUANCE	256,272.
(4)	DUE FROM AFFILIATES	2,271,699.
(5)	ERP PROJECT ALLOCATION	1,073,039.
(6)	INTEREST IN CRT	7,895,307.
(7)	IT INTEGRATION PROJECT COSTS	1,375,243.
(8)	MALPRACTICE RECEIVABLE	17,267,578.
(9)	MALPRACTICE TRUST	327.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶		40,673,518.

**Part X Other Liabilities.**

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

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes ATTACHMENT 2	
	(2) 457 PLAN LIABILITY	852,186.
	(3) ASSET RETIREMENT OBLIGATION	9,240,931.
	(4) DUE TO AFFILIATES	13,128,049.
	(5) DUE TO THIRD PARTIES	13,975,507.
	(6) INTEREST RATE SWAP	2,218,719.
	(7) LEASE - CURRENT AND LONG TERM	6,666,222.
	(8) LONG TERM DISABILITY RESERVE	1,705,196.
	(9) MALPRACTICE PAYABLE	17,267,578.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		70,012,347.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

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

Multiple horizontal lines provided for entering supplemental information.

**Part XIII Supplemental Information** (continued)ATTACHMENT 1SCHEDULE D, PART IX - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
OTHER RECEIVABLES	1,725,144.
REEF ROAD JOINT VENTURE	1,510,000.
ROUNDING	2.
TOTALS	<u>40,673,518.</u>

ATTACHMENT 2SCHEDULE D, PART X - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
MALPRACTICE RESERVE	2,075,127.
WORKERS COMP RESERVE	2,882,832.
TOTALS	<u>70,012,347.</u>



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

**Part I 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) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted 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 used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<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? . . . . .		
<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	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			13,235,188.	3,887,486.	9,347,702.	2.47
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			69,571,474.	46,422,125.	23,149,349.	6.10
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			82,806,662.	50,309,611.	32,497,051.	8.57
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	11	1497043	431,310.		431,310.	.11
<b>f</b> Health professions education (from Worksheet 5) . . . . .	1	2	12,069,004.	4,568,893.	7,500,111.	1.98
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1	3032	2,265,401.	1,025,867.	1,239,534.	.32
<b>h</b> Research (from Worksheet 7)			518,284.	426,677.	91,607.	.02
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	1		52.	100.		
<b>j</b> Total. Other Benefits . . . . .	14	1500077	15,284,051.	6,021,537.	9,262,562.	2.43
<b>k</b> Total. Add lines 7d and 7j. . . . .	14	1500077	98,090,713.	56,331,148.	41,759,613.	11.00

**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	1	400	619.		619.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	9392	18,746.		18,746.	
7 Community health improvement advocacy	1	12000	1,431,468.		1,431,468.	.38
8 Workforce development						
9 Other						
10 Total	3	21792	1,450,833.		1,450,833.	.38

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	4,228,622.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .	3	1,888,503.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	104,306,378.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	134,222,103.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-29,915,725.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	63.21000		32.07000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 1

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

**1** NORWALK HOSPITAL  
 24 STEVENS STREET  
 NORWALK CT 06850  
 NORWALKHOSPITAL.ORG  
 LICENSE #0053

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

**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group NORWALK HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

**Community Health Needs Assessment**

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group NORWALK HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group NORWALK HOSPITAL

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why:		X
<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 Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

<b>22</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 checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.		X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.		X

**Part V Facility Information** (continued)

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

PART V, LINE 5 - ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY

FACILITY: NORWALK HOSPITAL

IN CONDUCTING THE CURRENT CHNA (COMPLETED AND APPROVED IN 2013), NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ENGAGED IN A COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF THE GREATER NORWALK AREA RESIDENTS INCLUDING NORWALK, NEW CAANAN, WESTPORT, WESTON, WILTON, DARIEN, AND FAIRFIELD. THE INITIATIVE INCLUDED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO IDENTIFY THE HEALTH-RELATED STRENGTHS AND NEEDS OF THE AREA AND A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO IDENTIFY PRIORITIES, GOALS, AND IMPLEMENT AND COORDINATE STRATEGIES TO ADDRESS THESE PRIORITY ISSUES ACROSS THE REGION. FINDINGS FROM THE CHNA IDENTIFIED OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE AS PRIORITIES FOR THE AREA.

THE CHNA WAS GUIDED BY A PARTICIPATORY, COLLABORATIVE APPROACH, WHICH EXAMINED HEALTH IN ITS BROADEST SENSE. THIS PROCESS INCLUDED INTEGRATING EXISTING DATA REGARDING SOCIAL, ECONOMIC, AND HEALTH INDICATORS IN THE REGION WITH QUALITATIVE INFORMATION FROM 15 FOCUS GROUPS WITH COMMUNITY RESIDENTS AND SERVICE PROVIDERS AND 17 INTERVIEWS WITH COMMUNITY STAKEHOLDERS. FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS FROM THE 7 MUNICIPALITIES THAT COMPRISE THE GREATER NORWALK AREA, WITH INDIVIDUALS REPRESENTING YOUTH; THE HISPANIC AND AFRICAN AMERICAN COMMUNITIES; INDIVIDUALS RECEIVING SERVICES FROM A FEDERALLY-QUALIFIED HEALTH CENTER; SOCIAL SERVICE, HEALTH CARE, AND MENTAL HEALTH PROVIDERS; BUSINESSES; HOUSING; LAW ENFORCEMENT; AND THE LOCAL GOVERNMENT. THIS

**Part V Facility Information** (continued)

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

QUALITATIVES ASSESSMENT PROCESS ENGAGED OVER 200 INDIVIDUALS.

IN CONDUCTING THE CURRENT CHNA, NORWALK HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY IT SERVES. THIS INCLUDED THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. LOCAL COLLABORATORS INCLUDED THE VARIOUS HEALTH DEPARTMENTS, POLICE DEPARTMENTS, PUBLIC HIGH SCHOOLS, SOCIAL SERVICE ORGANIZATIONS AND COMMUNITY HEALTH CENTERS. GOVERNMENT OFFICIALS WERE ALSO REPRESENTED AT THE STATE AND LOCAL LEVELS, SUCH AS CONNECTICUT SENATORS AND TOWN MAYORS.

PART V, LINE 6B - CHNA CONDUCTED BY ORGANIZATIONS OTHER THAN THE HOSPITAL FACILITY: NORWALK HOSPITAL  
NORWALK HEALTH DEPARTMENT

PART V, LINE 11 - EXPLANATION OF NEEDS NOT ADDRESSED AND REASONS WHY FACILITY: NORWALK HOSPITAL  
TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2013 CHIP. ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT NORWALK HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS ENVIRONMENTAL HEALTH. IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A COMMUNITY HEALTH IMPROVEMENT TASK FORCE WAS CREATED OF OVER 100 COMMUNITY RESIDENTS AND PROFESSIONALS REPRESENTING VARIOUS ORGANIZATIONS. THEY IDENTIFIED MENTAL HEALTH, OBESITY AND SUBSTANCE ABUSE AS THE MAIN PRIORITIES TO ADDRESS. THEY



**Part V Facility Information** (continued)

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

CREATED THE 2013 COMMUNITY HEALTH IMPROVEMENT PLAN WHICH DETAILS SPECIFIC GOALS AND METRICS FOR EACH IDENTIFIED NEED, AND COMMUNITY BENEFIT PROGRAMS THAT WOULD HELP ACHIEVE THESE GOALS.

THE NARRATIVE FOR PART II COMMUNITY BUILDING ACTIVITIES DESCRIBES ACTIONS TAKEN TO ADDRESS THE NEEDS IDENTIFIED IN THE 2013 CHNA.

PART V LINE 22 - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT INS.

FACILITY: NORWALK HOSPITAL

NORWALK HOSPITAL INTENDS TO BE IN COMPLIANCE WITH THE REGULATIONS REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICAL NECESSARY CARE BY THE EFFECTIVE DATE (10/1/16).

NORWALK HOSPITAL AS OF 10/01/16 (THE EFFECTIVE DATE OF THE 501R REGULATIONS), BEGAN USING THE 501(R) REGULATION COMPLIANT "LOOK-BACK" METHOD FOR CALCULATING AGB.

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
<b>1</b> NORWALK HOSP RADIOLOGY & MAMMOGRAPHY CTR 148 EAST AVENUE SUITE 1R NORWALK CT 06851	RADIOLOGY AND MAMMOGRAPHY CENTER
<b>2</b> NORWALK SURGERY CENTER, LLC 40 CROSS STREET NORWALK CT 06851	AMBULATORY SURGERY CENTER
<b>3</b> NORWALK HOSP OUTPATIENT REHAB SERVICES 520 WEST AVENUE NORWALK CT 06850	OUTPATIENT REHABILITATION FACILITY
<b>4</b> NORWALK HOSPITAL SLEEP DISORDER CENTER 520 WEST AVENUE NORWALK CT 06850	SLEEP DISORDER SERVICES
<b>5</b> NORWALK BLOOD COLLECTION CENTER 40 CROSS STREET NORWALK CT 06851	BLOOD COLLECTION
<b>6</b> WESTPORT BLOOD COLLECTION CENTER 728 POST ROAD EAST WESTPORT CT 06880	BLOOD COLLECTION
<b>7</b> CROSS ST. RADIOLOGY 40 CROSS STREET NORWALK CT 06851	RADIOLOGY SERVICES
<b>8</b> NEW CANAAN BLOOD COLLECTION CENTER 25-30 EAST AVENUE NEW CANAAN CT 06840	BLOOD COLLECTION
<b>9</b> NORWALK HOSPITAL NEW CANAAN RADIOLOGY 28-30 EAST AVENUE NEW CANAAN CT 06840	RADIOLOGY SERVICES
<b>10</b> NORWALK HOSPITAL WESTPORT RADIOLOGY 728 POST ROAD EAST WESTPORT CT 06880	RADIOLOGY SERVICES

Schedule H (Form 990) 2015

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> OCCUPATIONAL HLTH & REHAB SRVCS 45 GROVE STREET NEW CAANAN CT 06840	OUTPATIENT REHABILITATION SERVICES
<b>2</b> NORWALK BLOOD COLLECTION CENTER 148 EAST AVENUE NORWALK CT 06851	BLOOD COLLECTION
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A - RELATED ORGANIZATION COMMUNITY BENEFIT REPORT

LINE 6A & 6B: THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS SUBMITTED ON SCHEDULE H 990 FORM ANNUALLY. IT CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAMS AND SERVICES' DESCRIPTIONS AND FINANCIAL DATA. THE FORM IS MADE AVAILABLE TO THE PUBLIC ON THE OFFICE OF HEALTH CARE ACCESS' WEBSITE:

[HTTP://WWW.CT.GOV/DPH/CWP/VIEW.ASP?A=3902&G=585448](http://www.ct.gov/dph/cwp/view.asp?a=3902&g=585448)

PART I, LINE 7G - COSTS ASSOCIATED WITH PHYSICIANS CLINICS

SUBSIDIZED HEALTH SERVICES LINE G - NORWALK HOSPITAL RECEIVES A DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE OUTPATIENT PSYCHIATRIC CLINIC. THESE DOLLARS HELP OFFSET THE SHORTFALL FROM UNDER OR UNINSURED PATIENTS.

PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE

BAD DEBT EXPENSE IS A FUNCTION OF ACTUAL BAD DEBT WRITE-OFFS AND ESTIMATED BAD DEBTS FOR BALANCES STILL IN ACCOUNTS RECEIVABLE (AR) AS OF THE MEASUREMENT DATE. THE HOSPITAL CALCULATES THE ESTIMATED BAD DEBTS IN

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AR BY COMPUTING HISTORICAL PAYMENT % BY PAYOR, SERVICE TYPE AND BY ACCOUNT AGE AND APPLIES THOSE PERCENTAGES ADJUSTED FOR PRICE INCREASE TO CURRENT AR.

PART III, LINE 3 METHODOLOGY OF EST AMOUNT & RATIONALE FOR INC COM BENEFIT THE PERCENT OF CHARITY CARE APPLICATIONS UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY THAT RESULTED IN A DISCOUNT WAS 44.66%. WE APPLIED THIS % TO OUR BAD DEBT EXPENSE OF \$4,228,622 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$1,888,503.

PART III, LINE 4 - BAD DEBT EXPENSE PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

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THE HOSPITAL'S ESTIMATION OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND AGE OF THE PATIENT ACCOUNTS RECEIVABLE AND THE EFFECTIVENESS OF THE HOSPITAL'S COLLECTION EFFORTS. THE HOSPITAL'S POLICY IS TO RESERVE A PORTION OF ALL SELF-PAY RECEIVABLES, INCLUDING AMOUNTS DUE FROM THE UNINSURED AND AMOUNTS RELATED TO CO-PAYMENTS AND DEDUCTIBLES, AS THESE CHARGES ARE RECORDED. ON A MONTHLY BASIS, THE HOSPITAL REVIEWS ITS ACCOUNTS RECEIVABLE BALANCES AND VARIOUS ANALYTICS TO SUPPORT THE BASIS FOR ITS ESTIMATES. THESE EFFORTS PRIMARILY CONSIST OF REVIEWING THE FOLLOWING: HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE USING A HINDSIGHT OR LOOK-BACK APPROACH; REVENUE AND VOLUME TRENDS BY PAYOR, PARTICULARLY THE SELF-PAY COMPONENTS; CHANGES IN THE AGING AND PAYOR MIX OF ACCOUNTS RECEIVABLE, INCLUDING INCREASED FOCUS ON ACCOUNTS DUE FROM THE UNINSURED AND ACCOUNTS THAT REPRESENT CO-PAYMENTS AND DEDUCTIBLES DUE FROM PATIENTS; CASH COLLECTIONS AS A PERCENTAGE OF NET PATIENT REVENUE LESS THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS; AND TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE.

THE HOSPITAL REGULARLY PERFORMS HINDSIGHT PROCEDURES TO EVALUATE

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HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE THROUGHOUT THE YEAR TO ASSIST IN DETERMINING THE REASONABLENESS OF ITS PROCESS FOR ESTIMATING THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

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

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

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CHARGES .

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

PART VI - NEEDS ASSESSMENT

IN 2012 (COMPLETED AND APPROVED IN 2013) NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ENGAGED IN A COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF THE GREATER NORWALK AREA RESIDENTS. THE INITIATIVE INCLUDED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO



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IDENTIFY THE HEALTH-RELATED STRENGTHS AND NEEDS OF THE AREA AND A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO IDENTIFY THE PRIORITIES, GOALS AND IMPLEMENT AND COORDINATE STRATEGIES TO ADDRESS THESE PRIORITY ISSUES ACROSS THE REGION. THE CHNA WAS GUIDED BY A COLLABORATIVE APPROACH, WHICH INCLUDED INTEGRATING EXISTING HEALTH INDICATORS, SOCIAL AND ECONOMIC DATA WITH QUALITATIVE INFORMATION FROM COMMUNITY RESIDENTS AND STAKEHOLDERS. FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED WITH PARTICIPATION FROM YOUTH, ETHNIC COMMUNITIES, SOCIAL SERVICES, HEALTH CARE PROVIDER BUSINESSES, LAW ENFORCEMENT AND LOCAL GOVERNMENT AGENCIES. FOR EXAMPLE, MID-FAIRFIELD CHILD GUIDANCE CENTER PARTICIPATED IN THESE FOCUS GROUPS AND INTERVIEWS. THROUGH THE PROCESS, THEY WERE ABLE TO IDENTIFY MENTAL HEALTH/SUBSTANCE ABUSE AS A PRIORITY NEED. THEY ALSO PROVIDED DATA AND INPUT ON BARRIERS AND CHALLENGES TO ACCESS AND QUALITY CARE FOR CHILDREN IN THE AREA, AS WELL AS STRATEGIES ON HOW TO ENHANCE TREATMENT AND CARE.

THROUGH WESTERN CT HEALTH NETWORK'S ANNUAL PLANNING PROCESS, AN ENVIRONMENTAL ASSESSMENT IS CONDUCTED TO IDENTIFY HEALTHCARE GAPS AND NEEDS OF THE SERVICE AREA COMMUNITY BROUGHT ABOUT BY LOCAL AND NATIONAL

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TRENDS IN ECONOMIC, LEGISLATIVE, DEMOGRAPHIC, HEALTHCARE INDUSTRY AND OTHER ENVIRONMENTAL FACTORS. THESE FORCES ARE INCORPORATED IN MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY BY HELPING TO FRAME THE PRIORITIES, GOALS AND INITIATIVES OF WESTERN CT HEALTH NETWORK'S LONG RANGE AND ANNUAL STRATEGIC PLANS.

IN 2015, NORWALK HOSPITAL, ALONG WITH THE NORWALK HEALTH DEPARTMENT AND COMMUNITY MEMBERS, BEGAN THE PROCESS TO CREATE THE 2016 CHNA. COMMUNITY FORUMS WERE HELD IN 2016 TO DISCUSS RESULTS AND IDENTIFY PRIORITY ISSUES FROM THE COMMUNITY WELLBEING SURVEY CONDUCTED BY DATAHAVEN, A NON-PROFIT ORGANIZATION THAT WORKS TO IMPROVE QUALITY OF LIFE BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA FOR EFFECTIVE DECISION MAKING. A KEY INFORMANT SURVEY WAS ALSO DEVELOPED AND DISTRIBUTED TO 200 COMMUNITY LEADERS IN THE NORWALK HOSPITAL AREA FURTHER DETAILS ON THE 2016 CHNA AND CHIP WILL BE PROVIDED IN NEXT YEAR'S SCHEDULE H, 990 REPORT.

PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE. NOTIFICATION IS

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SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED. THE FACILITY ALSO EMPLOYS FINANCIAL COUNSELORS TO FACILITATE PATIENT EDUCATION REGARDING ALL PROGRAMS AVAILABLE TO INCLUDE STATE, LOCAL AND INTERNAL. IF AT ANY TIME IN THE COLLECTION PROCESS A PATIENT WOULD LIKE TO PARTICIPATE IN THE FAP, COLLECTION ACTIVITY CEASES. THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL COUNSELING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNT.

PART VI - COMMUNITY INFORMATION

NORWALK HOSPITAL SERVES AN AREA WITH A POPULATION OF ABOUT 161,400 PEOPLE. THE PRIMARY SERVICE AREA INCLUDES NORWALK, NEW CANAAN, WESTPORT, WESTON AND WILTON, CT, AND THE SECONDARY SERVICE AREA INCLUDES FAIRFIELD, DARIEN, REDDING, RIDGFIELD (IN FAIRFIELD COUNTY, CT) AND SOUTH SALEM (IN WESTCHESTER COUNTY, NY). THIS SERVICE AREA IS COMPRISED OF A DENSELY POPULATED CORE OF THE URBAN/SUBURBAN CITY OF NORWALK SURROUNDED BY PREDOMINANTLY AFFLUENT RESIDENTIAL TOWNS. NO OTHER GENERAL MEDICAL/SURGICAL HOSPITALS ARE LOCATED IN THIS SERVICE AREA. THIS AREA IS HOME TO A DIVERSE SOCIO-ECONOMIC POPULATION, FROM THE AFFLUENT TO THE

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MEDICALLY UNDERSERVED. NORWALK HAS A MEDIAN HOUSEHOLD INCOME OF \$76,051, AND A POVERTY RATE OF 8.1%. THE OVERALL UNINSURED POPULATION RATE FOR THE STATE IS ESTIMATED TO BE 3.8%. ALTHOUGH THE POPULATION OF THE PRIMARY AND SECONDARY SERVICE AREAS IS EXPECTED TO REMAIN VIRTUALLY UNCHANGED FROM 2010 TO 2020, THE COHORT AGED 65 AND OVER IS EXPECTED TO HAVE A COMPOUND ANNUAL GROWTH RATE OF 2.36%, WHILE THE AGE 20-44 AGE COHORT'S RATE IS 0.06% OVER THE SAME TIME PERIOD.

PART VI - COMMUNITY BUILDING ACTIVITIES

RELATED TO PART II, LINE #6, COALITION BUILDING, TOTALING \$18,746

IN CONDUCTING THE CURRENT CHNA, NORWALK HOSPITAL COLLABORATED WITH VARIOUS COMMUNITY ORGANIZATIONS TO DEVELOP, IMPLEMENT, AND MONITOR STRATEGIES TO ADDRESS IDENTIFIED PRIORITIES IN THE CHIP. WORKGROUPS WERE CREATED FOR OBESITY, AND MENTAL HEALTH/SUBSTANCE ABUSE. THE COMMUNITY BENEFIT IN THE COALITION BUILDING CATEGORY WAS PROVIDED THROUGH PLANNING AND DEVELOPMENT MEETINGS, AS WELLS AS PROGRAMS FOR EACH PRIORITY AREA:

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MENTAL HEALTH AND SUBSTANCE ABUSE:

\*IN APRIL 2014, NORWALK HOSPITAL LAUNCHED A COMMUNITY CARE TEAM WITH THE GOAL OF TARGETING MENTAL HEALTH AND SUBSTANCE ABUSE POPULATIONS. THE FORMATION OF THE GREATER NORWALK COMMUNITY CARE TEAM (CCT) HAS ALLOWED US TO DELIVER ENHANCED CARE TO INDIVIDUALS WITH COMPLEX MEDICAL AND PSYCHOSOCIAL CHALLENGES. THIS BROAD COMMUNITY INITIATIVE PROVIDES WRAP AROUND SERVICES TO INDIVIDUALS WITH HOUSING INSTABILITY SUFFERING FROM MENTAL HEALTH AND/OR SUBSTANCE ABUSE ISSUES OR SERIOUS MEDICAL CONDITIONS.

NORWALK HOSPITAL'S GREATER NORWALK CCT CONSISTS OF APPROXIMATELY 20 REPRESENTATIVES FROM LOCAL PROGRAMS, AGENCIES AND INSTITUTIONS. THE CCT MEETS WEEKLY IN THE COMMUNITY TO DEVELOP, REVIEW, IMPLEMENT, AND MONITOR TREATMENT PLANS FOR VULNERABLE POPULATIONS. THE CCT NAVIGATOR WORKS TO IMPROVE OUTCOMES BY REFERRING TARGETED INDIVIDUALS TO APPROPRIATE COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND SERVING AS A LIAISON TO COORDINATE AND LEVERAGE EXISTING COMMUNITY-BASED RESOURCES.

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AS OF SEPTEMBER 30, 2016, INDIVIDUALIZED CARE PLANS HAVE BEEN DEVELOPED FOR MORE THAN 200 INDIVIDUALS. OUTCOMES FOR PATIENTS WITH CARE PLANS IN PLACE INCLUDE MAINTAINED SOBRIETY, MENTAL HEALTH STABILIZATION, IMPROVED ACCESS TO CRE, A 27% REDUCTION IN INAPPROPRIATE EMERGENCY DEPARTMENT (ED) VISITS AND REDUCED HOMELESSNESS WITH MORE THAN 50 INDIVIDUALS ASSISTED IN FINDING STABLE HOUSING.

\*A PILOT COLLABORATIVE OUTREACH TEAM EFFORT BETWEEN WESTERN CONNECTICUT HEALTH NETWORK AND SACRED HEART UNIVERSITY (SHU) HAS BEEN CREATED AS AN EXTENSION OF THE GREATER NORWALK CCT. THE COLLABORATION BRINGS SHU STUDENTS (IN AREAS OF NURSING, OCCUPATIONAL THERAPY, SOCIAL WORK) TOGETHER WITH WCHN STAFF TO FOCUS ON HIGH-RISK EMERGENCY DEPARTMENT FREQUENT USERS TO FURTHER ENGAGE CLIENTS AND SPEARHEAD A MEDICALLY INTEGRATED APPROACH TO DELIVER BETTER HEALTHCARE TO OUR MOST VULNERABLE PATIENTS. THIS APPROACH IS BASED ON THE CAMDEN COALITION CARE MANAGEMENT MODEL WHERE MULTI-DISCIPLINARY CARE TEAMS CONNECT QUICKLY WITH HIGH RISK PATIENTS (IN CLIENTS' HOMES) TO ADDRESS THEIR COMPLEX NEEDS. THIS APPROACH HAS DEMONSTRATED AN IMPROVEMENT IN QUALITY OF CARE, REDUCED COSTS AND REDUCED UNNECESSARY EMERGENCY DEPARTMENT VISITS AND INPATIENT

**Part VI Supplemental Information**

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STAYS - SYNONYMOUS WITH THE TRIPLE AIM APPROACH.

\*THE WESTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES NORWALK HOSPITAL, HAS FORMED A MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) TO WORK TOGETHER TO PROVIDE HIGHER-QUALITY COORDINATED CARE FOR OUR PATIENTS, WHILE HELPING TO SLOW HEALTH CARE COST GROWTH. THE ACO WILL ALSO HELP TO PROVIDE BETTER CARE TO MEDICARE'S SENIORS AND PEOPLE WITH DISABILITIES. IN ADDITION TO HELPING US SERVE OUR COMMUNITY MEMBERS IN A MORE COMPREHENSIVE WAY, THE ACO WILL HELP US IDENTIFY GAPS IN CARE.

HIGH-QUALITY CARE IS DEFINED BY MEETING 33 QUALITY MEASURE BENCHMARKS IN

4 DOMAINS:

PATIENT CAREGIVER EXPERIENCE; CARE COORDINATION; PATIENT SAFETY; PREVENTATIVE HEALTH; AT-RISK POPULATIONS. THE ACO HAS DEFINED PROCESSES AND PROCEDURES TO PROMOTE EVIDENCE-BASED MEDICINE AND PATIENT ENGAGEMENT AND MUST REPORT ON QUALITY AND COST MEASURES. IT MUST ALSO MEET PATIENT-CENTEREDNESS CRITERIA SUCH AS THE USE OF PATIENT AND CAREGIVER ASSESSMENTS OR INDIVIDUALIZED CARE TEAM WHICH WILL ALIGN WITH OUR CURRENT

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GREATER NORWALK CCT INITIATIVE TO IMPROVE MANAGEMENT OF COMPLEX PATIENTS  
AND REDUCED UNNECESSARY EMERGENCY DEPARTMENT VISITS AND ADMISSIONS.

THE ACO SERVES APPROXIMATELY 100,000 MEDICARE BENEFICIARIES THROUGHOUT  
OUR REGION.

OBESITY/HEALTHY LIFESTYLES:

\*PROJECT LEAN (LEARNING WITH ENERGY FROM ACTIVITY AND NUTRITION) IS AN  
INNOVATIVE, COMMUNITY-WIDE PROGRAM COLLABORATIVE BETWEEN NORWALK  
HOSPITAL, NORWALK HEALTH DEPARTMENT, JEFFERSON AND KENDALL ELEMENTARY  
SCHOOLS, AND PEPPERIDGE FARM, INC., WHICH IS DESIGNED TO ACTIVELY ENGAGE  
APPROXIMATELY 600 ELEMENTARY SCHOOL CHILDREN WITH A HANDS-ON INTERACTIVE  
CURRICULUM TO COMBAT CHILDHOOD OBESITY. PROJECT LEAN'S GOAL IS TO IMPROVE  
ATTITUDES, INCREASE KNOWLEDGE, AND KEEP BODY MASS INDEX AT OR BELOW THE  
CENTER FOR DISEASE CONTROL AND PREVENTION AVERAGE GAINS THROUGH NUTRITION  
EDUCATION AND INCREASED ACTIVITY. THE AIM IS TO IMPROVE THE OVERALL  
HEALTH OF THE STUDENTS THROUGH HEALTHY NUTRITION AND EXERCISE WITH THE



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GOAL TO MAKE A SUSTAINABLE DIFFERENCE IN THEIR LIVES.

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.

\*WITH THE OBJECTIVE TO INCREASE PHYSICAL ACTIVITY AMONG COMMUNITY MEMBERS  
 AND THOSE WORKING WITHIN THE COMMUNITY, THE NORWALKER NEIGHBORHOOD  
 WALKING PROJECT WAS DEVELOPED. THE PROJECT PLAN IDENTIFIED SIXTEEN  
 NEIGHBORHOODS IN NORWALK AND MAPPED OUT WALKING ROUTES IN EACH (A TOTAL  
 OF 44 WALKING ROUTES). USER-FRIENDLY NEIGHBORHOOD MAPS WERE DESIGNED AND  
 DISTRIBUTED THROUGHOUT THE COMMUNITY TO RESIDENTS AND BUSINESSES TO HELP  
 PROMOTE ACCESS TO THE DESIGNATED WALKING ROUTES.  
 WALKING ROUTES RANGE FROM APPROXIMATELY A HALF-MILE TO

**Part VI Supplemental Information**

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THREE-AND-A-HALF-MILES, AND CONDITIONS WALKERS CAN EXPECT, SUCH AS WHEELCHAIR AND STROLLER FRIENDLY ACCESS AND TERRAIN CONDITIONS, ARE OUTLINED FOR EACH ROUTE. IN 2015, ALL 44 WALKING ROUTES WERE AUDITED, UTILIZING THE CENTER FOR DISEASE CONTROL AND PREVENTION WALKABILITY AUDIT TOOL, AND SEVERAL ROUTES WERE UPDATED, REDESIGNED AND GIS MAPPED.

THROUGHOUT 2016, NORWALK'S MAYOR HOSTED A NORWALKER WALK EACH WEEKEND ENCOURAGING NORWALK RESIDENTS TO JOIN HIM ON ONE OF THE 44 FEATURED NORWALKER ROUTES. HE ENGAGED COMMUNITY MEMBERS (RANGING FROM 20-40 WEEKLY PARTICIPANTS) IN DISCUSSION ALONG THE WEEKLY WALKS. AS AN ADVOCATE FOR WELLNESS, THE MAYOR EMPHASIZED THE IMPORTANCE OF PHYSICAL ACTIVITY FOR OVERALL HEALTH AND WELL-BEING.

TO FURTHER INCREASE AWARENESS OF THE NORWALKER PROGRAM AND PROMOTE PHYSICAL ACTIVITY AMONG COMMUNITY MEMBERS, THE WORKGROUP HELD A SPRING EVENT ON JUNE 4, 2016. MORE THAN 100 COMMUNITY MEMBERS ATTENDED, WHICH FEATURED A 1.0 MILE WALK LED BY THE MAYOR OF NORWALK AND SENATOR BOB DUFF. HEALTH AND WELLNESS INFORMATION BOOTHS FROM LOCAL ORGANIZATIONS; NORWALK GROWS, NORWALK ACTS, SHOPRITE SUPERMARKETS, NORWALK HEALTH

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DEPARTMENT, AMERICAN HEART ASSOCIATION, NORWALK EARLY CHILDHOOD

DEVELOPMENT, NORWALK PUBLIC LIBRARY, ETC. PROVIDED HEALTH AND WELLNESS

INFORMATION TO ATTENDEES.

\*THE GREATER NORWALK HEALTHY RESTAURANT INITIATIVE (HRI) WAS DEVELOPED TO HELP MEETING THE GOAL OF INCREASING ACCESS TO AND CONSUMPTION OF HEALTHY AND AFFORDABLE FOODS. THIS HEALTHY RESTAURANT PROGRAM WILL HELP RESTAURANTS IN THE GREATER NORWALK AREA HIGHLIGHT HEALTHY MENU OPTIONS TO DINERS OF ALL AGES. THE PRIMARY PURPOSE OF THIS INITIATIVE IS TO PROVIDE COMMUNITY MEMBERS IN THE GREATER NORWALK AREA HEALTHY MENU OPTIONS WHEN DINING OUT. THE PROGRAM IS VOLUNTARY FOR RESTAURANT OWNERS, AND TWENTY AREA RESTAURANTS FROM FAIRFIELD, WESTON, WILTON, NORWALK AND NEW CANAAN HAVE ELECTED TO PARTICIPATE AND COMMIT TO THE PROGRAM.

PARTICIPATING RESTAURANT OWNERS/CHEFS ARE WORKING WITH THE HRI PROGRAM COORDINATOR AND REGISTERED DIETITIAN (RD) TO ASSESS THE NUTRITIONAL VALUE OF A CURRENT MENU OPTION OR RECEIVE GUIDANCE IN THE DEVELOPMENT OF HEALTHY ENTREES. ONCE A MEAL(S) MEET THE ESTABLISHED NUTRITIONAL CRITERIA, IT WILL BE HIGHLIGHTED AS A HEALTHY MENU OPTION ON THE MENU

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(IDENTIFIED WITH A HEALTHY FOR LIFE BRANDED STICKER) AND THE RESTAURANT DESIGNATED AS A "HEALTHY RESTAURANT" PARTICIPATING IN THE HRI. MENU OPTIONS THAT DO NOT MEET THE NUTRITIONAL CRITERIA ARE ASSESSED BY THE RD AND CHEF AND IN COLLABORATION THEY DEVELOP A SOLUTION AND ULTIMATELY MAKE ADJUSTMENTS TO THE RECIPE.

\*TO HELP INCREASE THE AMOUNT OF PHYSICAL ACTIVITY AMONG PRESCHOOL, ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS THROUGHOUT THE SCHOOL DAY, THE MOVE MORE IN SCHOOLS TOOLKIT IS BEING DEVELOPED UNDER THE GUIDANCE OF MEMBERS FROM SEVERAL AREA BOARDS OF EDUCATION, SCHOOL NURSES, ADMINISTRATORS, EDUCATORS AND COMMUNITY MEMBERS. THE COMPREHENSIVE GUIDE WILL PROVIDE SIMPLE, YET SPECIFIC, CONCRETE STRATEGIES TO INCORPORATE MORE PHYSICAL ACTIVITY INTO THE DAY. APPENDICES OFFER EDUCATORS HANDS-ON ACTIVITIES THAT ARE EASILY INCORPORATED INTO THE SCHOOL DAY THAT CAN BE ACCESSED WITH LITTLE TO NO COST OR RESOURCES.

\*NORWALK HOSPITAL AND WESTERN CONNECTICUT HEALTH NETWORK HAS TEAMED UP WITH THE RIVERBROOK REGIONAL YMCA TO PROMOTE HEALTH AND WELLNESS THROUGH THE HEALTHY LIVING PARTNERSHIP. THE PARTNERSHIP AIMS TO DELIVER COMMUNITY-BASED HEALTH AND WELLNESS SERVICES IN INNOVATIVE NEW WAYS

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ROOTED IN A COMMON COMMITMENT TO PREVENTION AND COMBATING CHRONIC DISEASE. THIS PARTNERSHIP INCLUDES THE INTEGRATION OF A WCHN RN AT THE WILTON YMCA LOCATION WHO GUIDES INTERESTED COMMUNITY MEMBERS THROUGH NUMEROUS CHRONIC DISEASE MANAGEMENT PROGRAM OFFERINGS AND SERVES AS A HEALTH COACH FOR MEMBERS, PROMOTING HEALTHY LIFESTYLES, GOOD NUTRITION, PHYSICAL ACTIVITY AND DISEASE PREVENTION.

PART VI - AFFILIATED HEALTHCARE SYSTEM ROLES AND PROMOTION

WESTERN CONNECTICUT HEALTH NETWORK (WCHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF THREE COMMUNITY HOSPITALS AND THEIR AFFILIATED ENTITIES. IN ADDITION TO DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS, AND NORWALK HOSPITAL, THE CONTINUUM OF CARE INCLUDES A LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED BIOMEDICAL RESEARCH INSTITUTE, THE WCHN FOUNDATION AND NORWALK HOSPITAL FOUNDATION, AND OTHER RELATED AFFILIATES. WCHN'S MISSION IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE. FOR FY2016, WCHN PROVIDED APPROXIMATELY \$23,863,188 IN TOTAL CHARITY CARE.

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DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS AND NORWALK HOSPITAL PROVIDED MEDICAL SERVICES TO THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY. SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE IN SUPPORT OF THE HOSPITAL'S MISSION STATEMENT AS NOTED ABOVE. FOR FY2016, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS: NORWALK HOSPITAL, APPROXIMATELY \$9,347,702, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, APPROXIMATELY \$13,086,486.

WESTERN CONNECTICUT MEDICAL GROUP: THE MISSION OF WESTERN CONNECTICUT MEDICAL GROUP IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND SPECIALTY HEALTH CARE IN THE COMMUNITIES THEY SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO THEIR PATIENTS' NEEDS. THEY SUPPORT A COMMITMENT TO ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS IN THEIR COMMUNITY BY DELIVERING QUALITY CARE, PARTICIPATING IN MEDICAL RESEARCH AND MEDICAL RESIDENCY PROGRAMS AND THE PROVISION OF MEDICAL SERVICES TO PATIENTS. FOR FY2016, WCMG PROVIDED \$1,382,000 IN CHARITY CARE. WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION INC'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO DANBURY HOSPITAL AND OTHER NOT-FOR-PROFIT HEALTH CARE AFFILIATES.

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NORWALK HOSPITAL FOUNDATION'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO NORWALK HOSPITAL AND OTHER NOT-FOR-PROFIT NORWALK HOSPITAL AFFILIATES.

WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES PRINCIPAL PURPOSE IS TO PROVIDE OUTPATIENT HEALTH CARE SERVICES IN VARIOUS LOCATIONS AND ALSO PROVIDE AMBULANCE SERVICES TO DANBURY AND SURROUNDING TOWNS, WHILE SERVING THOSE THAT CANNOT AFFORD THE CARE.

WESTERN CONNECTICUT HOME CARE, INC. (WCHC) PROVIDES STATE OF THE ART CLINICAL SERVICES RANGING FROM PEDIATRIC PATIENTS TO THE ELDERLY UTILIZING BEST PRACTICE IN HOME CARE TO MEET THE NEEDS OF THEIR PATIENTS. FOR FY2016, WCHC PROVIDED \$47,000 IN CHARITY CARE.

EASTERN NEW YORK MEDICAL SERVICES (ENYMS) WAS FORMED IN APRIL, 2013. THE MISSION AT ENYMS IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND GASTRO HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS' NEEDS.

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PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED

CT

ADDITIONAL INFORMATION

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, NORWALK HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY. THESE SERVICES ARE PROMOTED IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER.

IN FY16, NORWALK HOSPITAL SERVED OVER 1.5 MILLION PERSONS THROUGH OVER 470 COMMUNITY HEALTH OCCURRENCES. HOSPITAL STAFF AND AFFILIATED PHYSICIANS PARTICIPATED IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES AND SCREENINGS WITH COMMUNITY ORGANIZATIONS. THE HEALTH TALK SHOWS AIRED ON CABLEVISION AND REACHED 1.275 MILLION. NORWALK HOSPITAL ALSO OFFERS PROGRAMS AND FINANCIAL SUPPORT TO THE CITY OF NORWALK AND SURROUNDING



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AREAS. EXAMPLES INCLUDE THE NORWALK COMMUNITY HEALTH CENTER (A FQHC) AND PROGRAM SUPPORT TO THE AMERICARES FREE CLINIC. NORWAK HOSPITAL SUB-SPECIALTY CLINICS ARE ALSO STAFFED BY VOLUNTEER-ATTENDING PHYSICIANS FOR UNDERSERVED PATIENTS.

PART I, LINE 7E - COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS

NORWALK HOSPITAL PROVIDED COMMUNITY BENEFIT THROUGH VARIOUS PROGRAMS AND EVENTS THAT WERE MADE AVAILABLE TO THE COMMUNITY AT LARGE. BELOW IS A LIST OF ALL THE PROGRAMS OFFERED WITH A BRIEF DESCRIPTION:

\*CANCER: 614 SERVED THROUGH BEREAVEMENT GROUPS, CANCER ED. AT FAIRS AND TALKS

\*DIABETES: 135 SERVED THROUGH HEALTH FAIRS

\*ECONOMIC DEVELOPMENT: 149 SERVED THROUGH CHAMBER EXPOS AND TALKS

\*SENIOR OUTREACH: 198 SERVED THROUGH SENIOR-ORIENTED FAIRS

\*FAMILY/PARENTING ED.: 50 SERVED THROUGH "WHAT EVERY GIRL WANTS TO KNOW" TALK AT PERKIN AUDITORIUM

**Part VI Supplemental Information**

Provide the following information.

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

\*HEALTH FAIRS: 14,702 SERVED THROUGH THE DAY-LONG KIDSFEST, PLUS FAIRS  
HELD AT CHURCHES, CORPORATIONS, LIBRARIES, ETC.

\*HEART DISEASE: 720 SERVED THROUGH HANDS FOR LIFE EVENTS AND TALKS

\*LECTURES: 1.476 MILLION SERVED THROUGH HEALTH TALK SHOWS (INCLUDING  
REPEATS), SCHOOLS, LIBRARIES AND CORPORATIONS. HEALTH TALK AIRS ON  
CABLEVISION; 51 SHOWS AIRED WITH A VIEWERSHIP OF 25,000 PER SHOW.

\*NUTRITION/WELLNESS: 3,234 SERVED THROUGH LECTURES, PROJECT LEAN PROGRAM  
AND THE AMERICARES CLINICS.

\*SUPPORT GROUPS: 127 SERVED THROUGH THE BARIATRIC AND BREAST CANCER  
SUPPORT GROUPS.

SCHEDULE H - PART I, LINE 7F - HEALTH PROFESSIONAL EDUCATION - NORWALK  
HOSPITAL HAS AN ACGME ACCREDITED MEDICAL RESIDENCY PROGRAM PARTNERED WITH  
YALE UNIVERSITY SCHOOL OF MEDICINE. APPROXIMATELY 58 RESIDENTS AND  
FELLOWS ROTATE IN THE MEDICINE, RADIOLOGY, GASTROENTEROLOGY, PULMONARY OR  
SLEEP PROGRAMS. THE ASSOCIATED COSTS AND REVENUES ARE DERIVED FROM THE  
MEDICARE COST REPORT.

**Part VI Supplemental Information**

Provide the following information.

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

SCHEDULE H - PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES - NORWALK

HOSPITAL RECEIVES AS DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE  
OUTPATIENT PSYCHIATRIC CLINIC. THESE DOLLARS HELP OFFSET THE SHORTFALL  
FROM UNDER OR UNISURED PATIENTS.

PART II LINE #6, COALITION BUILDING

AS STATED IN PART VI, LINE 2, NORWALK HOSPITAL BEGAN THE PROCESS IN MAY  
2015 TO DEVELOP THE 2016 CHNA. THIS INCLUDES CHNA AND COMMUNITY COALITION  
BUILDING MEETINGS THAT CONTRIBUTED TO THE TOTAL COALITION BUILDING  
AMOUNT. FURTHER DETAILS ON THE 2016 CHNA AND CHIP WILL BE PROVIDED IN THE  
FOLLOWING SCHEDULE H, 990 REPORT.

PART II, LINE #3, COMMUNITY SUPPORT AND LINE #7, COMMUNITY HEALTH  
IMPROVEMENT ADVOCACY TOTALING \$82,087:

COMMUNITY SUPPORT WAS PROVIDED THROUGH NONMONETARY DONATIONS TO BENEFIT  
KIDS IN CRISIS, GOBBLE GIVE BACK, AND NURSES WEEK COLLECTION FOR THE  
DEPARTMENT OF CHILDREN AND FAMILIES. STATE AND LOCAL ELECTED OFFICIALS

**Part VI Supplemental Information**

Provide the following information.

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

AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERINSURED. THE TOTAL ADVOCACY INVESTMENT FOR FY2016 OS \$81,468, WHICH INCLUDES INDIRECT AND DIRECT STAFFIN COSTS. FOR FY2016, NORWALK HOSPITAL PROVIDED \$1,350,000 IN SUPPORT FOR NORWALK COMMUNITY HEALTH CENTER.

PART V LINE 5 - THE MOST RECENTLY COMPLETED CHNA WAS MADE AVAILABLE ON:

A) NORWALK HOSPITAL'S WEBSITE: WWW.NORWALKHEALTH.ORG

B) ON THE CT HOSPITAL ASSOCIATION'S WEBSITE:

[HTTP://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/](http://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/)

ON THE CITY OF NORWALK WEBSITE:

[WWW.NORWALKCT.ORG/DOCUMENTCENTER/VIEW/4397](http://WWW.NORWALKCT.ORG/DOCUMENTCENTER/VIEW/4397)

AND ON THE NORWALK HEALTH DEPARTMENT'S WEBSITE:

[HTTP://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY\\_NEEDS\\_ASSESSMENT/CHNA/2014/NO](http://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/NORWALK_HOSPITAL.PDF)

[RWALK\\_HOSPITAL.PDF](http://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/NORWALK_HOSPITAL.PDF)

C) IS AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY.

PART V, SECTION B, LINES 16B AND 16C - FAP IS MADE AVAILABLE ON THE

**Part VI Supplemental Information**

Provide the following information.

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

## FOLLOWING LINKS

[HTTP://WWW.NORWALKHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/F](http://WWW.NORWALKHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/F)

[FINANCIAL-ASSISTANCE-POLICY](#)

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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 on 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?  **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  **4c**
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

**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) 2015

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL DAGLIO PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	433,029.	150,000.	2,499.	15,600.	29,614.	630,742.	0.
2 STEVEN ROSENBERG CFO/TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	567,570.	190,000.	23,865.	13,000.	31,044.	825,479.	0.
3 RENEE MAURIELLO VP NURSING & PATIENT CARE SERV	(i)	318,060.	65,331.	2,260.	13,250.	21,904.	420,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JAMES HAYNES VP OPERATIONS	(i)	221,483.	55,000.	36,116.	15,900.	20,154.	348,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JAMES VARRONE VP SUPPLY CHAIN	(i)	162,269.	30,000.	12,260.	12,494.	19,854.	236,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PATRICK MINICUS VICE PRESIDENT FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	386,548.	100,000.	18,660.	3,719.	31,429.	540,356.	0.
7 ROBERT CAPODANNO PHYSICIAN	(i)	269,898.	225,442.	2,317.	15,900.	21,904.	535,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JASON FISCHER PHYSICIAN	(i)	280,255.	194,834.	9,016.	13,250.	19,354.	516,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 CHRISTOPHER MICHOS PHYSICIAN	(i)	261,004.	201,165.	3,371.	13,250.	20,354.	499,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 BRIAN MCGOVERN PHYSICIAN	(i)	281,561.	335,009.	29,367.	18,550.	21,904.	686,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BENJAMIN GREENBLATT CHAIRMAN, EMERGENCY	(i)	397,609.	79,759.	818.	13,250.	21,866.	513,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
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.

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPL NO RETIRE, EQUITY BASED COMP  
SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS: WESTERN CONNECTICUT HEALTH  
NETWORK (WCHN) HAS ESTABLISHED THREE SEPARATE SUPPLEMENTAL EXECUTIVE  
RETIREMENT PLANS (SERP). THESE PLANS PROVIDE SUPPLEMENTAL RETIREMENT  
BENEFITS TO KEY MEMBERS OF THE EXECUTIVE GROUP. UNDER THE AGREEMENTS FOR  
SERP PLANS #1 AND #2, AMOUNTS PROMISED TO ELIGIBLE EXECUTIVES ARE BASED  
ON TARGETED RETIREMENT BENEFITS AND THE PAYMENT OF BENEFITS IS SUBJECT TO  
VESTING. THE BENEFITS AT THE VESTED AGE ARE PROVIDED IN THE FORM OF AN  
ACTUARIAL EQUIVALENT LUMP SUM PLUS TAX GROSS-UP AMOUNT TO THE  
PARTICIPANTS.

WCHN HAS ON ITS BOOKS AN ACCRUAL FOR THE PARTICIPANTS OF THE SERP, WHICH  
IS MAINTAINED SOLELY FOR ACCOUNTING PURPOSES AND IS UNFUNDED.

SERP PLAN #1 - DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016 NO  
INDIVIDUALS LISTED IN PART VII OR SCHEDULE J, PART II PARTICIPATED IN  
SERP PLAN #1.

SERP PLAN #2 - DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016 NO



**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.

PAYMENTS WERE MADE TO STEVEN H. ROSENBERG, CFO OF WCHN, PARTICIPANT OF SERP PLAN #2.

SERP PLAN #3 - EARNINGS AND LOSSES ON THE INVESTMENTS SELECTED BY PARTICIPANTS OF SERP #3 ARE ADDED TO THE BALANCE OF THE ACCOUNT. DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016, NO PAYMENTS WERE MADE TO MICHAEL DAGLIO, CHIEF OPERATING OFFICER, PARTICIPANT OF SERP PLAN #3.

PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OF RELATED ORGS SUMMARY OF EXECUTIVE INCENTIVE PLAN

THE PLAN IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE (THE COMMITTEE) OF WESTERN CONNECTICUT HEALTH NETWORK, INC. (WCHN)

ELIGIBILITY TO PARTICIPATE IN THE PLAN IS LIMITED TO THOSE EXEMPT EXECUTIVES EMPLOYED BY WCHN AND ITS SUBSIDIARIES (THE NETWORK) DURING THE PLAN YEAR WHO ARE IN POSITIONS IN WHICH THEIR DECISIONS, ACTIONS AND COUNSEL SIGNIFICANTLY AFFECT THE OPERATIONS OF THE NETWORK.

**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.

THE COMMITTEE, WITH INPUT PROVIDED BY SENIOR MANAGEMENT OF THE NETWORK WILL DETERMINE WHICH ELIGIBLE EXECUTIVE EMPLOYEES OF THE NETWORK WILL PARTICIPATE IN THE PLAN.

PRIOR TO THE BEGINNING OF EACH PLAN YEAR, OR AS SOON THEREAFTER AS PRACTICABLE, THE COMMITTEE WILL ESTABLISH TARGET AND MAXIMUM AWARD OPPORTUNITY FOR THE PARTICIPANTS, IN THE APPROPRIATE TIER IN THE PLAN, ALONG WITH A TEAM SCORECARD OF PLAN MEASURES.

SOON AFTER THE CLOSE OF THE PLAN YEAR, ACTUAL ORGANIZATION AND INDIVIDUAL PERFORMANCE AND RESULTS WILL BE MEASURED AND ASSESSED IN COMPARISON TO PUBLISHED GOALS AND EXPECTATIONS ESTABLISHED FOR SUCH PLAN YEAR. RECOMMENDATIONS FOR INDIVIDUAL INCENTIVE AWARDS WILL BE PREPARED AND SUBMITTED TO THE COMMITTEE FOR EVALUATION AND APPROVAL.

NOTWITHSTANDING ANY OTHER PROVISION OF THE PLAN, AT THE DISCRETION OF THE COMMITTEE, AWARDS MAY NOT BE PAID UNDER THE PLAN FOR ANY PLAN YEAR IF THE LEVEL OF PERFORMANCE SPECIFIED IN ONE OR MORE NETWORK LEVEL "CIRCUIT

**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.

BREAKER GOALS" IS NOT ACHIEVED DURING THE PLAN YEAR.

PART III - ADDITIONAL INFORMATION

THE ORGANIZATION RELIED ON RELATED ORGANIZATIONS, WESTERN CONNECTICUT HEALTH NETWORK, INC. WHICH USED THE FOLLOWING METHODS DESCRIBED BELOW TO ESTABLISH TOP MANAGEMENT'S COMPENSATION:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY BOARD OR COMPENSATION COMMITTEE

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

ST OF CT HLTH & EDUC FAC

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> ST OF CT HLTH & EDUC FAC	06-0806186	000000000	12/09/2010	46,840,000.	SEE PART VI		X		X		X
<b>B</b> ST OF CT HLTH & EDUC FAC	06-0806186	000000000	12/07/2012	82,000,000.	SEE PART VI		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	16,350,000.		3,940,000.					
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	46,844,821.		82,014,610.					
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds	1,010,853.							
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds	829,268.		639,886.					
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds	463,600.							
<b>10</b> Capital expenditures from proceeds	44,541,100.		81,374,724.					
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2013		2017					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X		X				
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X				
<b>16</b> Has the final allocation of proceeds been made?	X			X				
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				

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

Schedule K (Form 990) 2015

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

ST OF CT HLTH & EDUC FAC

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</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? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X	X					
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .		X		X				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	1.5700	%		%		%		%
<b>5</b> 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 . . . . . ▶	.4600	%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .	2.0300	%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X	X					
<b>b</b> Name of provider . . . . .			PEOPLES UNITED BANK					
<b>c</b> Term of hedge . . . . .			12.000					
<b>d</b> Was the hedge superintegrated? . . . . .				X				
<b>e</b> Was the hedge terminated? . . . . .				X				



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

## ADDITIONAL INFORMATION

PART I - BOND ISSUE, (A) ISSUER NAME - A CHEFA SERIES G, H AND I - STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY.

PART I - BOND ISSUE, (A) ISSUER NAME - B CHEFA SERIES J - STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY

PART I - BOND ISSUE, (F) DESCRIPTION OF PURPOSE A CHEFA SERIES G, H AND I. THE PROCEEDS OF THE BOND WERE USED FOR CONSTRUCTION OF A PARKING GARAGE AND FOR THE PURCHASE OF OTHER CAPITAL EQUIPMENT.

PART I - BOND ISSUE, (F) DESCRIPTION OF PURPOSE - B CHEFA SERIES J THE PROCEEDS OF THE BOND ARE BEING USED FOR CONSTRUCTION OF AN AMBULATORY PAVILION AND FOR THE PURCHASE OF OTHER CAPITAL EQUIPMENT.

PART II - PROCEEDS, A CHEFA SERIES G, H AND I - TOTAL PROCEEDS OF ISSUE INCLUDES INTEREST INCOME OF \$4,821 RECEIVED ON THE CONSTRUCTION FUND, COST OF ISSUANCE FUND AND CAPITALIZED INTEREST FUND.

PART II - PROCEEDS, B CHEFA SERIES J - TOTAL PROCEEDS OF ISSUE INCLUDES INTEREST INCOME OF \$14,610 RECEIVED ON THE CONSTRUCTION FUND AND COST OF

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

## ISSUANCE FUND

PART III - PRIVATE BUSINESS USE - A CHEFA SERIES G, H AND I - PRIVATE BUSINESS USE IS BASED ON PHYSICIAN RESERVED SPACES IN FINANCED PARKING GARAGE. THESE RESERVED SPACES ARE USED BY BOTH EMPLOYEES AND ATTENDING PHYSICIANS VISITING HOSPITAL PATIENTS TO FURTHER THE HOSPITAL'S MISSION.

PART III - PRIVATE BUSINESS USE - B CHEFA SERIES J - NO PRIVATE BUSINESS USE IN FISCAL 2016 - THE PORTION OF THE PAVILION COMPLETE AND OCCUPIED DOES NOT INCLUDE ANY PRIVATE BUSINESS USE. A PORTION OF THE CANCER CENTER WHICH WILL BE LOCATED IN THE NEW PAVILION AND WILL BE DEDICATED TO CANCER RESEARCH ONCE THE PAVILION IS COMPLETE AND OPERATIONAL. THE FUNDING OF THE PAVILION WILL INCLUDE \$30,000,000 OF PHILANTHROPY AND APPROXIMATELY \$2,300,000 OF WORKING CAPITAL. THESE AMOUNTS WILL BE ALLOCATED TO THE PORTION OF THE PAVILION THAT WILL BE USED BY OUTSIDE ENTITIES.

PART III, LINE 9 POST ISSUANCE COMPLIANCE - NONQUALIFIED BONDS

EFFECTIVE 1/1/2014, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) BECAME THE SOLE CORPORATE MEMBER OF NORWALK HEALTH SERVICES CORPORATION AND A CORPORATE AFFILIATION WAS COMPLETED. NORWALK HEALTH SERVICES CORPORATION



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

AND ALL SUBSIDIARIES ARE COVERED UNDER THE POLICIES OF WCHN AND AS SUCH,  
THE TAX EXEMPT DEBT POLICY APPLIES TO NORWALK HOSPITAL AS OF 1/1/2014.

PART IV - ARBITRAGE LINE 4B - NAME OF PROVIDER - CHEFA SERIES J PEOPLE'S  
UNITED BANK

PART V - PROCEDURES TO UNDERTAKE CORRECTIVE ACTION

EFFECTIVE 1/1/2014, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) BECAME THE  
SOLE CORPORATE MEMBER OF NORWALK HEALTH SERVICES CORPORATION AND A  
CORPORATE AFFILIATION WAS COMPLETED. NORWALK HEALTH SERVICES CORPORATION  
AND ALL SUBSIDIARIES ARE COVERED UNDER THE POLICIES OF WCHN AND AS SUCH,  
THE TAX EXEMPT DEBT POLICY APPLIES TO NORWALK HOSPITAL AS OF 1/1/2014.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**THE NORWALK HOSPITAL ASSOCIATION**

Employer identification number  
**06-6068853**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JILLENE MAHONY	SEE PART V	66,036.	COMPENSATION		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV

JILLENE MAHONY IS THE DAUGHTER OF ED MAHONY, NORWALK HOSPITAL CHAIRMAN OF THE BOARD. SHE IS EMPLOYED AS A NURSE AT THE HOSPITAL EFFECTIVE FEBRUARY 2016.

**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

**2015**

**Open to Public  
Inspection**

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

JOINT VENTURE POLICY FORM 990, PART VI, SECTION B, LINE 16B

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

FORM 990, OFFICERS AND TRUSTEES, PART VII

THOMAS AYOUB, MD - TRUSTEE AND CHIEF OF STAFF, COMPENSATION RECEIVED IS FOR SERVICES AS CHIEF OF STAFF OF NORWALK HOSPITAL.

FOR THOSE OFFICERS AND TOP 5 EMPLOYEES, FOR WHICH ONLY 40 HOURS IS NOTED TO REFLECT PAID HOURS, ACTUAL HOURS WORKED EXCEEDED THIS AMOUNT.

NOTE - ALL AMOUNT IN COLUMN F, OF PART VII, "ESTIMATED AMOUNT OF OTHER COMPENSATION", REPRESENT BENEFITS, AND DO NOT REFLECT ANY COMPENSATION FOR WHICH THE AVERAGE AMOUNT OF TIME WORK CAN BE REFLECTED.

SCHEDULE H, PART V, LINE 10A - URL IMPLEMENTATION STRATEGY

MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY TO MEET THE SIGNIFICANT

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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COMMUNITY HEALTH NEEDS CAN BE FOUND AT:

[HTTP://WWW.NORWALKHOSPITAL.ORG/ABOUT-US/ABOUT-NORWALK-HOSPITAL/COMMUNITY-B](http://www.norwalkhospital.org/about-us/about-norwalk-hospital/community-benefit)

ENEFIT

TITLED GREATER NORWALK CHA CHIP REPORT DECEMBER 2012

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF NORWALK HOSPITAL IS TO IMPROVE THE HEALTH OF EVERY PERSON

WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND

COMPASSIONATE CARE.

VISION 2020: WESTERN CONNECTICUT HEALTH NETWORK (WCHN), OF WHICH NORWALK

HOSPITAL IS A MEMBER, WILL BE THE PREFERRED PARTNER IN HEALTH AND

PROVIDER OF CARE FOR THE COMMUNITIES WE SERVE AND WILL BE AMONG THE MOST

RESPECTED COMMUNITY HEALTHCARE SYSTEMS IN THE NATION.

VALUES: OUR VALUES REFLECT WHO WE ARE AS AN ORGANIZATION. THEY PROVIDE

CLEAR GUIDANCE AS TO BEHAVIOR EXPECTATIONS AND MOTIVATE US BY PROMOTING A

SENSE OF BELONGS AND PRIDE. WE ARE ALL ACCOUNTABLE FOR LIVING UP TO AND

DEMONSTRATING THESE VALUES IN OUR DAY-TO-DAY ACTIONS.

-EXCELLENCE: WE DELIVER THE HIGHEST QUALITY CARE AND SERVICE AND SURPASS

ESTABLISH STANDARDS THROUGH A CONTINUOUS FOCUS ON IMPROVEMENT, INNOVATION

AND EDUCATION.

-INTEGRITY: WE APPROACH OUR WORK WITH THE HIGHEST STANDARDS OF OPENNESS,

HONESTY AND ETHICAL BEHAVIOR, WITH FREEDOM FROM ANY INAPPROPRIATE

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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INFLUENCE OR MOTIVE.

-COMPASSION: WE SERVE OTHERS WITH EMPATHY AND A DESIRE TO ALLEVIATE THEIR SUFFERING WHILE HONORING EACH INDIVIDUAL'S DIGNITY AND PRIVACY.

-TEAMWORK: WE WORK TOGETHER IN A COOPERATIVE, COORDINATED AND SUPPORTIVE ENVIRONMENT THAT PLACES THE TEAM'S OR ORGANIZATION'S GOALS AHEAD OF INDIVIDUAL GOALS.

-FISCAL RESPONSIBILITY: WE ACHIEVE OUR MISSION THROUGH EFFICIENT AND EFFECTIVE USE OF OUR RESOURCES AND PERSONAL ACCOUNTABILITY FOR ENSURING FINANCIAL INTEGRITY AND PERFORMANCE.

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

MEDICINE SERVICE LINE: NORWALK HOSPITAL'S MEDICINE SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES:

INPATIENT DISCHARGES:

GASTROINTESTINAL	1,067
INFECTIOUS DISEASE	1,073
INTERNAL MEDICINE	794
NEUROLOGY MEDICAL	322
PULMONARY MEDICINE	883
ALL OTHER	1,241

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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## OUTPATIENT SERVICE LINE VOLUME:

O/P MEDICINE	5,291
O/P MEDICINE COMMUNITY CLINIC	3,924
O/P MEDICAL ONCOLOGY	5,860
O/P PULMONARY MEDICINE	5,504

OUR DIGESTIVE DISEASE CENTER IS STAFFED BY RENOWNED FELLOWSHIP-TRAINED GASTROENTEROLOGISTS. WE USE ADVANCED DIAGNOSTIC AND TREATMENT TECHNOLOGY IN A COMPASSIONATE AND SUPPORTIVE MANNER. THE FOLLOWING SERVICES ARE PROVIDED: ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, RADIOFREQUENCY ABLATION, COLON CANCER SCREENING, COLONOSCOPY, THIRD EYE RETROSCOPIC, CRYOTHERAPY, DOUBLE BALLOON-ASSISTED ENTEROSCOPY, ENDOSCOPY, ENDOSCOPIC MUCOSAL RESECTION, ENDOSCOPIC ULTRASOUND AND FINE-NEEDLE ASPIRATION, ESOPHAGEL MANOMETRY AND PH TESTING, LACTOSE TOLERANCE TESTING, LINX REFLUX MANAGEMENT SYSTEM FOR TREATMENT OF GERD, WIRELESS CAPSULE ENDOSCOPY AND LAPAROSCOPIC FUNDOPLICATION FOR GERD.

NORWALK HOSPITAL'S INFECTIOUS DISEASE SPECIALISTS TREAT THE FULL RANGE OF INFECTIOUS DISEASES, INCLUDING CONDITIONS CAUSED BY LIVING ORGANISMS (BACTERIA, VIRUSES, FUNGI AND PARASITES), HIV, AND RELATED CONDITIONS, LYME DISEASE, CHRONIC AND WOUND-RELATED INFECTION, AND TRAVEL-RELATED INFECTION. OUR DOCTORS HAVE EXPERTISE IN THE PROPER USE OF ANTIBIOTICS AND OTHER ANTI-INFECTIVE MEDICINES TO TREAT DISEASE AND ALSO COLLABORATE WITH PRIMARY CARE DOCTORS, SPECIALISTS AND SURGEONS TO PROVIDE

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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INDIVIDUALIZED TREATMENT FOR EACH PATIENT.

WE OFFER EXPERTISE IN TREATMENT OF NEUROLOGICAL DISORDERS, INCLUDING STROKE, EPILEPSY, HEADACHE, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE AND VERTIGO. ONE OF THE NATION'S FIRST HOSPITALS TO EARN PRIMARY STROKE CENTER ACCREDITATION FROM THE JOINT COMMISSION, WE HAVE BEEN REGULARLY RECOGNIZED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR CONSISTENTLY DEMONSTRATING THE ABILITY TO RAPIDLY DIAGNOSE AND TREAT STROKE. COMMITTED TO REMAINING ON THE FOREFRONT OF RAPID AND EFFECTIVE STROKE CARE, WE CONTINUE TO INCORPORATE THE LATEST EFFECTIVE TREATMENTS.

WE OFFER OUTSTANDING DIAGNOSIS, TREATMENT AND CARE FOR PATIENTS WITH ALL TYPES OF PULMONARY CONDITIONS. WE PERFORM SPECIALIZED SERVICES, SUCH AS CARDIOPULMONARY EXERCISE TESTING TO MEASURE DEGREE OF FITNESS AND AID IN THE ASSESSMENT OF SHORTNESS OF BREATH; SPECIFIC DIAGNOSTIC ASTHMA TESTING; AND TESTING TO DETERMINE THE NEED FOR SUPPLEMENTAL OXYGEN FOR EVERYDAY LIVING AND AIR TRAVEL.

ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS  
SURGERY SERVICE LINE: NORWALK HOSPITAL'S SURGERY SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES:

INPATIENT DISCHARGES:



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MAJOR JOINT REPLACEMENT	483
TRAUMA SURGERY	339
MINOR GI SURGERY	209
GENERAL SURGERY	227
UROLOGY SURGERY	125
COLON/BOWEL SURGERY	183
OBESITY SURGERY	124
SPINAL SURGERY	132
ALL OTHER INPATIENT SURGERY	389

OUTPATIENT SERVICE LINE VOLUME:

ABDOMEN GI SURGERY	316
BREAST SURGERY-NON PLASTIC	248
ENDOSCOPY	6,502
MISC GENERAL SURGERY	799
ORTHO SURGERY	445
UROLOGY	400
PAIN INJECTION PROCEDURES	740
OTOLARY HEAD NECK SURGERY	118
PLASTIC SURGERY	385
ALL OTHER OUTPATIENT SURGERY	929

NORWALK HOSPITAL OFFERS A JOINT REPLACEMENT CENTER, ONE OF OUR CENTERS OF

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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EXCELLENCE. WE OFFER COMPREHENSIVE, MULTIDISCIPLINARY, PERSONALIZED JOINT REPLACEMENT CARE INCLUDING TOTAL HIP REPLACEMENT, TOTAL KNEE REPLACEMENT AND TOTAL SHOULDER REPLACEMENT.

AS A LEVEL II TRAUMA CENTER, NORWALK HOSPITAL'S TEAM OF BOARD CERTIFIED SURGEONS PROVIDE IMMEDIATE, 24/7 CARE FOR ACUTE AND LIFE-THREATENING INJURIES TO CHILDREN AND ADULTS.

OUR EXPERT GENERAL AND DIGESTIVE DISEASE SURGEONS SPECIALIZE IN MAJOR AND MINOR SURGICAL PROCEDURES OF THE ABDOMEN, DIGESTIVE TRACT, ENDOCRINE SYSTEM, BREASTS, SKIN AND BLOOD VESSELS.

NORWALK HOSPITAL UROLOGISTS ARE KNOWN NATIONALLY FOR INNOVATION. PROCEDURES PERFORMED INCLUDE: EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES; LAPAROSCOPIC NEPHRECTOMY, MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE; MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE AND PYELOPLASTY.

KNOWN FOR EXCELLENCE AND EXPERTISE, OUR COLON AND RECTAL SURGEONS PERFORM MORE ROBOTIC COLORECTAL SURGERIES THAN ANY OTHER HOSPITAL IN FAIRFIELD COUNTY. CERTIFIED BY THE AMERICAN BOARD OF COLON AND RECTAL SURGEONS, OUR COLORECTAL SURGEONS PROVIDE ADVANCED, INNOVATIVE, PERSONALIZED CARE FOR A WIDE RANGE OF CONDITIONS. OUR SURGEONS ARE EXPERTS IN THE SURGICAL MANAGEMENT OF COLON AND RECTAL CANCER; CROHN'S DISEASE; DIVERTICULITIS, AND ULCERATIVE COLITIS.

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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THE SURGICAL WEIGHT LOSS CENTER IS NATIONALLY ACCREDITED. WE OFFER SEVERAL TYPES OF BARIATRIC SURGERY INCLUDING: LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING; SINGLE INCISION GASTRIC BANDING; LAPAROSCOPIC GASTRIC SLEEVE, LAPAROSCOPIC GASTRIC BYPASS, REVISIONAL BARIATRIC SURGERY AND ROBOTIC BARIATRIC SURGERY.

BOARD-CERTIFIED NEUROSURGEONS DIAGNOSE AND TREAT DISORDERS THAT AFFECT ANY PORTION OF THE NERVOUS SYSTEM, INCLUDING THE BRAIN, SPINAL CORD AND PERIPHERAL NERVES. CONDITIONS INCLUDE BRAIN ANEURYSMS, CEREBRAL ANEURYSMS, CHRONIC SUBDURAL HEMATOMA, COMA, CONCUSSIONS, DEGENERATIVE DISC DISEASE, DISC HERNIATION, EPILEPSY, HEAD TRAUMA, SCOLIOSIS, SEIZURES, SPINAL COMPRESSION FRACTURES, SPINAL CORD INJURY, SPINAL CORD TUMORS, STENOSIS, STROKE, AND TORTICOLLIS.

ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS  
WOMEN AND CHILDREN'S SERVICE LINE: NORWALK HOSPITAL'S WOMEN'S AND CHILDREN'S DERIVE LINE CONSISTS OF THE FOLLOWING SERVICES:

INPATIENT DISCHARGES:

ANTE/POST-PARTUM	86
C SECTION DELIVERIES	448
GYN ONCOLOGY	33

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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GYNECOLOGY	70
VAGINAL DELIVERIES	793
NICU	212
NURSERY	1,077
PEDIATRIC MEDICAL	229
PEDIATRIC SURGERY	19

OUTPATIENT SERVICE LINE VOLUME:

GYNECOLOGY	740
ULTRASOUND TESTING	3,037
OBSERVATION	737
PEDIATRIC OP PROCEDURES	148
PEDIATRIC OBSERVATION	505

OUR WOMEN'S AND CHILDREN'S SERVICES FEATURES A TOP NOTCH TEAM OF OBSTETRICIANS, GYNECOLOGIST, PEDIATRICIANS, CERTIFIED MIDWIVES, PEDIATRIC HOSPITALISTS, NEONATOLOGISTS, PEDIATRIC SPECIALISTS, PHYSICIAN ASSISTANTS AND NURSES. OUR OBSTETRICIANS AND CERTIFIED NURSE MIDWIVES DELIVER BABIES IN THE HOSPITAL'S MODERN, HOME-LIKE CHILD BIRTH CENTER. THE CENTER FEATURES IN-SUITE AMENITIES, INCLUDING PRIVATE ROOMS, MASSAGE THERAPY FOR INFANTS AND MOTHERS AND WIRELESS INTERNET ACCESS. IN ADDITION ADVANCES, MINIMALLY INVASIVE ROBOTIC SURGERY FOR SEVERAL GYNECOLOGIC PROCEDURES, INCLUDING HYSTERECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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CANCERS, ARE AVAILABLE AT THE HOSPITAL.

THE NORWALK HOSPITAL PEDIATRIC SERVICES INCLUDE THE JEFFREY PETER BAUER NEWBORN INTENSIVE CARE UNIT (NICU), PEDIATRIC INPATIENT CARE, PEDIATRIC SUBSPECIALTY CARE, AND THE PEDIATRIC DEVELOPMENT THERAPY CENTER.

ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAM SERVICES INCLUDE:

EMERGENCY SERVICES - NORWALK HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF HIGH-QUALITY EMERGENCY MEDICAL SERVICES, FOR THE MOST CRITICALLY ILL AND INJURED PATIENTS, FROM PRE-HOSPITAL EMS/PARAMEDIC SERVICES TO AN EMERGENCY DEPARTMENT FEATURING A LEVEL II TRAUMA CENTER TO A NATIONALLY RECOGNIZED CRITICAL CARE UNIT. OUR EMERGENCY DEPARTMENT FEATURES MODERN LIFESAVING TECHNOLOGY AND IS STAFFED BY BOARD-CERTIFIED PHYSICIANS AND EXPERIENCED NURSES WITH ADVANCED SKILLS. FOR PATIENTS EXPERIENCING A STROKE, NORWALK HOSPITAL IS CERTIFIED AS A STROKE CENTER BY THE JOINT COMMISSION. FOR PATIENTS EXPERIENCING AN ACUTE HEART ATTACK, NORWALK HOSPITAL IS CERTIFIED AS A PRIMARY ANGIOPLASTY CENTER. ONCE IDENTIFIED AS A CANDIDATE BY EMS OR BY THE EMERGENCY PHYSICIAN, A CRITICAL PATHWAY ENSURES THE RAPID EVALUATION OF THE PATIENT AND MOVEMENT TO THE CARDIAC CATH LAB FOR DEFINITIVE CARE TO MINIMIZE LONG-TERM CONSEQUENCES. NORWALK HOSPITAL'S CRITICAL CARE UNIT HAS BEEN NATIONALLY RECOGNIZED FOR THE EXEMPLARY LEVEL OF CARE PROVIDED. THE UNIT'S NURSES HAVE BEEN AWARDED THE

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BEACON AWARD FOR CRITICAL CARE EXCELLENCE BY THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES THREE TIMES. THE EMERGENCY DEPARTMENT HAD 38,061 TREATED AND RELEASED VISITS 9/30/2016.

CARDIOVASCULAR SERVICES - NORWALK HOSPITAL OFFERS A PREMIER CARDIOVASCULAR PROGRAM TO MEET THE NEEDS OF PATIENTS WITH CARDIAC AND VASCULAR PROBLEMS. LED BY A SPECIALIST TEAM OF CARDIOLOGISTS, INTERVENTIONAL CARDIOLOGISTS AND VASCULAR SURGEONS, THIS PROGRAM HAS ACHIEVED WIDE ACCLAIM FOR PROVIDING LEADING-EDGE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF CARDIOVASCULAR DISEASE. ONE OF NORWALK HOSPITAL'S SIGNATURE CLINICAL SERVICES, OUR CARDIOVASCULAR PROGRAM OFFERS OUTSTANDING INPATIENT AND OUTPATIENT CARE FOR THOSE SUFFERING A HEART ATTACK OR FROM HEART DISEASE, CONGESTIVE HEART FAILURE, ANGINA, ATHEROSCLEROSIS, AND VASCULAR CONDITIONS, INCLUDING AORTIC ANEURYSMS, CAROTID ARTERY STENOSIS, DEEP VEIN THROMBOSIS AND PERIPHERAL ARTERY DISEASE. ADDITIONALLY, THE HOSPITAL HAS ON STAFF SEVERAL INTERVENTIONAL CARDIOLOGISTS WHO PERFORM DIAGNOSTIC CARDIAC CATHERIZATIONS AND EMERGENCY CARDIAC ANGIOPLASTY AMONG OTHER INVASIVE PROCEDURES. OUR CARDIAC REHABILITATION PROGRAM HELPS CARDIAC PATIENTS LIVE LIFE TO THE FULLEST AND IS ACCREDITED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION FOR PROVIDING THE HIGHEST STANDARD OF CARE. CARDIOVASCULAR SERVICES HAD 1,374 INPATIENT DISCHARGES; 4,286 OUTPATIENT VOLUME FOR THE FISCAL YEAR ENDED 9/30/2016.

PSYCHIATRY - NORWALK HOSPITAL PROVIDES INPATIENT PSYCHIATRIC SERVICES FOR

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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ADULT AND GERIATRIC PATIENTS. THE 20 BED UNIT PROVIDES INDIVIDUALIZED CARE FOR PATIENTS WITH ACUTE PSYCHIATRIC ILLNESS, COMPLEX MEDICAL-PSYCHIATRIC ILLNESS OR A NEED FOR DUAL-DIAGNOSIS DETOXIFICATION. NORWALK HOSPITAL ALSO PROVIDES AN INTENSIVE OUTPATIENT PROGRAM, OFFERING BOTH INDIVIDUAL TREATMENT AND GROUP THERAPY. PSYCHIATRY HAD INPATIENT DISCHARGES OF 675 AND 5,898 BILLED MONTHS FOR THE FISCAL YEAR ENDED 9/30/2016.

RADIOLOGY - NORWALK HOSPITAL OFFERS A VARIETY OF RADIOLOGY SERVICES INCLUDING, CT, PET/CT, CT LUNG SCREENING, VIRTUAL COLONOGRAPHY, MRI AND OPEN MRI, ULTRASOUND, BONE DENSITY MEASUREMENT/OSTEOPOROSIS SCREENING, GENERAL X-RAY, DIGITAL MAMMOGRAPHY, DIGITAL BREAST TOMOSYNTHESIS, BREAST MRI AND ULTRASOUND, STEREOTACTIC, MRI-GUIDED AND ULTRASOUND GUIDED BREAST BIOPSY, NUCLEAR MEDICINE, INTERVENTIONAL RADIOLOGY, CANCER SCREENING, STEREOTACTIC RADIOSURGERY, INTENSITY-MODULATED RADIATION THERAPY (IMRT) AND PROSTATE CANCER TREATMENT WITH RADIOACTIVE SEEDS. RADIOLOGY SERVICES PERFORMED 65,787 PROCEDURES FOR THE FISCAL YEAR ENDED 9/30/2016.

PATHOLOGY AND LABORATORY MEDICINE - THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE IS FULLY ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS. THE DEPARTMENT PROVIDES COMPREHENSIVE ANATOMIC AND CLINICAL PATHOLOGY TESTING SERVICES INCLUDING: BLOOD BANK & TRANSFUSION SERVICES, CLINICAL CHEMISTRY, MICROBIOLOGY, CYTOLOGY, HEMATOLOGY/COAGULATION/URINALYSIS, IMMUNOLOGY AND FLOW CYTOMETRY, SURGICAL PATHOLOGY, AUTOPSY SERVICE, CYTOGENETIC AND MOLECULAR

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DIAGNOSTICS AND BLOOD COLLECTION. THE PATHOLOGY AND LABORATORY DEPARTMENT PERFORM APPROXIMATELY, 1.5 MILLION TESTS EVERY YEAR, UTILIZING THE LATEST TECHNOLOGY IN ROBOTIC AUTOMATION AND BARCODE SPECIMEN TRACKING.

FORM 990, PART VI, LINE 2

BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

A BUSINESS RELATIONSHIP EXISTS BETWEEN FRED AFRAGOLA, VICTOR LISS AND GEORGE BAUER.

A BUSINESS RELATIONSHIP EXISTS BETWEEN RICHARD JABARA AND ERVIN SHAMES

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

CHANGES IN GOVERNING DOCUMENTS

FORM 990, PART VI, QUESTION 4

THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF NORWALK HOSPITAL ASSOCIATION FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016:

SECTION 3.2. THIS SECTION OF THE BYLAWS OUTLINES THE NUMBER AND COMPOSITION OF THE NORWALK HOSPITAL ASSOCIATION ("NHA") BOARD OF DIRECTORS. THIS SECTION WAS AMENDED TO REMOVE THE REQUIREMENT THAT NHA'S BOARD OF DIRECTORS MUST, AT ALL TIMES, INCLUDE AT LEAST TWO INDIVIDUALS WHO ALSO SERVE AS DIRECTORS OF THE MEMBER (WESTERN CONNECTICUT HEALTH NETWORK) AND DANBURY HOSPITAL (A RELATED ORGANIZATION).



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SECTION 5.3. THIS SECTION OF THE BYLAWS OUTLINES THE POWERS AND RESPONSIBILITIES OF THE BUDGET AND FINANCE COMMITTEE. THIS SECTION OF THE BYLAWS WAS REMOVED ENTIRELY.

FORM 990, PART VI, LINE 6

EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS

WESTERN CONNECTICUT HEALTH NETWORK, INC. (WCHN), IS THE SOLE MEMBER OF NHA.

FORM 990, PART VI, LINE 7A

HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE SOLE MEMBER SHALL BE RESPONSIBLE FOR ELECTING, AT THE ANNUAL MEETING OF THE MEMBERSHIP, THE MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL TO SERVE FOR THREE YEAR TERMS AND UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED.

FORM 990, PART VI, LINE 7B

DECISIONS OF GOVERNING BODY APPROVAL OF MEMBERS OR SHAREHOLDERS

CERTAIN FUNDAMENTAL DECISIONS TO BE UNDERTAKEN BY THE HOSPITAL REQUIRE THE APPROVAL BY THE MEMBER.

A) THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CAPACITY VOTING AS A SHAREHOLDER OR MEMBER OF A SUBSIDIARY ("DANBURY SUBSIDIARY") SHALL NOT REQUIRE APPROVAL BY THE BOARD AND ARE RESERVED SOLELY TO THE MEMBER:

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- THE AMENDMENT OF THE HOSPITAL'S BYLAWS;
- THE ELECTION OR REMOVAL OF A DIRECTOR;
- APPROVAL OF INVESTMENT POLICIES;
- APPROVAL OF THE ADOPTION OF OR AMENDMENT TO ANY QUALIFIED OR ANY NON-QUALIFIED BENEFIT PLAN;
- APPROVAL OF THE ADOPTION OF OR ANY AMENDMENT TO THE POLICIES AND PROCEDURES GOVERNING A) INDEMNIFICATION OF DIRECTORS AND OFFICERS OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY; B) CONFLICTS OR DUALITIES OF INTEREST; C) ACCOUNTING AND INVESTMENT STANDARDS AND PRACTICES AND D) SUCH OTHER POLICIES THE MEMBER MAY DETERMINE;
- APPROVAL OF SYSTEM-WIDE QUALITY, PERFORMANCE AND CREDENTIALING STANDARDS AND PROCEDURES TO WHICH THE HOSPITAL OR ANY DANBURY SUBSIDIARY IS EXPECTED TO ADHERE; AND
- APPROVAL OF REGULATORY COMPLIANCE AND METHODOLOGY FOR PHYSICIAN COMPENSATION ARRANGEMENTS.

THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CAPACITY VOTING AS A SHAREHOLDER OR MEMBER OF A DANBURY SUBSIDIARY, WHICH REQUIRE APPROVAL OF THE BOARD, MUST ALSO BE APPROVED BY THE MEMBER:

- THE ELECTION AND REMOVAL OF A DIRECTOR OF A DANBURY SUBSIDIARY;
- THE ELECTION OF THE OFFICERS OF THE HOSPITAL;
- APPROVAL OF ALL OPERATING AND CAPITAL BUDGETS OF THE HOSPITAL AND DANBURY SUBSIDIARY;
- APPROVAL OF ANY AMENDMENT OR RESTATEMENT OF THE HOSPITAL'S CERTIFICATE

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OF INCORPORATION, BYLAWS, OR OPERATING AGREEMENT OF ANY DANBURY  
SUBSIDIARY;

-APPROVAL OF ANY SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL OR  
SUBSTANTIALLY ALL THE PROPERTY OR ASSETS OF THE HOSPITAL OR ANY DANBURY  
SUBSIDIARY;

-APPROVAL OF THE CREATION OF ANY CORPORATION OF WHICH THE HOSPITAL OR A  
DANBURY SUBSIDIARY IS THE SOLE OR CONTROLLING MEMBER OR SOLE OR  
CONTROLLING SHAREHOLDER; THE MERGER OR CONSOLIDATION OF THE HOSPITAL OR  
ANY DANBURY SUBSIDIARY WITH ANOTHER CORPORATION; AND THE REORGANIZATION,  
LIQUIDATION OR DISSOLUTION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY;

-APPROVAL OF ANY LOANS BY THE HOSPITAL OR ANY DANBURY SUBSIDIARY, OR THE  
INCURRING OF ANY INDEBTEDNESS, SECURED OR UNSECURED, WHICH EXCEEDS TWO  
MILLION DOLLARS (\$2.0 MILLION) OR WHICH HAS A TERM LONGER THAN ONE YEAR;

-APPROVAL OF UNBUDGETED EXPENDITURES IN EXCESS OF TWO MILLION DOLLARS  
(\$2.0 MILLION) OR ANY INCREASE IN ANY APPROVED ANNUAL OPERATING OR  
CAPITAL BUDGET.

-APPROVAL OF ANY AGREEMENT OR TRANSACTION OF THE HOSPITAL OR ANY DANBURY  
SUBSIDIARY INVOLVING AN AMOUNT GREATER THAN TWO MILLION DOLLARS (\$2.0  
MILLION) WITH ANOTHER INDIVIDUAL OR ENTITY;

-APPROVAL OF THE AFFILIATION OF THE HOSPITAL OR ANY DANBURY SUBSIDIARY  
WITH ANY OTHER ENTITY FOR THE PURPOSES OF THE JOINT CONDUCT OF BUSINESS;

-CREATION OF ANY COMMITTEE WHICH SHALL HAVE THE AUTHORITY TO ACT ON  
BEHALF OF THE BOARD OR ON BEHALF OF ANY DANBURY SUBSIDIARY;

-APPROVAL OF ANY CONVEYANCE OF, OR THE GRANTING OF MORTGAGES OR TRUSTS ON  
ANY REAL PROPERTY ASSETS OF THE HOSPITAL OR OF ANY DANBURY SUBSIDIARY;

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-APPROVAL OF THE STRATEGIC PLAN OF THE HOSPITAL AND OF ANY DANBURY  
SUBSIDIARY; AND

-APPROVAL OF ANY COMMENCEMENT, CESSATION, LOCATION, RELOCATION OR  
CONSOLIDATION OF SIGNIFICANT CLINICAL SERVICES PROVIDED BY THE HOSPITAL  
OR ANY DANBURY SUBSIDIARY.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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

FORM 990, PART VI, LINE 12C

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S PROCESS FOR MONITORING AND ENFORCING CONFLICTS OF  
INTEREST

THE WESTERN CONNECTICUT HEALTH NETWORK AND ITS AFFILIATES' (THE NETWORK)  
CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, ITS REPRESENTATIVES  
SHALL SIGN A STATEMENT AFFIRMING THAT THEY DISCLOSED ALL POTENTIAL  
CONFLICTS, AS DOCUMENTED IN THE CONFLICT OF INTEREST POLICY. IN ADDITION,  
GENERAL COUNSEL IS PART OF THE ROUTINE CONTRACTS REVIEW PROCESS AND  
WATCHES FOR POTENTIAL CONFLICTS WITH ANY OF THE NETWORK'S

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REPRESENTATIVES.

WHO IS COVERED BY THE POLICY

THE NETWORK'S CONFLICT OF INTEREST POLICY COVERS EACH DIRECTOR, OFFICER AND MANAGER OF THE NETWORK, ALSO REFERRED TO AS "REPRESENTATIVES".

LEVEL AT WHICH DETERMINATIONS OF WHETHER THERE IS A CONFLICT

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE FACTS OF THE CONFLICT. THE COMPLIANCE OFFICER AND THE AUDIT COMMITTEE REVIEW AND EVALUATE EACH DISCLOSURE TO DETERMINE IF THERE IS A CONFLICT OF INTEREST.

AFTER PRESENTATION OF A POTENTIAL TRANSACTION OR ARRANGEMENT IS MADE BY AN INTERESTED PERSON, THE REMAINING DISINTERESTED BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXIST.

LEVEL THAT REVIEWS AND DETERMINES WHAT TO DO IF THERE IS A CONFLICT

AFTER EXERCISING DUE DILIGENCE THE FULL BOARD WOULD DETERMINE WHAT ACTIONS SHOULD BE TAKEN FOR ALL CONFLICTS BY OFFICERS AND DIRECTORS. ANY CONFLICTS OCCURRING BY A MANAGER ARE REVIEWED BY THE COMPLIANCE COMMITTEE TO DETERMINE WHAT FURTHER ACTION SHOULD BE TAKEN.

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## RESTRICTIONS ON THE CONFLICTED PERSON

NO DIRECTOR HAVING A CONFLICT OF INTEREST ON ANY MATTER SHALL VOTE ON THAT MATTER OR BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING AT WHICH THE VOTE IS TAKEN, EVEN WHEN PERMITTED BY LAW. NO REPRESENTATIVE HAVING A CONFLICT OF INTEREST ON ANY MATTER SHALL USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER.

IF THE BOARD OF DIRECTORS, IN ITS SOLE DISCRETION, DETERMINES THAT ANY REPRESENTATIVE HAS CONFLICTS OF INTEREST SUFFICIENT IN NUMBER AND/OR IMPORTANCE THAT THE EFFECTIVENESS OF SUCH INDIVIDUAL ON BEHALF OF THE NETWORK MAY BE SIGNIFICANTLY IMPAIRED, THE BOARD MAY ASK THE INDIVIDUAL TO RESIGN.

FORM 990, PART VI, LINE 15B

COMPENSATION REVIEW & APPROVAL PROCESS- OFFICERS & KEY EMPLOYEES

COMPENSATION OF CEO:

IN ORDER TO ACHIEVE ITS MISSION AND ITS OVERALL PERFORMANCE OBJECTIVES, WESTERN CONNECTICUT HEALTH NETWORK, INC. EMPLOYS A PERFORMANCE-BASED TOTAL COMPENSATION PROGRAM FOR ITS SENIOR EXECUTIVES THAT IS MARKET COMPETITIVE, COMPLIANT WITH REGULATORY GUIDELINES, AND REPRESENTATIVE OF BEST PRACTICES. ELIGIBLE EXECUTIVES ARE GENERALLY DIRECT REPORTS OF THE CEO ALONG WITH OTHER EXECUTIVES DESIGNATED BY THE CEO.

TO MEET WESTERN CONNECTICUT HEALTH NETWORK INC.'S TOTAL COMPENSATION

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OBJECTIVES FOR EXECUTIVES, THE FOLLOWING SURVEY SOURCES ARE USED FOR COMPARISON PURPOSES:

-BLEND OF NATIONAL CONFIDENTIAL SOURCE, IHS, AND HAY GROUP POINTS, HEALTHCARE DATA (WHERE DATA AVAILABLE), PLUS 15% GEOGRAPHIC DIFFERENTIAL. TITLE MATCH DATA CUTS SELECTED BASED ON REVENUE SIZE.

-FOR PHYSICIAN EXECUTIVES, SURVEYS COVERING PHYSICIAN COMPENSATION IN ACCREDITED MEDICAL SCHOOLS (AAMC) ARE USED IN COMBINATION WITH PROPRIETARY SURVEYS COMPILED BY NATIONALLY KNOWN CONSULTING FIRM, SULLIVAN COTTER AND THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA).

WESTERN CONNECTICUT HEALTH NETWORK, INC. TARGETS CASH COMPENSATION AT MARKET COMPETITIVE LEVELS. BASE SALARY PLUS SHORT-TERM (ANNUAL) INCENTIVE AWARDS (TOTAL CASH) APPROXIMATES A RANGE BETWEEN THE 50TH AND 75TH PERCENTILES FOR TOTAL CASH COMPENSATION. EXECUTIVE PERFORMANCE IS EXPECTED TO MEET OR EXCEED PREDETERMINED OPERATIONAL AND FINANCIAL METRICS.

OTHER FACTORS, SUCH AS COMPETITIVE MARKET FORCES, JOB PERFORMANCE, UNIQUE QUALIFICATIONS, AND/OR INDIVIDUAL JOB RESPONSIBILITIES ARE ALSO CONSIDERED IN WESTERN CONNECTICUT HEALTH NETWORK, INC'S EXECUTIVE COMPENSATION DECISIONS.

ROLES OF THE COMPENSATION COMMITTEE AND KEY EXECUTIVES IN THE EXECUTIVE

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## COMPENSATION PROCESS

- THE COMPENSATION COMMITTEE IN CONSULTATION WITH THE CEO AND THE SVP HUMAN RESOURCES (HR) SELECTS THE OUTSIDE COMPENSATION CONSULTANTS. THE CURRENT CONSULTANT IS THE KORN FERRY GROUP, WHOSE PURPOSE IS TO PROVIDE A VALID INDEPENDENT ASSESSMENT OF THE RELEVANT MARKET RATES AND PAY PRACTICES FOR HEALTHCARE EXECUTIVES, PHYSICIAN EXECUTIVES AND FOR PHYSICIANS IN GENERAL.

- THE COMPENSATION CONSULTING FIRM COMPILES APPROPRIATE MARKET DATA, JOB EVALUATION AND RANKING INFORMATION FOR ALL EXECUTIVES AND PHYSICIANS OF THE ORGANIZATION, EXCLUDING THE CEO, AND WILL SUPPLY THIS MATERIAL TO THE CEO AND SVP HR FOR REVIEW AND AGREEMENT. ONCE THE REPORT IS FINAL, IT WILL BE SUPPLIED TO THE COMPENSATION COMMITTEE FOR THEIR CONSIDERATION AND ACCEPTANCE.

- THE COMPENSATION COMMITTEE DETERMINES THE CEO'S SALARY BASED ON OVERALL PERFORMANCE AND MARKET DATA SUPPLIED BY THE OUTSIDE COMPENSATION CONSULTANT.

THE LAST EXECUTIVE COMPENSATION EVALUATION BY AN OUTSIDE CONSULTANT WAS DONE IN DECEMBER, 2016.

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES:

COMPENSATION REVIEW AND APPROVAL PROCESS IS IDENTICAL TO THE PROCESS FOR THE CEO AND EXECUTIVES.



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FORM 990, PART VI LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN PENSION OBLIGATION.....	28,772,311.
DECREASE BEN INT IN NHF - TEMPORARY RESTRICTED....	-22,516,838.
INCREASE BEN INTEREST IN NHF - PERM RESTRICTED....	121,035.
INCREASE BEN INTEREST IN NHF - UNRESTRICTED.....	24,910,524.
INCREASE IN BEN INT CHARITABLE REMAINDER TRUST.....	339,521.
NET UNRESTRICTED CHANGES IN JOINT VENTURE.....	3,677,927.
NORWALK SURG. CENTER/JOINT VENTURE INCOME.....	-3,469,202.
PEN RELATED CHAN. OTHER THAN NET PERIODIC BENEF COST	6,123,771.
TRANSFER FROM NORWALK HOSPITAL FOUNDATION.....	12,422,644.
TOTAL	50,381,693.

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MORRISON MANAGEMENT SPECIALISTS INC P.O. BOX 102289 ATLANTA, GA 30342	FOOD SERVICE	3,577,507.
RIGHTSOURCING INC PO BOX 9695 UNIONDALE, NY 11555	STAFFING SERVICES	1,780,529.
NORWALK RADIOLOGY CONSULTANTS, PC 148 EAST AVENUE NORWALK, CT 06851	PHYSICIANS-RADIOLOGY	1,349,854.

Name of the organization <b>THE NORWALK HOSPITAL ASSOCIATION</b>	Employer identification number <b>06-6068853</b>
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ATTACHMENT 1 (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>
US SECURITY ASSOCIATES 200 MANSELL COURT ROSWELL, GA 30076	SECURITY SERVICES	1,218,495.
CARDIOLOGY ASSOCIATES OF FAIRFELD COUNTY 40 CROSS STREET #200 NORWALK, CT 06851	CARDIOLOGY SERVICES	1,187,669.

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
AGENCY & TEMP HELP	2,863,162.	2,611,053.	252,109.	
COLLECTION EXPENSE	1,615,906.	1,615,906.		
CONTRACT MANAGEMENT	9,179,484.	5,990,747.	3,188,737.	
CORPORATE DEPT. ALLOCATIONS	14,604,454.	6,496,474.	8,107,980.	
OTHER	822,430.	759,974.	62,456.	
OUTSIDE SERVICES	4,834,746.	3,850,007.	984,739.	
PATIENT CARE & ADMIN SERVICES	4,017,177.	4,017,177.		
PHYSICIAN FEES	10,626,144.	10,626,144.		
PROFESSIONAL FEES - CONSULTING	2,484,419.	1,022,565.	1,461,854.	
STRATEGIC SUPPORT TO WCMG	21,741,619.	21,741,619.		
<b>TOTALS</b>	<u>72,789,541.</u>	<u>58,731,666.</u>	<u>14,057,875.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORWALK HOSPITAL FOUNDATION, INC 24 STEVENS STREET NORWALK, CT 06850 25-2577708	FUNDRAISING	CT	501(C)(3)	7	NHA	X	
(2) ADVANCED CENTER FOR REHABILITATION 24 STEVENS STREET NORWALK, CT 06850 06-1304799	INACTIVE	CT	501(C)(3)	11 TYPE 2	WCHN	X	
(3) DANBURY HOSPITAL 24 HOSPITAL AVENUE DANBURY, CT 06810 06-0646597	ACUTE CARE	CT	501(C)(3)	3	WCHN	X	
(4) WESTERN CONNECTICUT HEALTH NETWORK 24 HOSPITAL AVENUE DANBURY, CT 06810 22-2594977	PRGM DEVELOP	CT	501(C)(3)	11 TYPE 2	N/A		X
(5) WESTERN CT HEALTH NETWORK AFFILIATES 24 HOSPITAL AVENUE DANBURY, CT 06810 22-2594968	HLTH CARE SV	CT	501(C)(3)	9	WCHN	X	
(6) DH AND NMH FOUNDATION, INC. 24 HOSPITAL AVENUE DANBURY, CT 06810 23-7425557	ADMIN CONTRIB	CT	501(C)(3)	7	WCHN	X	
(7) WESTERN CONNECTICUT HOME CARE, INC. 4 LIBERTY STREET DANBURY, CT 06810 06-0655138	HOME HLTHCARE	CT	501(C)(3)	9	WCHN	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

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Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WESTERN CT MEDICAL GROUP, INC. 06-1137531 14 RESEARCH DRIVE, SUITE 201A BETHEL, CT 06801	PHYS PRACTICE	CT	501(C)(3)	9	WCHN	X	
(2) EASTERN NY MEDICAL SERVICES, PC 45-5431389 14 RESEARCH DRIVE, SUITE 201A BETHEL, CT 06801	PHYS PRACTICE	NY	501(C)(3)	9	WCHN	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NORWALK SURGERY CENTER, LLC SEE PART VII	SURGERY CENTER	CT	NONE	RELATED	3,469,202.	4,542,773.		X			X	63.2100
(2) NEW MILFORD MRI JV, LLC SEE PART VII	INACTIVE	CT	NMH		0.	0.		X			X	
(3) WCHN INVESTMENTS, LLC SEE PART VII	INVESTMENTS	CT	WCHN	RELATED	8,192,762.	143,647,499.		X			X	32.8500
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SWC CORPORATION 22-2577718 24 STEVENS STREET NORWALK, CT 06850	PHARMACY	CT	WCHN	C CORP	0.	0.			X
(2) MEDICAL SERVICES OF DANBURY 06-1635945 24 HOSPITAL AVENUE DANBURY, CT 06811	HEALTHCARE	CT	WCMG	C CORP	0.	0.			X
(3) WESTERN CT HEALTH NETWORK INSU 98-0438151 23 LIME TREE BAY, PO BOX 105 GRAND CAYMAN, CJ	INSURANCE CAPTIVE	CJ	DANBURY HOSP	C CORP	0.	0.			X
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<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> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .	X	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORWALK HOSPITAL FOUNDATION, INC	C	2,903,188.	COST
(2) NORWALK HOSPITAL FOUNDATION, INC	J	43,200.	COST
(3) NORWALK HOSPITAL FOUNDATION, INC	O	18,964.	COST
(4) NORWALK HOSPITAL FOUNDATION, INC	Q	215,734.	COST
(5) NORWALK HOSPITAL FOUNDATION, INC	S	2,963,380.	COST
(6) DANBURY HOSPITAL	I	763,789.	COST

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

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

	Yes	No
<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> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> DANBURY HOSPITAL	K	301,000.	COST
<b>(2)</b> DANBURY HOSPITAL	M	15,854,127.	COST
<b>(3)</b> DANBURY HOSPITAL	O	13,528,574.	COST
<b>(4)</b> DANBURY HOSPITAL	P	18,581,095.	COST
<b>(5)</b> DANBURY HOSPITAL	R	46,010,857.	COST
<b>(6)</b> WESTERN CT HEALTH NETWORK AFFILIATES	O	133,881.	COST

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

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

	Yes	No
<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 (i) interest, (ii) annuities, (iii) royalties, or (iv) 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> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN CT HEALTH NETWORK AFFILIATES	Q	10,800.	COST
(2) WESTERN CT HEALTH NETWORK AFFILIATES	S	114,449.	COST
(3) WESTERN CT MEDICAL GROUP, INC.	J	901,532.	COST
(4) WESTERN CT MEDICAL GROUP, INC.	M	28,092,161.	COST
(5) WESTERN CT MEDICAL GROUP, INC.	O	849,812.	COST
(6) WESTERN CT MEDICAL GROUP, INC.	Q	186,904.	COST



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

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

	Yes	No
<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 (i) interest, (ii) annuities, (iii) royalties, or (iv) 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> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN CT MEDICAL GROUP, INC.	R	25,864,235.	COST
(2) SWC CORPORATION	J	28,532.	COST
(3) SWC CORPORATION	M	3,264,294.	COST
(4) SWC CORPORATION	P	21,709.	COST
(5) SWC CORPORATION	Q	603,278.	COST
(6) SWC CORPORATION	S	3,364,180.	COST

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

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

	Yes	No
<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> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN CT HEALTH NETWORK INSURANCE CO.	R	2,094,155.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

**Part VII Supplemental Information**

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

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PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

NORWALK SURGERY CENTER, LLC - 27-2394942

40 CROSS STREET NORWALK, CT 06850

NEW MILFORD MRI JV, LLC - 27-1877801

21 ELM STREET NEW MILFORD, CT 06776

WCHN INVESTMENTS, LLC - 47-5523212

24 HOSPITAL AVENUE DANBURY, CT 06810