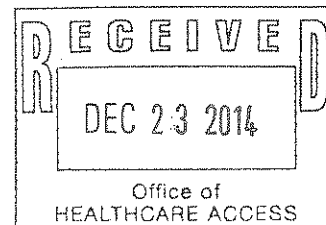


Norwalk Hospital Physicians and Surgeons, Inc.

Annual Reporting Pursuant to Section 3 of Public Act 14-168



1. Mission Statement

The Mission of Norwalk Hospital Physicians and Surgeons (NHPS) is assist Norwalk Hospital to provide safe, innovative, convenient, coordinated, and comprehensive health care services to Norwalk and the surrounding communities.

2. Description of Services

NHPS is a network of Norwalk Hospital affiliated physicians and support staff rendering primary care, medical specialty and surgical care to patients in Norwalk and the surrounding communities. It operates primary care and specialty physician practices in locations throughout the Norwalk area as well as provides physician professional services such as Hospitalists in Medicine, Intensive Care, and Pediatrics to inpatients at Norwalk Hospital. Additionally, NHPS physicians provide administrative and medical residency teaching services that support the operations and teaching programs of Norwalk Hospital.

3. Significant Change in Services.

There has been no significant change in the services provided by NHPS during the preceding fiscal year.

4. Financial Information. See attached IRS Form 990.

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.
(PKA FAIRFIELD COUNTY MEDICAL SERVICES)

D Employer identification number 06-1522078

Doing Business As _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
24 STEVENS STREET

City, town or post office, state, and ZIP code
NORWALK, CT 06850

E Telephone number
(203) 852-2000

F Name and address of principal officer: DANIEL DEBARBA
24 STEVENS STREET NORWALK, CT 06850

G Gross receipts \$ 27,636,233.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: WWW.NORWALKHEALTH.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1998 **M** State of legal domicile: CT

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>THE PHYSICIANS OF NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. ASSIST NORWALK HOSPITAL ASSOCIATION IN CARRYING OUT THE HOSPITAL'S MISSION TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES TO ALL PATIENTS.</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>10.</u>		
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>2.</u>		
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u>5</u> <u>114.</u>		
6 Total number of volunteers (estimate if necessary)	<u>6</u> <u>1.</u>		
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>0</u>		
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> <u>0</u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <u>147,519.</u>	Current Year <u>390,191.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>25,100,203.</u>	<u>27,245,957.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>85.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>25,247,722.</u>	<u>27,636,233.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>21,091,558.</u>	<u>23,481,719.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>8,657,708.</u>	<u>9,456,926.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>29,749,266.</u>	<u>32,938,645.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-4,501,544.</u>	<u>-5,302,412.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <u>6,213,226.</u>	End of Year <u>2,994,290.</u>
	21 Total liabilities (Part X, line 26)	<u>7,045,669.</u>	<u>3,826,733.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>-832,443.</u>	<u>-832,443.</u>

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name SUSAN TURNAUGH Preparer's signature Susan Turnaugh Date 08/14/14 Check if self-employed PTIN P01081752

Firm's name ERNST & YOUNG U.S. LLP Firm's EIN 34-6565596

Firm's address 1101 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 Phone no. 202-327-7097

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PHYSICIANS OF NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. ASSIST NORWALK HOSPITAL ASSOCIATION IN CARRYING OUT THE HOSPITAL'S MISSION TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES TO ALL PATIENTS.

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 [X] No

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

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 \$ 7,213,090. including grants of \$) (Revenue \$ 7,213,200.) ATTACHMENT 1

4b (Code:) (Expenses \$ 2,430,325. including grants of \$) (Revenue \$ 2,430,325.) PULMONARY: PULMONARY PROVIDES PULMONARY HEALTHCARE SERVICES TO THE GENERAL PUBLIC REGARDLESS OF THE PATIENT'S ABILITY TO PAY. THE OFFICE IS AT NORWALK HOSPITAL AND THE PHYSICIANS ASSIST NORWALK HOSPITAL ASSOCIATION IN CARRYING OUT THE HOSPITAL'S MISSION TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES TO ALL PATIENTS.

PROGRAM STATISTICS

NUMBER OF PATIENT VISITS: 828
NUMBER OF CHARITY CARE: 2
CHARITY AMOUNT: \$2,217

4c (Code:) (Expenses \$ 2,272,174. including grants of \$) (Revenue \$ 1,219,096.) ATTACHMENT 2

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

(Expenses \$ 19,283,770. including grants of \$) (Revenue \$ 16,383,420.)

4e Total program service expenses 31,199,360.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-10 regarding governing body composition and management.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding organizational policies.

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.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) DANIEL DEBARBA CHAIRMAN	1.00 55.00	X	X				0	935,506.	31,978.	
(2) MICHAEL MARKS PRESIDENT	50.00 0	X	X				397,791.	0	30,678.	
(3) PATRICK MINICUS TREASURER	1.00 52.00	X	X				0	512,593.	27,285.	
(4) KRISTEN STAIKOS SECRETARY	1.00 50.00	X	X				0	251,102.	30,678.	
(5) LEWIS BERMAN PHYSICIAN / DIRECTOR	50.00	X					478,575.	0	50,482.	
(6) EDWARD MAHONY DIRECTOR	1.00 5.00	X					0	0	0	
(7) JAMES MCCLANE PHYSICIAN / DIRECTOR	50.00	X					373,693.	0	29,283.	
(8) DENNIS MEIGHAN PHYSICIAN / DIRECTOR	50.00	X					593,678.	0	55,699.	
(9) RICHARD SINGER PHYSICIAN / DIRECTOR	50.00	X					357,398.	0	26,928.	
(10) VICTOR LISS TRUSTEE	1.00 7.00	X					0	0	0	
(11) ERIC MAZUR VP AND CHIEF MEDICAL OFFICER,	50.00				X		775,705.	0	60,372.	
(12) YONI BARNHARD CHAIRMAN, OBGYN	50.00				X		577,105.	0	30,678.	
(13) KLAUS THALER CHAIRMAN, SURGERY	50.00				X		616,898.	0	31,904.	
(14) STEPHEN O'MAHONY PHYSICIAN AND CMIO	50.00				X		478,597.	0	48,255.	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations	390,191.				
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		390,191.			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621110	12,901,952.	12,901,952.		
	b	ADMINISTRATIVE SERVICES	900099	7,064,949.	7,064,949.		
	c	STRATEGIC SUPPORT	900099	7,274,599.	7,274,599.		
	d	OTHER REVENUE	900099	4,457.	4,457.		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		27,245,957.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)		0				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INTEREST	900099	85.	85.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		85.				
12	Total revenue. See instructions		27,636,233.	27,246,042.			

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	454,267.		454,267.	
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	19,177,196.	19,107,539.	69,657.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	2,913,646.	2,764,981.	148,665.	
10	Payroll taxes	936,610.	877,545.	59,065.	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	39,617.		39,617.	
c	Accounting	0			
d	Lobbying	0			
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.)	4,748,499.	4,632,785.	115,714.	
12	Advertising and promotion	15,095.	15,095.		
13	Office expenses	487,646.	429,699.	57,947.	
14	Information technology	197,307.	57,469.	139,838.	
15	Royalties	0			
16	Occupancy	1,464,603.	1,419,064.	45,538.	
17	Travel	60,669.	57,442.	3,228.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	626,832.	62,681.	564,151.	
22	Depreciation, depletion, and amortization	80,185.	44,857.	35,328.	
23	Insurance	1,446,056.	1,446,056.		
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	PHARMACY	183,661.	183,661.		
b	DUES & MEMBERSHIP	66,542.	64,073.	2,469.	
c	OTHER SUPPLIES & EXPENSE	15,462.	13,523.	1,939.	
d	BOOKS & PERIODICALS	12,457.	10,853.	1,604.	
e	All other expenses	12,294.	12,037.	258.	
25	Total functional expenses. Add lines 1 through 24e	32,938,644.	31,199,360.	1,739,284.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	309,015.	1	865,772.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	999,660.	4	847,419.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	245,379.	9	207,399.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	281,552.	
	b	Less: accumulated depreciation	10b	134,590.	
			157,627.	10c	146,962.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	4,501,545.	15	926,738.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,213,226.	16	2,994,290.	
Liabilities	17	Accounts payable and accrued expenses	2,906,410.	17	3,826,733.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,139,259.	25	0
	26	Total liabilities. Add lines 17 through 25	7,045,669.	26	3,826,733.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-832,443.	27	-832,443.
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-832,443.	33	-832,443.	
34	Total liabilities and net assets/fund balances.	6,213,226.	34	2,994,290.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,636,233.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,938,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,302,411.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-832,443.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,302,411.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-832,443.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.** Employer identification number
(FKA FAIRFIELD COUNTY MEDICAL SERVICES) **06-1522078**

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

Yes	No
11g(i)	X
 - (ii) A family member of a person described in (i) above?

Yes	No
11g(ii)	X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11g(iii)	X
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2012

Part I 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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

TYPES OF NON-MONETARY SUPPORT PROVIDED TO SUPPORT ORG.

SCHEDULE A, PART I, LINE 11H, COLUMN VII

CARING FOR PATIENTS IN THE COMMUNITY WITHOUT REGARD FOR THEIR ABILITY TO

PAY REDUCES THE NEED FOR PATIENTS TO COME THROUGH OUR EMERGENCY

DEPARTMENT.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)	(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO		
NORWALK HOSPITAL ASSOCIATION	06-6068853	03		X				0

TOTAL AMOUNT OF SUPPORT

Schedule of Contributors

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

2012

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
---	--

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 <hr style="border-top: 1px dashed black;"/> 34 MAPLE STREET <hr style="border-top: 1px dashed black;"/> NORWALK, CT 06850 <hr style="border-top: 1px dashed black;"/>	\$ 390,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.**
 (FKA FAIRFIELD COUNTY MEDICAL SERVICES)

Employer identification number
 06-1522078

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

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

Name of organization **NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.** Employer identification number
 (FKA FAIRFIELD COUNTY MEDICAL SERVICES) 06-1522078

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.
(FKA FAIRFIELD COUNTY MEDICAL SERVICES)

Employer identification number
06-1522078

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

Schedule D (Form 990) 2012

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	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? Yes No

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements				
d Equipment		281,552.	134,590.	146,962.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				146,962.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	907,797.
(2) OTHER RECEIVABLES	18,941.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	
	926,738.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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

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

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

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

Part XIII Supplemental Information

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

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE

CONCERNING UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

**SCHEDULE J
(Form 990)**

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.
(FKA FAIRFIELD COUNTY MEDICAL SERVICES)**

Employer identification number
06-1522078

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL DEBARDA CHAIRMAN	0 562,950.	0 325,000.	0 47,556.	11,250.	20,728.	967,484.	
2 MICHAEL MARKS PRESIDENT	0 309,103.	0 71,688.	0 17,000.	11,250.	19,428.	428,459.	
3 PATRICK MINICUS TREASURER	0 348,692.	0 145,875.	0 18,026.	7,857.	19,428.	539,878.	
4 KRISTEN STAIKOS SECRETARY	0 198,555.	0 46,723.	0 5,824.	11,250.	19,428.	281,780.	
5 LEWIS BERMAN PHYSICIAN / DIRECTOR	0 373,524.	0 73,797.	0 31,254.	29,254.	21,228.	529,057.	
6 JAMES MCCLANE PHYSICIAN / DIRECTOR	0 356,689.	0 16,200.	0 804.	8,055.	21,228.	402,976.	
7 DENNIS MEIGHAN PHYSICIAN / DIRECTOR	0 492,312.	0 55,553.	0 45,813.	36,271.	19,428.	649,377.	
8 RICHARD SINGER PHYSICIAN / DIRECTOR	0 355,981.	0 0.	0 1,417.	7,500.	19,428.	384,326.	
9 ERIC MAZUR VP AND CHIEF MEDICAL OFFICER,	0 620,249.	0 128,676.	0 26,780.	40,944.	19,428.	836,077.	
10 YONI BARNHARD CHAIRMAN, OBGYN	0 476,746.	0 97,539.	0 2,820.	11,250.	19,428.	607,783.	
11 KLAUS THALER CHAIRMAN, SURGERY	0 515,576.	0 98,700.	0 2,622.	7,476.	24,428.	648,802.	
12 STEPHEN O'MAHONY PHYSICIAN AND CMO	0 365,997.	0 82,850.	0 29,750.	23,827.	24,428.	526,852.	
13 WILLIAM HALE PHYSICIAN	0 481,597.	0 44,412.	0 49,726.	38,640.	19,428.	633,803.	
14 GEOFFREY COLE PRESIDENT/CEO (UNTIL 4/10/2010)	0 0.	0 0.	0 218,249.	0.	0.	218,249.	
15	0	0	0	0	0	0	
16	0	0	0	0	0	0	

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4A

GEOFFREY COLE RECEIVED PART OF A TWO YEAR SEVERANCE ARRANGEMENT BASED

UPON HIS COMPENSATION AT THE TIME OF TERMINATION. THE AMOUNT PAID DURING

THE YEAR, \$218,429, HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN

B(III);

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4B

NORWALK HOSPITAL ASSOCIATION (NHA), A RELATED ORGANIZATION OF NORWALK

HOSPITAL PHYSICIANS & SURGEONS (NHPS), HAS ESTABLISHED THE NORWALK

HOSPITAL SENIOR EXECUTIVE DEFERRED COMPENSATION PLAN, PRIMARILY FOR THE

PURPOSE OF PROVIDING A PROGRAM OF DEFERRED COMPENSATION FOR DANIEL

DERBARBA, PRESIDENT AND CEO OF NHA. AMOUNTS PROMISED UNDER THE PLAN ARE

BASED ON A TARGETED RETIREMENT BENEFIT. THE PAYMENT OF BENEFITS UNDER THE

PLAN IS SUBJECT TO VESTING. NO AMOUNTS WERE VESTED OR REPORTED AS TAXABLE

INCOME ON MR. DEBARBA'S 2012 W-2.

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 7

BONUSES ARE PROVIDED BASED ON A GOALS SYSTEM. GOALS ARE ESTABLISHED FOR ELIGIBLE EMPLOYEES AT THE BEGINNING OF THE FISCAL YEAR. BONUSES ARE PAID IN ACCORDANCE WITH THE OVERALL FINANCIAL PERFORMANCE OF THE HOSPITAL AS WELL AS THE EMPLOYEE'S SUCCESS IN MEETING OR EXCEEDING THOSE GOALS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.
(FKA FAIRFIELD COUNTY MEDICAL SERVICES)

Employer identification number
06-1522078

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE:

WESTPORT FAMILY HEALTH

PEDIATRIC HOSPITALISTS & SPECIALISTS

OB GYN

MIDWIVES & OBGYN COVERAGE

ASSOC INTERNISTS OF DARIEN & WESTPORT

NORWALK INTERNAL MEDICINE

GASTROENTEROLOGY

HEAD & NECK SURGICAL CARE

SURGERY

RECTAL & COLON SURGICAL CARE

PEDIA THERAPY & DEV CENTER

PAIN MANAGEMENT

PERINATOLOGY SERVICES

PROGRAM MANAGEMENT

DOM PHYSICIANS

SMILOW NEW CANAAN

WALK-IN

PROGRAM STATISTICS:

NUMBER OF PATIENT VISITS: 29,045

NUMBER OF CHARITY CARE: 138

CHARITY AMOUNT: \$85,966

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
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FORM 990, PART VI, LINE 2 - DESCRIPTION OF RELATIONSHIPS

CERTAIN BOARD MEMBERS OF NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. SERVE ON THE BOARDS OF NORWALK HOSPITAL ASSOCIATION, NORWALK HEALTH SERVICES CORP. AND MAPLE STREET INDEMNITY COMPANY LTD.

FORM 990, PART VI, LINE 6 - THE ORGANIZATION'S MEMBERS OR STOCKHOLDERS

THE SOLE MEMBER OF NORWALK HOSPITAL PHYSICIANS & SURGEONS IS NORWALK HEALTH SERVICES CORPORATION.

FORM 990, PART VI, LINE 7A - MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO

MAY ELECT ONE OR MORE MEMBERS

THE OFFICERS OF NORWALK HOSPITAL PHYSICIANS & SURGEONS ARE APPOINTED BY THE GOVERNANCE COMMITTEE OF NORWALK HEALTH SERVICES CORPORATION. UP TO 15 MEMBERS OF THE BOARD ARE APPOINTED BY NHSC.

FORM 990, PART VI, LINE 7B - MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO

MAY ELECT ONE OR MORE MEMBERS

THE MEMBER SHALL HAVE ALL THE RIGHTS, POWERS AND PRIVILEGES USUALLY OR BY LAW ACCORDED TO MEMBERS OF A MEDICAL FOUNDATION UNDER CHAPTER 594B OF THE CONNECTICUT GENERAL STATUTES (AS IT MAY BE AMENDED FROM TIME TO TIME, THE "FOUNDATION ACT") AND OF A CONNECTICUT NONSTOCK, NONPROFIT CORPORATION UNDER THE CONNECTICUT REVISED NONSTOCK CORPORATION ACT (AS IT MAY BE AMENDED FROM TIME TO TIME, THE "NONSTOCK ACT") AND WHICH ARE NOT CONFERRED UPON BY THE BOARD OF DIRECTORS OF THE CORPORATION (THE "BOARD")

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
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BY THE CERTIFICATE OF INCORPORATION, BYLAWS OR THE NONSTOCK ACT. SUBJECT TO THE RIGHTS, POWER AND PRIVILEGES ACCORDED TO THE MEMBER, THE CORPORATION SHALL BE GOVERNED BY ITS BOARD OF DIRECTORS.

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

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

FORM 990, PART VI, LINE 12C - DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST MONITORING

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, EACH PERSON COVERED BY THE POLICY, INCLUDING BOARD MEMBERS, AND KEY MANAGEMENT PERSONNEL, INCLUDING THE CEO, VICE PRESIDENTS, CHAIRMEN, EXECUTIVE DIRECTORS, NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. AND ANY OTHER HOSPITAL EMPLOYED PHYSICIANS, DIRECTORS, AND ANY OTHER PERSONNEL WITH FINANCIAL DECISION MAKING AUTHORITY AS DESIGNATED BY THE CEO, SENIOR VICE PRESIDENT, VICE PRESIDENTS OR DEPARTMENT CHAIRMEN SHALL SIGN A STATEMENT AFFIRMING THAT SUCH PERSON RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
---	--

WITH THE POLICY. ADDITIONALLY, THE SIGNED STATEMENT AFFIRMS THAT THE PERSON UNDERSTANDS NORWALK HEALTH SERVICES CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, NORWALK HEALTH SERVICES CORPORATION MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

ENFORCEMENT

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

WHO IS COVERED?

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS EACH PERSON COVERED BY THE POLICY, INCLUDING BOARD MEMBERS, AND KEY MANAGEMENT PERSONNEL, INCLUDING THE CEO, VICE PRESIDENTS, CHAIRMEN, EXECUTIVE DIRECTORS, NHP&S AND ANY OTHER HOSPITAL EMPLOYED PHYSICIANS, DIRECTORS, AND ANY OTHER PERSONNEL WITH FINANCIAL DECISION MAKING AUTHORITY AS DESIGNATED BY THE CEO, SENIOR VICE PRESIDENT, VICE PRESIDENTS OR DEPARTMENT

LEVEL OF DETERMINATION AND REVIEW OF CONFLICTS

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

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
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CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER PRESENTATION OF A POTENTIAL TRANSACTION OR ARRANGEMENT IS MADE BY AN INTERESTED PERSON, THE REMAINING DISINTERESTED BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE IF NORWALK HEALTH SERVICES CORPORATION CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, THE GOVERNING BOARD OR COMMITTEE SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

RESTRICTIONS PLACED ON CONFLICTED PERSONS

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

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
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AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, LINE 14 - DOCUMENT RETENTION & DESTRUCTION POLICY 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 NOW COVERED UNDER THE POLICIES OF WCHN AND AS SUCH, THE RECORD RETENTION POLICY APPLIES TO NHSC AS OF 1/1/2014.

FORM 990, PART VI, LINE 15A AND 15B - OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (NHP&S) DOES NOT RETAIN ANY COMPENSATED EXECUTIVE DIRECTORS, OFFICERS, OR TOP MANAGEMENT OFFICIALS. THE OFFICERS RECEIVING COMPENSATION ARE COMPENSATED BY NORWALK HOSPITAL ASSOCIATION (NHA), A RELATED ORGANIZATION OF NHP&S. THEREFORE, THEIR COMPENSATION AND BENEFITS ARE DETERMINED BY NHA. THE RESPECTIVE VICE PRESIDENT ASSESSES PERFORMANCE AND DETERMINES SALARY INCREASES BASED ON THE GUIDELINES ESTABLISHED BY THE ANNUAL REVIEW PROGRAM AND FINAL REVIEW RATINGS. COMPENSATION DECISIONS ALSO EMPLOY EXTERNAL MARKET SURVEY DATA AND INTERNAL ANALYSIS BASED ON NORWALK HOSPITAL ASSOCIATION'S SALARY RANGES.

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G

OTHER FEES FOR SERVICES (NON-EMPLOYEES)

OTHER FEES \$4,748,499 DETAILS AS FOLLOWS:

COLLECTION EXPENSE	\$9,154
OUTSIDE SERVICES	\$1,239,888
PERSONNEL RECRUITING	\$29,063
EMPLOYEE TRAINING	\$6,278
OUTSIDE SERVICES PROF	\$236,054
IHC/FMS PASS THRU SAL/BEN	\$2,186,716
TEMPORARY HELP	\$216,434
PHYSICIANS	\$824,912

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

THE AMOUNT ON PART XI, LINE 9, \$5,302,411, REPRESENTS TRANSFERS FROM

NORWALK HEALTH SERVICES CORP. (PARENT) TO NHP&S.

ATTACHMENT 1

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

ADULT HOSPITALISTS: THE ADULT HOSPITALISTS OF NORWALK HOSPITAL
PHYSICIANS & SURGEONS PROVIDE PRIMARY HEALTHCARE SERVICES TO THE
GENERAL PUBLIC REGARDLESS OF THE PATIENT'S ABILITY TO PAY.
SERVICES ARE PROVIDED AT NORWALK HOSPITAL. THE PHYSICIANS ASSIST

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
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ATTACHMENT 1 (CONT'D)

NORWALK HOSPITAL ASSOCIATION IN CARRYING OUT THE HOSPITAL'S MISSION TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES TO ALL PATIENTS. ADULT HOSPITALISTS: THE ADULT HOSPITALISTS OF NORWALK HOSPITAL PHYSICIANS & SURGEONS PROVIDE PRIMARY HEALTHCARE SERVICES TO THE GENERAL PUBLIC REGARDLESS OF THE PATIENT'S ABILITY TO PAY. SERVICES ARE PROVIDED AT NORWALK HOSPITAL. THE PHYSICIANS ASSIST NORWALK HOSPITAL ASSOCIATION IN CARRYING OUT THE HOSPITAL'S MISSION TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES TO ALL PATIENTS.

PROGRAM STATISTICS:

NUMBER OF PATIENT VISITS: 6,024
 NUMBER OF CHARITY CARE: 40
 CHARITY AMOUNT: \$23,224

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

CENTER FOR WOMENS' CARE: THE CENTER FOR WOMEN'S CARE PROVIDES OBSTETRICS & GYNECOLOGICAL HEALTHCARE SERVICES TO THE GENERAL PUBLIC REGARDLESS OF THE PATIENT'S ABILITY TO PAY. THEY HAVE OFFICES IN STAMFORD, WILTON & AT THE MEDICAL SUITES AT NORWALK HOSPITAL. THE PHYSICIANS ASSIST NORWALK HOSPITAL ASSOCIATION IN CARRYING OUT THE HOSPITAL'S MISSION TO PROVIDE COMPREHENSIVE HEALTH CARE SERVICES TO ALL PATIENTS.

Name of the organization NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC. (FKA FAIRFIELD COUNTY MEDICAL SERVICES)	Employer identification number 06-1522078
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ATTACHMENT 2 (CONT'D)

PROGRAM STATISTICS

NUMBER OF PATIENT VISITS: 3,235
 NUMBER OF CHARITY CARE: 17
 CHARITY AMOUNT: \$5,094

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INTEGRATED HEALTHCARE SERVICES 300 MAIN ST. SUITE 804 STAMFORD, CT 06901	OFFICE STAFFING	2,668,908.
OPTUMINSIGHT CARE TRACKER 2771 MOMENTUM PLACE PROVIDENCE, IL 60689	BILLING SERVICES	369,269.
RIGHTSOURCING INC PO BOX 31001-0893 PASADENA, CA 91110-0893	STAFFING	299,963.
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	SOFTWARE MAINTENANCE	222,097.
MEDI-CLAIM SERVICES, INC. 12 CAMBRIDGE DRIVE HAMDEN, CT 06611	CONSULTING	112,104.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
06-1522078

Name of the organization
NORWALK HOSPITAL PHYSICIANS & SURGEONS, INC.
(FKA FAIRFIELD COUNTY MEDICAL SERVICES)

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

(1)	(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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(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 ASSOCIATION 24 STEVENS STREET NORWALK, CT 06850 06-6068853	HEALTH SVCS		501(C)(3)	3	NHSC		X
(2)	NORWALK HEALTH CARE DBA HONEY HILL REHAB 34 MIDROCKS DRIVE NORWALK, CT 06851 22-2577722	INACTIVE		501(C)(3)	9	NHSC		X
(3)	NORWALK HEALTH SERVICES CORP INC 24 STEVENS STREET NORWALK, CT 06850 22-2577711	SUPPORT SVCS		501(C)(3)	11B	N/A		X
(4)	NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06850 22-2577707	FUNDRAISING		501(C)(3)	7	NHSC		X
(5)	ADVANCED CENTER FOR REHAB MEDICINE 24 STEVENS STREET NORWALK, CT 06850 06-1304799	INACTIVE		501(C)(3)	11B	NHSC		X
(6)								
(7)								

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

Schedule R (Form 990) 2012

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MAPLE STREET INDEMNITY COMPANY LTD 40 CHURCH ST., PO BOX HM 2062 HAMILTON HM HX, BE, 98-0519862	CAPTIVE INSURANCE	BD	NHSC	C-CORP					X
(2) SBC CORPORATION 24 STEVENS STREET NORWALK, CT 06850 22-257718	PHARMACY	CT	NHSC	C-CORP					X
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		1		2			
		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?		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.			
		Yes	No	(a)	(b)	(c)	(d)
				Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X				
b	Gift, grant, or capital contribution to related organization(s)		X				
c	Gift, grant, or capital contribution from related organization(s)	X					
d	Loans or loan guarantees to or for related organization(s)		X				
e	Loans or loan guarantees by related organization(s)		X				
f	Dividends from related organization(s)		X				
g	Sale of assets to related organization(s)		X				
h	Purchase of assets from related organization(s)		X				
i	Exchange of assets with related organization(s)		X				
j	Lease of facilities, equipment, or other assets to related organization(s)		X				
k	Lease of facilities, equipment, or other assets from related organization(s)		X				
l	Performance of services or membership or fundraising solicitations for related organization(s)		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)		X				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X				
o	Sharing of paid employees with related organization(s)		X				
p	Reimbursement paid to related organization(s) for expenses		X				
q	Reimbursement paid by related organization(s) for expenses		X				
r	Other transfer of cash or property to related organization(s)		X				
s	Other transfer of cash or property from related organization(s)		X				
2							
(1)	NORWALK HEALTH SERVICES CORPORATION				S	14,499,475.	COST
(2)	NORWALK HOSPITAL ASSOCIATION				K	522,245.	COST
(3)	NORWALK HOSPITAL ASSOCIATION				L	14,341,190.	COST
(4)	NORWALK HOSPITAL ASSOCIATION				P	7,699,806.	COST
(5)	NORWALK HOSPITAL ASSOCIATION				R	9,000,000.	COST
(6)	NORWALK HOSPITAL ASSOCIATION				S	13,300,000.	COST

Part IV Transactions With Related Organizations (Complete if the organization answered "Yes" to 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	
	1a	1b
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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

(a) Name of other organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORWALK HOSPITAL FOUNDATION	C	390,191.	COST
(2) NORWALK HOSPITAL FOUNDATION	S	269,391.	COST
(3)			
(4)			
(5)			
(6)			

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

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

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

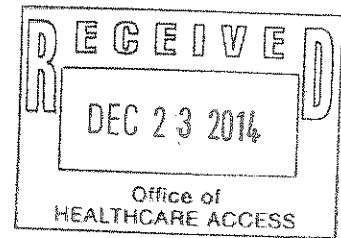
Part VII Supplemental Information

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

Cumulative e-File History 2012	
Federal	
Locator:	8218DS
Taxpayer Name:	Norwalk Hospital Physicians & Surgeons, Inc.
Return Type:	990, 990
Submitted Date:	08/14/2014 14:08:40
Acknowledgement Date:	08/14/2014 14:28:21
Status:	Accepted
Submission ID:	78006720142265000001

Huber, Jack

From: Laura.DeMarco@Norwalkhealth.org
Sent: Tuesday, December 23, 2014 10:07 AM
To: Huber, Jack
Subject: WCMG_AR Filing
Attachments: doc01745420141223100239.pdf



Dear Mr. Huber,

Attached please find the required electronic filing for WCMG. Please note, the original filing was electronically signed by Daniel J. DeBarba on August 8, 2014.

Thank you.

Laura DeMarco

Laura DeMarco
Executive Assistant , Executive Assistant to Patrick Minicus, Vice President, Finance
Norwalk Hospital
Phone: (203) 852-2208
Email: laura.demarco@norwalkhealth.org