

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019**

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

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

**D** Employer identification number  
06-6068853  
**E** Telephone number  
(203) 852-2000  
**G** Gross receipts \$ 413,608,018

**F** Name and address of principal officer  
PETER CORDEAU  
24 STEVENS STREET  
NORWALK, CT 06850

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

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

**J** Website: ▶ NORWALKHOSPITAL.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1893

**M** State of legal domicile CT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
BECOME THE PARTNER-IN-HEALTH FOR THE PEOPLE THROUGHOUT THE CORE REGIONS OF WESTERN CONNECTICUT AND THE HUDSON VALLEY OF NEW YORK SEE SCH O FOR MORE DETAIL

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	14
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	14
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,846
<b>6</b> Total number of volunteers (estimate if necessary)	276
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	868,269
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,828,183	6,992,845
<b>9</b> Program service revenue (Part VIII, line 2g)	393,961,984	397,615,269
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,801,495	4,825,776
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	382,197	556,418
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	413,973,859	409,990,308
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	168,881,294	155,013,733
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	221,826,142	253,575,627
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	390,707,436	408,589,360
<b>19</b> Revenue less expenses Subtract line 18 from line 12	23,266,423	1,400,948
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	653,817,365	664,303,538
<b>21</b> Total liabilities (Part X, line 26)	171,807,241	189,989,619
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	482,010,124	474,313,919

**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: 2020-08-12  
STEVEN H ROSENBERG CFO & TREASURER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2020-08-10  
Check  if self-employed PTIN: P01595811  
Firm's name: ▶ ERNST & YOUNG US LLP Firm's EIN: ▶  
Firm's address: ▶ 200 CLARENDON STREET BOSTON, MA 021165072 Phone no: (617) 266-2000

**Part III Statement of Program Service Accomplishments**

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

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

BECOME THE PARTNER-IN-HEALTH FOR THE PEOPLE THROUGHOUT THE CORE REGIONS OF WESTERN CONNECTICUT AND THE HUDSON VALLEY OF NEW YORK THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 141,339,026 including grants of \$ ) (Revenue \$ 130,348,014 )  
See Additional Data

**4b** (Code ) (Expenses \$ 83,120,439 including grants of \$ ) (Revenue \$ 87,919,655 )  
See Additional Data

**4c** (Code ) (Expenses \$ 27,040,162 including grants of \$ ) (Revenue \$ 24,602,627 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 112,210,445 including grants of \$ ) (Revenue \$ 154,744,973 )

**4e** Total program service expenses ▶ 363,710,072

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and financial reporting.

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	258
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	1,846			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>	<b>3b</b>	Yes			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>		No		
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>	<b>14b</b>				
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records. KAREN DARCY 14 RESEARCH DRIVE SUITE 201A BETHEL, CT 06801 (203) 739-4593





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	5,468,461		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,502,978		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	21,406		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		6,992,845		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> NET PATIENT SERVICE REV		621400	389,516,866	389,516,866	
<b>b</b> NORWALK SURGERY CENTER JV		900099	2,042,843	2,042,843		
<b>c</b> OTHER MEDICAL SERVICES		900099	1,340,089	1,340,089		
<b>d</b> OTHER UNIV / MED SCHOOLS		900099	1,154,715	1,154,715		
<b>e</b> LAB SERVICES REVENUE		621500	875,566		875,566	
<b>f</b> All other program service revenue			2,685,190	2,685,190		
<b>g Total.</b> Add lines 2a-2f . . . . .			397,615,269			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			4,711,882		-7,297	4,719,179
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		3,545,961					
	<b>b</b> Less rental expenses	3,465,831					
	<b>c</b> Rental income or (loss)	80,130	0				
	<b>d</b> Net rental income or (loss) . . . . .			80,130			80,130
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			265,773				
	<b>b</b> Less cost or other basis and sales expenses		151,879				
	<b>c</b> Gain or (loss)		113,894				
	<b>d</b> Net gain or (loss) . . . . .			113,894			113,894
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		19,929					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			19,929			19,929	
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER INC ALLOC FROM WCHN	900099		326,078			326,078	
<b>b</b> PARKING	900099		116,711			116,711	
<b>c</b> CAFETERIA/ VENDING	900099		13,570			13,570	
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			456,359				
<b>12 Total revenue.</b> See Instructions . . . . .			409,990,308	396,739,703	868,269	5,389,491	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,029,981	2,603,193	426,788	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	126,462,151	108,649,322	17,812,829	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
<b>9</b> Other employee benefits	18,095,599	15,546,743	2,548,856	
<b>10</b> Payroll taxes	7,426,002	6,380,012	1,045,990	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	531,246		531,246	
<b>c</b> Accounting	711,741		711,741	
<b>d</b> Lobbying	117,264	100,747	16,517	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	146,447		146,447	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,522,454	78,631,057	12,891,397	0
<b>12</b> Advertising and promotion	1,826,438	1,569,175	257,263	
<b>13</b> Office expenses	2,648,232	2,275,215	373,017	
<b>14</b> Information technology	6,323,398	5,432,716	890,682	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	10,832,621	9,306,792	1,525,829	
<b>17</b> Travel	482,519	414,554	67,965	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	70,464	60,539	9,925	
<b>20</b> Interest	2,796,254	2,796,254		
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	23,743,919	20,399,469	3,344,450	
<b>23</b> Insurance	2,081,804	1,450,526	631,278	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	61,082,396	61,082,396		
<b>b</b> STATE OF CT HOSPITAL TAX	32,799,114	32,799,114		
<b>c</b> EQUIPMENT RENT AND MAINT	10,526,680	9,043,944	1,482,736	
<b>d</b> LOSS ON EXTINGUISH OF LT DEBT	4,165,958	4,165,958		
<b>e</b> All other expenses	1,166,678	1,002,346	164,332	
<b>25</b> Total functional expenses. Add lines 1 through 24e	408,589,360	363,710,072	44,879,288	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	34,237,227	<b>1</b>	7,543,934
	<b>2</b> Savings and temporary cash investments . . . . .	15,418,485	<b>2</b>	15,571,487
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	1,827
	<b>4</b> Accounts receivable, net . . . . .	42,855,044	<b>4</b>	38,563,174
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	30,122	<b>7</b>	16,573
	<b>8</b> Inventories for sale or use . . . . .	4,796,943	<b>8</b>	5,297,051
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,163,767	<b>9</b>	1,380,983
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 635,194,550		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 376,499,578	261,084,165	<b>10c</b> 258,694,972
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	116,999,536	<b>12</b>	132,968,601
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	131,652,615	<b>13</b>	131,688,062
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	45,579,461	<b>15</b>	72,576,874
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	653,817,365	<b>16</b>	664,303,538	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	42,737,046	<b>17</b>	37,069,470
	<b>18</b> Grants payable . . . . .	5,121	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	97,047,561	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	32,017,513	<b>25</b>	152,920,149
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	171,807,241	<b>26</b>	189,989,619
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	410,038,050	<b>27</b>	402,227,876
	<b>28</b> Temporarily restricted net assets . . . . .	59,994,614	<b>28</b>	59,793,073
	<b>29</b> Permanently restricted net assets	11,977,460	<b>29</b>	12,292,970
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	482,010,124	<b>33</b>	474,313,919	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	653,817,365	<b>34</b>	664,303,538	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	409,990,308
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	408,589,360
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,400,948
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	482,010,124
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	727,476
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-9,824,629
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	474,313,919

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-6068853

**Name:** THE NORWALK HOSPITAL ASSOCIATION

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

**Form 990, Part III, Line 4b:**

SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karen Gottlieb ..... Director	1 0 ..... 0 0	X						0	0	0
Thomas Ayoub MD ..... Director	1 0 ..... 0 0	X						0	0	0
George Bauer ..... Director	1 0 ..... 1 0	X						0	0	0
LaTanya Langley To 0731 ..... Director	1 0 ..... 0 0	X						0	0	0
Craig Glover To 1231 ..... Director	1 0 ..... 0 0	X						0	0	0
Jenny Y Lee To 1231 ..... Director	1 0 ..... 0 0	X						0	0	0
Tom Dubin From 0101 ..... Director	1 0 ..... 0 0	X						0	0	0
Sarah Tripodi From 0101 ..... Director	1 0 ..... 0 0	X						0	0	0
Mark Gudis ..... Chairman	3 0 ..... 2 0	X		X				0	0	0
David Lehn Esq To 1231 ..... Director	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Danielle Robinson PHD ..... Director	1 0 ..... 0 0	X						0	0	0
Edward Mahony ..... Director	1 0 ..... 3 0	X						0	0	0
Robert Croffi ..... Director	1 0 ..... 2 0	X		X				0	0	0
Curtis Stewart ..... Director	1 0 ..... 0 0	X						0	0	0
Amy Schafrann ..... Vice Chairman	3 0 ..... 0 0	X		X				0	0	0
Ervin R Shames ..... Director	1 0 ..... 2 0	X						0	0	0
Andrew Whittingham ..... Secretary	3 0 ..... 6 0	X		X				0	0	0
Patricia S Bam ..... Director	1 0 ..... 0 0	X						0	0	0
Peter Cordeau ..... President	10 0 ..... 40 0			X				0	350,651	46,749
Steven H Rosenberg ..... Treasurer	16 0 ..... 40 0			X				0	3,382,107	51,496

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carolyn McKenna ..... SVP & Gen Counsel	16 0 ..... 19 0				X			0	542,384	21,259
Sharon Adams ..... President of DH	3 0 ..... 45 0				X			0	655,717	20,159
Catherine Frierson ..... Chief Human Resource Officer	10 0 ..... 23 0				X			0	480,203	18,937
Grace Linhard ..... Chief Development Officer	3 0 ..... 44 0				X			0	412,619	19,545
Wayne McNulty ..... Chief Compliance Officer	11 0 ..... 14 0				X			0	275,433	2,222
Richard Teitell ..... ER Physician	40 0 ..... 0 0					X		433,737	125,559	16,553
Virginia Collier ..... ER Physician	40 0 ..... 0 0					X		377,071	0	51,545
Christopher Michos ..... ER Physician	40 0 ..... 0 0					X		328,300	97,153	53,106
Brian McGovern ..... ER Physician	40 0 ..... 0 0					X		482,596	122,896	45,314
Benjamin Greenblatt ..... Chairman, ER Med	40 0 ..... 0 0					X		353,466	207,216	22,831

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Michael Daglio ..... President NHA (Former)	40 0 ..... 6 0						X	0	465,760	45,032	
Kathleen LaVorgna ..... Surgery Dept Chair	40 0 ..... 0 0						X	0	573,768	50,311	
John M MurphyMD ..... CEO	16 0 ..... 33 0						X	0	1,939,062	3,868,616	
Richard Zelkowitz ..... Physician	40 0 ..... 0 0						X	0	574,930	44,958	

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number  
06-6068853

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2017.** 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—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-6068853

**Name:** THE NORWALK HOSPITAL ASSOCIATION

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization THE NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		6
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		60,898
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		55,654
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		707
<b>j</b> Total Add lines 1c through 1i			117,265
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II B - DESCRIPTION OF LOBBYING ACTIVITY	DUES WERE PAID TO CHA IN THE AMOUNT OF \$360,252, OF WHICH 13 68% OF THIS AMOUNT OR \$49,283 WERE EXPENDED ON LOBBYING AHA DUES OF \$51,100 HAD 22 73% OR \$11,615 EXPENDED ON LOBBYING ACTIVITIES BOTH AMOUNTS ARE REFLECTED ON 1F FEDERAL, STATE AND LOCAL OFFICIALS WERE LOBBIED DURING 2019 AS PART OF THIS MISCELLANEOUS OFFICE EXPENSE SUCH AS PHONE, COMPUTER SUPPLIES, FREIGHT, REFRESHMENT ETC WERE INCURRED AND WERE REFLECTED ON LINE 1I ACCORDINGLY FISCAL YEAR 2019 REMAINED A CHALLENGING YEAR AT THE CONNECTICUT CAPITOL WITH TREMENDOUS SHORTFALLS AND BUDGET CUTS FOR PHYSICIAN REIMBURSEMENT, MENTAL HEALTH AND COMMUNITY BASED SERVICES AND THE ONGOING THREAT OF A DEVASTATING HOSPITAL TAX AS A RESULT, FEDERAL, STATE AND LOCAL ELECTED OFFICIALS WERE LOBBIED TO FIND CREATIVE SOLUTIONS AND WAYS TO DEFLECT DRASTIC CUTS AND ULTIMATELY MAINTAIN THE CURRENT LEVEL OF ACCESS FOR NEEDED SERVICES FUNDING FOR MENTAL HEALTH AND SUBSTANCE USE PROGRAMMING WAS OF PARTICULAR IMPORTANCE AS PART OF THIS EFFORT, STAFF AND OFFICE EXPENSES WERE HIGHER THAN IN PAST YEARS BUT ESSENTIAL TO MAINTAIN ACCESS TO NEEDED SERVICES THE AMOUNTS SPENT ON LOBBYING WERE NOT A SIGNIFICANT PORTION OF THE HOSPITAL'S ACTIVITIES BASED ON TOTAL REVENUES LOBBYING WAS MOSTLY RELATED TO THE HOSPITAL'S EXEMPT PURPOSE

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

**Employer identification number**  
06-6068853

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  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?  Yes  No

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		27,510,000		27,510,000
<b>b</b> Buildings . . . . .		341,026,070	157,774,925	183,251,145
<b>c</b> Leasehold improvements		11,639,486	7,692,563	3,946,923
<b>d</b> Equipment . . . . .		252,620,719	211,032,090	41,588,629
<b>e</b> Other . . . . .		2,398,275	0	2,398,275
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				258,694,972

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) INT IN INV HELD BY WCHNI	132,968,601	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	132,968,601	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) BEN INT IN NORWALK HOSPITAL FD	131,688,062	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	131,688,062	

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	72,576,874

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
457 PLAN LIABILITY	50,032
ASSET RETIREMENT OBLIGATION	9,731,266
DUE TO THIRD PARTIES	14,634,208
LONG TERM DISABILITY RESERVE	1,135,718
MALPRACTICE RESERVE	1,918,514
INTERCO WITH NUVANCE-BONDS	113,346,388
ESTIMATED INS CLAIMS LIABILITIES	11,276,000
DUE TO RELATED PARTIES	828,023
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	152,920,149

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-6068853

**Name:** THE NORWALK HOSPITAL ASSOCIATION

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

(a) Description	(b) Book value
(1) 457 PLAN ASSET	50,032
(1) CERNER PROJECT ALLOCATION	18,127,232
(2) BOND ISSUE 2019A	373,745
(3) DUE FROM RELATED PARTIES	5,253,972
(4) ERP PROJECT ALLOCATION	5,373,475
(5) INTEREST IN CRT	8,999,906
(6) IT INTEGRATION PROJECT COSTS	406,008
(7) OTHER RECEIVABLES	1,043,004
(8) PREPAID ERP/KRONOS	62,819
(9) SONIC RECEIVABLE	523,593
(10) CONSTRUCTION FUND 2019A	20,677,115
(11) E I CLAIMS RECOVERY RECEIVABLE	11,276,000
(12) UNDERWRITERS DISC 2019A	409,973
(13) INTEREST RATE SWAP	0
(14) CONSTRUCT FUND/ COST ISSUANCE	0

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

1 (a) Description of Liability	(b) Book Value
457 PLAN LIABILITY	50,032
ASSET RETIREMENT OBLIGATION	9,731,266
DUE TO THIRD PARTIES	14,634,208
LONG TERM DISABILITY RESERVE	1,135,718
MALPRACTICE RESERVE	1,918,514
INTERCO WITH NUVANCE-BONDS	113,346,388
ESTIMATED INS CLAIMS LIABILITIES	11,276,000
DUE TO RELATED PARTIES	828,023

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

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

**Employer identification number**  
 06-6068853

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

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

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			24,947,025	15,334,322	9,612,703	2 350 %
<b>b</b> Medicaid (from Worksheet 3, column a)			74,909,297	50,105,410	24,803,887	6 070 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			99,856,322	65,439,732	34,416,590	8 420 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	13	1,335,838	203,013		203,013	0 050 %
<b>f</b> Health professions education (from Worksheet 5)	2	80	11,580,797	6,150,504	5,430,293	1 330 %
<b>g</b> Subsidized health services (from Worksheet 6)	1	2,810	10,928,596	8,242,528	2,686,068	0 660 %
<b>h</b> Research (from Worksheet 7)	1		1,268,301	218,206	1,050,095	0 260 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits	17	1,338,728	23,980,707	14,611,238	9,369,469	2 300 %
<b>k Total.</b> Add lines 7d and 7j	17	1,338,728	123,837,029	80,050,970	43,786,059	10 720 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1	363	4,566		4,566	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	1,472	1,373,558	552,282	821,276	0.200 %
7 Community health improvement advocacy	1		53,133		53,133	0.010 %
8 Workforce development						
9 Other						
<b>10 Total</b>	<b>3</b>	<b>1,835</b>	<b>1,431,257</b>	<b>552,282</b>	<b>878,975</b>	<b>0.210 %</b>

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 8,749,584	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 437,479	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5 127,664,873
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 162,241,088
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -34,576,215
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	66.34 %		33.66 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

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

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

**1**

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 19</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART VI FOR URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>SEE PART VI FOR URL</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART VI FOR URL</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

NORWALK HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

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

NORWALK HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

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

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

NORWALK HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No



**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C - CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED)	ASSETS ARE FACTORED IN FOR PATIENTS WHOSE INCOME IS ABOVE 400% OF THE FEDERAL POVERTY GUIDELINES WHEN FACED WITH MEDICAL HARDSHIPS MEDICAL HARDSHIP COMBINES AVAILABLE INCOME WITH COUNTABLE ASSETS AND IS GRANTED WHEN THE UNPAID MEDICAL BILLS EXCEED THIS FIGURE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A -RELATED ORGANIZATION COMMUNITY BENEFIT REPORT	PART I, LINE 6A & 6B THE COMMUNITY BENEFIT REPORT IS REPORTED ON A NETWORK BASIS IT CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAMS AND SERVICES' DESCRIPTIONS AND FINANCIAL DATA THE FORM IS MADE AVAILABLE TO THE PUBLIC ON THE OFFICE OF HEALTH CARE ACCESS' WEBSITE <a href="http://www.ct.gov/dph/cwp/view.asp?a=3902&amp;q=585448">HTTP //WWW CT GOV/DPH/CWP/VIEW ASP?A=3902&amp;Q=585448</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE	THE RATIO OF COST TO CHARGES IS APPLIED TO THE BAD DEBT EXPENSE ON THE INCOME STATEMENT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3 - METHODOLOGY OF ESTIMATED AMOUNT & RATIONALE FOR	INCLUDING IN COMMUNITY BENEFIT IT IS THE POLICY OF THE HOSPITAL TO PROVIDE NECESSARY CARE TO ALL PERSONS SEEKING TREATMENT WITHOUT DISCRIMINATION ON THE GROUNDS OF AGE, RACE, CREED, NATIONAL ORIGIN OR ANY OTHER GROUNDS UNRELATED TO AN INDIVIDUAL'S NEED FOR THE SERVICE OR THE AVAILABILITY OF THE NEEDED SERVICE AT THE HOSPITAL A PATIENT IS CLASSIFIED AS A CHARITY CARE PATIENT BY REFERENCE TO ESTABLISHED POLICIES OF THE HOSPITAL ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME GUIDELINES, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO A RESPONSIBLE PARTY'S INCOME AND THEIR COUNTABLE ASSETS THOSE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES BECAUSE THE HOSPITAL IS NOT PAID FOR THESE SERVICES, THEY ARE CONSIDERED TO BE COMMUNITY BENEFIT WHEN PRIVATE PAY PATIENTS ARE SENT TO THE COLLECTION AGENCY THEIR ACCOUNT IS CONSIDERED TO BE A BAD DEBT SUBSEQUENTLY, MEDICAID MAY BE GRANTED FOR SOME OF THOSE PATIENTS AT THAT TIME THOSE ACCOUNTS NOT GRANTED MEDICAID WOULD BECOME CHARITY CARE OR A COMMUNITY BENEFIT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4 - BAD DEBT EXPENSE	THE NETWORK'S INITIAL ESTIMATE OF THE TRANSACTION PRICE FOR SERVICES PROVIDED TO PATIENTS SUBJECT TO REVENUE RECOGNITION IS DETERMINED BY REDUCING THE TOTAL STANDARD CHARGES RELATED TO THE PATIENT SERVICES PROVIDED BY VARIOUS ELEMENTS OF VARIABLE CONSIDERATION, INCLUDING CONTRACTUAL ADJUSTMENTS, DISCOUNTS, IMPLICIT PRICE CONCESSIONS, AND OTHER REDUCTIONS TO THE NETWORK'S STANDARD CHARGES THE NETWORK DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYER COVERAGE ON THE BASIS OF CONTRACTUAL OR FORMULA-DRIVEN RATES FOR THE SERVICES RENDERED (SEE DESCRIPTION OF THIRD-PARTY PAYOR PAYMENT PROGRAMS BELOW) THE ESTIMATES FOR CONTRACTUAL ALLOWANCES AND DISCOUNTS ARE BASED ON CONTRACTUAL AGREEMENTS, THE NETWORK'S DISCOUNT POLICIES AND HISTORICAL EXPERIENCE FOR UNINSURED AND UNDER-INSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, THE NETWORK DETERMINES THE TRANSACTION PRICE ASSOCIATED WITH SERVICES ON THE BASIS OF CHARGES REDUCED BY IMPLICIT PRICE CONCESSIONS IMPLICIT PRICE CONCESSIONS INCLUDED IN THE ESTIMATE OF THE TRANSACTION PRICE ARE BASED ON THE NETWORK'S HISTORICAL COLLECTION EXPERIENCE FOR APPLICABLE PATIENT PORTFOLIOS UNDER THE NETWORK'S CHARITY CARE POLICY, A PATIENT WHO IS FOUND ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE BILLED THE LESSER OF CHARGES OR PER THE FINANCIAL ASSISTANCE DISCOUNT DISCLOSED IN THE POLICY IN NO EVENT WILL A PATIENT WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE NETWORK'S CHARITY CARE POLICY, BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) FOR ANY EMERGENCY OR MEDICALLY NECESSARY CARE IN ACCORDANCE WITH SECTION 501(R)(5) PATIENTS WHO MEET THE NETWORK'S CRITERIA FOR FREE CARE ARE PROVIDED CARE WITHOUT CHARGE, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT	NORWALK HOSPITAL'S MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT AS THE ORGANIZATION STRIVES TO PROVIDE 24/7 COVERAGE, IMPROVED PATIENT ACCESS, HIGHEST CLINICAL QUALITY AS WELL AS ADDRESSING THE NEEDS OF THE COMMUNITY BY OFFERING CRITICAL SERVICES TO OUR GEOGRAPHIC AREA AS A RESULT, THE ORGANIZATION MUST BALANCE THE COST OF THESE PROGRAMS AGAINST THE CONTINUED DECREASING GOVERNMENT REIMBURSEMENT LEVELS, UNINSURED POPULATION AND COMMUNITY NEEDS A COST ACCOUNTING SYSTEM IS USED TO CALCULATE THE SHORTFALL, WHICH IS MEDICARE NET PATIENT REVENUE LESS APPLICABLE COSTS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B-PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED	<p>PATIENTS IT IS THE POLICY OF NORWALK HOSPITAL (HOSPITAL) TO PROVIDE "FINANCIAL ASSISTANCE" (EITHER FREE CARE OR REDUCED PATIENT OBLIGATIONS) TO PERSONS OR FAMILIES WHERE (I) THERE IS LIMITED OR NO HEALTH INSURANCE AVAILABLE, (II) THE PATIENT FAILS TO QUALIFY FOR GOVERNMENTAL ASSISTANCE (FOR EXAMPLE MEDICARE OR MEDICAID), (III) THE PATIENT COOPERATES WITH THE HOSPITAL IN PROVIDING THE REQUESTED INFORMATION, (IV) THE PATIENT DEMONSTRATES FINANCIAL NEED, AND (V) HOSPITAL MAKES AN ADMINISTRATIVE DETERMINATION THAT FINANCIAL ASSISTANCE IS APPROPRIATE AFTER THE HOSPITAL DETERMINES THAT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE AVAILABLE TO THE PATIENT BY UTILIZING THE CHARITABLE ASSISTANCE GUIDELINES, WHICH ARE BASED UPON THE MOST RECENT FEDERAL POVERTY GUIDELINES THE HOSPITAL SHALL REGULARLY REVIEW THIS FINANCIAL ASSISTANCE POLICY TO ENSURE THAT AT ALL TIMES IT (I) REFLECTS THE PHILOSOPHY AND MISSION OF THE HOSPITAL, (II) EXPLAINS THE DECISION PROCESSES OF WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND IN WHAT AMOUNTS, AND (III) COMPLIES WITH ALL APPLICABLE STATE AND FEDERAL LAWS, RULES, AND REGULATIONS CONCERNING THE PROVISION OF FINANCIAL ASSISTANCE TO INDIGENT PATIENTS CONSISTENT WITH THIS MISSION, THE HOSPITAL RECOGNIZES ITS OBLIGATION TO THE COMMUNITY IT SERVES TO PROVIDE FINANCIAL ASSISTANCE TO INDIGENT PERSONS WITHIN THE COMMUNITY IN FURTHERANCE OF ITS CHARITABLE MISSION, DANBURY HOSPITAL WILL PROVIDE BOTH (I) EMERGENCY TREATMENT TO ANY PERSON REQUIRING SUCH CARE, AND (II) ESSENTIAL, NON-EMERGENT CARE TO PATIENTS WHO ARE PERMANENT RESIDENTS OF ITS PRIMARY SERVICE AREA WHO MEET THE CONDITIONS AND CRITERIA SET FORTH IN THIS POLICY, WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY FOR SUCH CARE ELECTIVE PROCEDURES GENERALLY WILL NOT BE CONSIDERED ESSENTIAL, NON-EMERGENT CARE AND USUALLY WILL NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE THE HOSPITAL WILL COLLECT FROM INDIVIDUALS ON FINANCIAL ASSISTANCE IF THEY RECEIVED A PARTIAL CHARITABLE DISCOUNT ALL PATIENTS CAN APPLY FOR CHARITABLE CARE ON BALANCES THEY FEEL THAT THEY CANNOT AFFORD</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	THROUGH WESTERN CT HEALTH NETWORKS ANNUAL PLANNING PROCESS, AN ENVIRONMENTAL ASSESSMENT IS CONDUCTED TO IDENTIFY HEALTHCARE GAPS AND NEEDS OF THE SERVICE AREA COMMUNITY BROUGHT ABOUT BY LOCAL AND NATIONAL TRENDS IN ECONOMIC, LEGISLATIVE, DEMOGRAPHIC, HEALTHCARE INDUSTRY AND OTHER ENVIRONMENTAL FACTORS THESE FORCES ARE CONSIDERED AND INCORPORATED IN MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY BY HELPING TO FRAME THE PRIORITIES, GOALS AND INITIATIVES OF WESTERN CT HEALTH NETWORKS LONG RANGE AND ANNUAL STRATEGIC PLANS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	THE HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL ALSO SIGNS ARE POSTED THROUGHOUT THE HOSPITAL AND COUNSELORS ARE AVAILABLE TO PROVIDE FURTHER ASSISTANCE ALL UNINSURED INPATIENTS ARE INTERVIEWED BY FINANCIAL COUNSELORS AND ASSESSED FOR ELIGIBILITY FOR ASSISTANCE PROGRAMS THE HOSPITAL PROVIDES INFORMATIONAL HANDOUTS TO ALL UNINSURED PATIENTS AT THE TIME OF REGISTRATION WHICH REFERS THEM TO FINANCIAL COUNSELING IF THEY WOULD LIKE ASSISTANCE WITH THEIR BILLS FURTHER, THE HOSPITAL MAILES NOTICES TO ALL SELF-PAY ACCOUNTS REFERRING THEM TO FINANCIAL COUNSELING IF THEY NEED ASSISTANCE THE COLLECTION DEPARTMENT WILL ALSO REFER PATIENTS TO FINANCIAL COUNSELING WHEN A PATIENT INDICATES THAT THEY CANNOT AFFORD THEIR BALANCES, AND FINALLY, SCHEDULERS REFER UNINSURED PATIENTS TO FINANCIAL COUNSELING PRIOR TO THEIR TEST OR PROCEDURE THE POLICY AND APPLICATIONS FOR ASSISTANCE ARE ALSO AVAILABLE ONLINE, AS WELL AS UPON REQUEST AT THE HOSPITAL

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	NORWALK HOSPITAL SERVES AN AREA POPULATION OF ABOUT 155,000 PEOPLE THE SERVICE AREA INCLUDES DARIEN, FAIRFIELD, NEW CANAAN, NORWALK, WESTON, WESTPORT, AND WILTON (CT) THIS SERVICE AREA IS COMPRISED OF AN URBAN CORE IN NORWALK, SURROUNDED BY TOWNS THAT VARY IN SIZE, WEALTH, AGE AND DIVERSITY OF RESIDENTS NORWALK HAS A MEDIAN HOUSEHOLD INCOME OF \$81,546 AND A POVERTY RATE OF 9 2%, PORTIONS OF NORWALK ARE LISTED AS A MEDICALLY UNDERSERVED AREA THE OVERALL POVERTY RATE FOR THE STATE IS ESTIMATED TO BE 10 1% THE POPULATION OF THE SERVICE AREAS IS EXPECTED TO REMAIN FLAT FROM 2020 TO 2025, THE COHORT AGED 65 AND OVER IS PROJECTED TO INCREASE BY ALMOST 15%

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY BUILDING ACTIVITIES	<p>PART II LINE #3, COMMUNITY SUPPORT AND LINE #6, COALITION BUILDING TOTALING \$825,842 IN CONDUCTING THE CURRENT CHNA, NORWALK HOSPITAL COLLABORATED WITH VARIOUS COMMUNITY ORGANIZATIONS TO DEVELOP, IMPLEMENT, AND MONITOR STRATEGIES TO ADDRESS IDENTIFIED PRIORITIES IN THE CHIP WORK GROUPS WERE CREATED FOR CHRONIC DISEASE/OBESITY, MENTAL HEALTH/SUBSTANCE ABUSE AND ACCESS TO HEALTH CARE. PROGRESS FROM THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN INCLUDE THE HEALTHY FOR LIFE PROJECT (H4LP) WAS ESTABLISHED IN 2012 AS PART OF THE GREATER NORWALK COMMUNITY HEALTH IMPROVEMENT PLAN. IT HAS GROWN IN SCALE AND CURRENTLY INVOLVES 41 INDIVIDUALS AND 28 ORGANIZATIONS WITH THE MISSION TO REDUCE AND PREVENT OBESITY AND CHRONIC DISEASE BY PROMOTING HEALTHY LIFESTYLES. THE H4LP HAS MADE SIGNIFICANT PROGRESS SINCE ITS INCEPTION AND PARTICULARLY SINCE THE MOST RECENT COMMUNITY HEALTH IMPROVEMENT PLAN IN 2016. THE FOUR PRIMARY PROJECTS INCLUDE:</p> <ol style="list-style-type: none"> <li>1. THE EAT WELL HEALTHY RESTAURANT PROGRAM IS NOW IN 25 LOCATIONS INCLUDING 13 IN NORWALK, FIVE IN WESTPORT AND NINE IN FAIRFIELD. SUCCESSSES INCLUDE POSITIVE FEEDBACK FROM ESTABLISHMENT OWNERS AND DINERS IN THE PARTICIPATING RESTAURANTS AND PARTICULARLY FROM PARENTS WHEN THERE ARE CHILD-FRIENDLY OPTIONS AVAILABLE. WIDER ADOPTION BY RESTAURANTS HAS BEEN CHALLENGING DUE TO THE INITIAL TIME REQUIRED FOR THE RECIPES TO BE VETTED. IT HAS ALSO BEEN CHALLENGING TO FIND HEALTHY CHILDREN'S OPTIONS SINCE KIDS' MENUS OFTEN INVOLVE FRIED FOOD.</li> <li>2. THE NORWALKER PROJECT HAS BEEN AN EFFORT TO EDUCATE RESIDENTS ABOUT THE BENEFITS OF EXERCISE AND TO ENCOURAGE INCREASED PHYSICAL ACTIVITY BY OFFERING VETTED CITY WALKING PATHS WITH MAPS. SUCCESSSES INCLUDE REDESIGN OF 16 MAPS, THE ADDITION OF ONE NEW MAP IN ENGLISH AND FIVE MAPS TRANSLATED INTO SPANISH. THIS PROGRAM WAS AWARDED THE BEST PLACE TO LIVE-WORK-PLAY CAR-FREE AWARD BY THE BUSINESS COUNCIL OF FAIRFIELD COUNTY, RECEIVED RECOGNITION FROM THE US DEPARTMENT OF TRANSPORTATION MAYOR'S CHALLENGE FOR SAFER PEOPLE AND SAFER STREETS, AND WAS INVITED TO PRESENT AT THE AMERICA WALKS NATIONAL WALKING SUMMIT. THE NORWALKER PROGRAM ACTIVELY SUPPORTS THE BIKE/WALK COMMISSION ADVOCATING FOR SAFER BIKING AND WALKING ROUTES THROUGHOUT NORWALK. SUSTAINING THE ORGANIZED COMMUNITY WALKS HAS BEEN CHALLENGING DESPITE THE ACTIVE PARTICIPATION BY NORWALK MAYOR RILLING WHO OFTEN LEADS WALKS ON THE WEEKEND.</li> <li>3. THE MOVE MORE IN SCHOOLS TOOLKIT IS A POLISHED AND USER-FRIENDLY GUIDE FOR TEACHERS TO INCORPORATE SHORT BURSTS OF PHYSICAL ACTIVITY INTO THE SCHOOL DAY. THIS IS ESPECIALLY USEFUL AS RECESS AND GYM TIME CONTINUE TO SHRINK. ONE CHALLENGE HAS BEEN TO BROADEN ADOPTION BY THE TEACHERS WHO HAVE MANY DIFFERENT COMPETING INITIATIVES AND LIMITED TIME. ADDITIONAL CHALLENGES HAVE KEEPING THE TOOLKIT UP TO DATE AND FINDING THE RESOURCES TO DEDICATE TO EXPANSION OF THIS PROGRAM.</li> <li>4. THE FOOD ACCESS INITIATIVE BEGAN IN THE SPRING OF 2019. THE PROGRAM HAS MADE SIGNIFICANT STRIDES IN A SHORT PERIOD OF TIME STARTING WITH CONVENING COMMUNITY PARTNERS AND THE ORGANIZATION OF FIVE PLANNING MEETINGS. GOALS INCLUDED ANALYZING THE EMERGENCY FOOD SYSTEM IN NORWALK, IDENTIFYING PRIORITIES FOR IMPROVEMENT AND IMPLEMENTING PROGRAMS SUCH AS SUPPORTING WELLNESS AT PANTRIES (SWAP) AND INCREASING ENROLLMENT IN SNAP. THE COMMITTEE DEVELOPED A FOUR LANGUAGE FOOD ACCESS GUIDE DIRECTING RESIDENTS TO FOOD PANTRIES AND AVAILABLE MEAL SERVICES. A COMMUNITY FOOD ACCESS REPORT IS ALMOST COMPLETE AND WILL HELP IDENTIFY FOOD INSECURITY IN VULNERABLE POPULATIONS. THE PRIMARY CHALLENGE WITH THE FOOD ACCESS INITIATIVE IS SUSTAINABILITY. THE MENTAL HEALTH AND SUBSTANCE ABUSE SUBCOMMITTEE OF THE COMMUNITY HEALTH COMMITTEE WAS ORGANIZED IN 2012 FOLLOWING THE CHNA OF THAT YEAR. IT HAS GUIDED THE DEVELOPMENT OF SEVERAL COMMUNITY HEALTH PROGRAMS, WHICH HAVE BEEN EXPANDED AND SCALED SINCE 2016 WITH THE GOALS OF IMPROVING ACCESS TO APPROPRIATE CARE FOR CHILDREN AND ADULTS AND PROVIDING EDUCATION TO INCREASE AWARENESS AND PROMOTE PREVENTION.</li> </ol> <ol style="list-style-type: none"> <li>1. THE BEHAVIORAL HEALTH INTEGRATION PROGRAM WAS IMPLEMENTED IN 2015 TO IMPROVE ACCESS FOR PATIENTS WITH BEHAVIORAL HEALTH ISSUES. THESE ISSUES MAY RANGE FROM DEPRESSION AND ANXIETY TO SLEEP DISTURBANCE AND GRIEF REACTIONS TO SUBSTANCE MISUSE. THE PROGRAM ALSO ADDRESSES HEALTH BEHAVIORS SUCH AS SMOKING, LACK OF EXERCISE, OBESITY AND SUBSTANCE USE WHICH ARE THE MAIN CAUSES OF POOR HEALTH OUTCOMES IN OUR COUNTRY. THIS BEHAVIORAL HEALTH INTEGRATION MODEL INCORPORATES BEHAVIORAL HEALTH CONSULTANTS (BHCS) INTO OUR PRIMARY CARE TEAMS. BHCS ARE EXPERIENCED BEHAVIORAL HEALTH SOCIAL WORKERS WHO SERVE AS MEMBERS OF THE CARE TEAM THAT INCLUDES THE PHYSICIAN, NURSE, MEDICAL ASSISTANT, CARE MANAGER AND OFFICE STAFF. USING THIS MODEL, THE PRIMARY CARE TEAM IS BETTER ABLE TO MEET THE MEDICAL AND EMOTIONAL HEALTH NEEDS OF THEIR PATIENTS IN A COORDINATED, PATIENT CENTERED AND CONVENIENT MANNER.</li> <li>2. FOR THE MORE VULNERABLE RESIDENTS IN OUR COMMUNITY, THE GREATER NORWALK COMMUNITY CARE TEAM (NCCT) WAS STA</li> </ol>

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY BUILDING ACTIVITIES	<p>RTED IN 2012 AS A COLLABORATIVE BETWEEN NORWALK HOSPITAL AND NORWALK HOUSING FIRST SINCE THEN IT HAS EXPANDED TO INCLUDE MORE THAN 30 ORGANIZATIONS THAT MEET WEEKLY TO ORGANIZE PA TIENT-CENTERED OUTREACH AND NAVIGATION FOR VULNERABLE AND HIGH-NEED RESIDENTS OF GREATER N ORWALK THE CCT HAS SERVED MORE THAN 350 PEOPLE PROVIDING CONNECTION TO NEEDED PRIMARY CAR E, MENTAL HEALTH, ADDICTION AND SOCIAL SERVICES EFFORTS OF THE CCT HAVE RESULTED IN DECRE ASED EMERGENCY DEPARTMENT UTILIZATION INDICATING AN INCREASE IN MEDICAL AND SOCIAL STABILI TY FOR THE RESIDENTS SERVED 3 RECOGNIZING THE UNIQUE NEEDS OF PATIENTS WITH SUBSTANCE US E DISORDERS, NORWALK HOSPITAL ADDED A PEER RECOVERY SPECIALIST TO THE GREATER NORWALK CCT PEER RECOVERY SPECIALISTS ARE MOTIVATED, ENERGETIC INDIVIDUALS WITH LIVED EXPERIENCE AND SPECIALIZED TRAINING TO BETTER ENGAGE PATIENTS WHO HAVE SUBSTANCE USE DISORDERS THE PEERS PROVIDE DIRECT OUTREACH AND ASSISTANCE IN CONNECTING PATIENTS TO APPROPRIATE CARE 4 THE INTERPROFESSIONAL COMMUNITY ACADEMIC NAVIGATION (ICAN) PROGRAM WAS STARTED IN 2016 AS A C OLLABORATIVE EFFORT BETWEEN WESTERN CONNECTICUT HEALTH NETWORK AND SACRED HEART UNIVERSITY THIS PROGRAM EXPANDS THE REACH OF THE CCT WHILE OFFERING AN INNOVATIVE TEACHING OPPORTUN ITY FOR UNDERGRADUATE SOCIAL WORK AND GRADUATE LEVEL NURSING STUDENTS UNDER THE GUIDANCE OF A FACULTY CLINICAL ADVISOR, THE ICAN TEAM PROVIDES DIRECT IN-PERSON AND TELEPHONE OUTRE ACH SERVICES TO PATIENTS WHO NEED CONNECTION TO MEDICAL, MENTAL HEALTH, SOCIAL OR SUBSTANC E SERVICES THIS PROGRAM NOT ONLY HAS IMMEDIATE IMPACT ON THE PATIENTS WE SERVE, IT ALSO P ROVIDES IMPACTFUL TRAINING FOR FUTURE CAREGIVERS WORKING WITH OUR MOST VULNERABLE COMMUNIT Y MEMBERS NORWALK HOSPITAL AND WCHN HAVE EFFECTIVELY ENHANCED COMMUNITY PARTNERSHIPS AND WORKED TO DEVELOP THE INFRASTRUCTURE NEEDED TO IMPROVE COMMUNITY WELLNESS WHILE SOME INDI CATORS HAVE IMPROVED SUCH AS EMERGENCY DEPARTMENT UTILIZATION, ACCESS TO INTEGRATED CARE, ASTHMA RATES IN ALL COMMUNITIES AND RATE OF FOOD INSECURITY IN NORWALK, MANY MEASURES HAVE CONTINUED TO WORSEN OBESITY DIABETES AND HYPERTENSION CONTINUE TO INCREASE AND THE NUMBE R OF RESIDENTS IN NORWALK WITHOUT AN IDENTIFIED MEDICAL HOME IS HIGHER THAN IN FAIRFIELD C OUNTY AND THE STATE FALLS REMAIN A MAJOR CAUSE OF INFIRMITY, LOSS OF QUALITY OF LIFE AND HEALTHCARE EXPENSE OPIOID OVERDOSE RATES CONTINUE TO CLIMB AND ACCESS TO ADDICTION TREATM ENT REMAINS CHALLENGING COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOTALING \$53,133 VARIOUS W CHN OFFICIALS PARTICIPATED IN CHAMBER OF COMMERCE MEETINGS AND EVENTS, WORKING TO PROMOTE ECONOMIC DEVELOPMENT IN THE NORWALK HOSPITAL AREA STATE AND LOCAL ELECTED OFFICIALS AND A GENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FO R THE UNINSURED AND UNDER INSURED THE TOTAL ADVOCACY AMOUNT INCLUDES BOTH INDIRECT AND DI RECT STAFFING EXPENSES</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, NORWALK HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION AND SOCIAL SERVICES IN THE COMMUNITY THESE SERVICES ARE PROMOTED IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST EFFECTIVE MANNER IN 2019, NORWALK HOSPITAL SERVED OVER 1.39 MILLION PERSONS THROUGH OVER 460 COMMUNITY HEALTH OCCURRENCES HOSPITAL STAFF AND AFFILIATED PHYSICIANS PARTICIPATED IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES, SUPPORT GROUPS AND SCREENINGS WITH COMMUNITY ORGANIZATIONS THE HEALTH TALK SHOWS AIRED ON OPTIMUM CHANNEL 88 SUNDAYS THROUGH WEDNESDAYS AT 6 00 PM, THURSDAYS AND FRIDAYS AT 7 00 PM, SATURDAYS AT 12 00 NOON AND REACHED 1.37 MILLION (INCLUDING REPEATS AND SOCIAL MEDIA REACH) IT IS AVAILABLE ON WCHN'S WEBSITES, SOCIAL MEDIA AND THROUGH LINKS IN VITAL SIGNS IT IS A PUBLIC SERVICE TELEVISION PROGRAM PRODUCED BY THE COMMUNITY RELATIONS DEPARTMENT TO PROMOTE HEALTH AWARENESS AND EDUCATION TOPICS INCLUDED COPING WITH ANXIETY, SURGERY IN THE ELDERLY POPULATIONS, CAUSES & PREVENTION OF HEPATITIS C AND COLORECTAL CANCER GUIDELINES

## 990 Schedule H - Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	<p>WESTERN CONNECTICUT HEALTH NETWORK (WCHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF THREE COMMUNITY HOSPITALS AND THEIR AFFILIATED ENTITIES IN ADDITION TO DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, AND NORWALK HOSPITAL THE CONTINUUM OF CARE INCLUDES A LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED BIOMEDICAL RESEARCH INSTITUTE, THE DANBURY HOSPITAL &amp; NEW MILFORD HOSPITAL FOUNDATION, INC NORWALK HOSPITAL FOUNDATION, AND OTHER RELATED AFFILIATES THE WCHN'S MISSION IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE FOR FY2019, THE NETWORK PROVIDED APPROXIMATELY \$27,810,000 IN TOTAL CHARITY CARE DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS AND NORWALK HOSPITAL PROVIDE MEDICAL SERVICES TO THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE IN SUPPORT OF THE NETWORK'S MISSION STATEMENT, AS NOTED ABOVE, FOR 2019, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS NORWALK HOSPITAL, \$9,613,000, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, \$15,928,000 ALL HOSPITALS NOTED ABOVE HAVE OPEN MEDICAL STAFFS IF AN INDIVIDUAL MEETS THE EDUCATIONAL, EXPERIENTIAL AND LICENSOR REQUIREMENTS THEY CAN JOIN THE MEDICAL STAFF WESTERN CONNECTICUT MEDICAL GROUP, INC (WCMG) THE MISSION OF WCMG IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND SPECIALTY HEALTH CARE IN THE COMMUNITIES THEY SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO THEIR PATIENTS' NEEDS THEY SUPPORT A COMMITMENT TO ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS IN THEIR COMMUNITY BY DELIVERING QUALITY CARE, PARTICIPATING IN MEDICAL RESEARCH AND MEDICAL RESIDENCY PROGRAMS AND THE PROVISION OF MEDICAL SERVICES TO PATIENTS FOR 2019, WCMG PROVIDED APPROXIMATELY \$2,164,000 IN CHARITY CARE DANBURY HOSPITAL &amp; NEW MILFORD HOSPITAL FOUNDATION INC (DH/NMHF) DH/NMHF'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS AND OTHER DANBURY NOT-FOR-PROFIT HEALTH CARE AFFILIATES NORWALK HOSPITAL FOUNDATION (NHF) NHF'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO NORWALK HOSPITAL AND OTHER NOT-FOR-PROFIT NORWALK HOSPITAL AFFILIATES WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES, INC (WCHNA) WCHNA'S PRINCIPAL PURPOSE IS TO PROVIDE OUTPATIENT HEALTH CARE SERVICES IN VARIOUS LOCATIONS AND ALSO PROVIDE AMBULANCE SERVICES TO DANBURY AND SURROUNDING TOWNS, WHILE SERVING THOSE THAT CANNOT AFFORD THE CARE FOR 2019, WCHNA PROVIDED APPROXIMATELY \$57,000 IN CHARITY CARE WESTERN CONNECTICUT HOME CARE, INC (WCHC) WCHC PROVIDES STATE OF THE ART CLINICAL SERVICES RANGING FROM PEDIATRIC PATIENTS TO THE ELDERLY UTILIZING BEST PRACTICE IN HOME CARE TO MEET THE NEEDS OF THEIR PATIENTS FOR 2019, WCHC PROVIDED APPROXIMATELY \$48,000 IN CHARITY CARE EASTERN NEW YORK MEDICAL SERVICES, P C (ENYMS) THE MISSION AT ENYMS IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND GASTROENTEROLOGY HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS' NEEDS</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7 - STATES FILING COMMUNITY BENEFIT REPORT	CT PART V - EXPLANATION OF NUMBER OF FACILITY TYPE 9 DIAGNOSTIC CENTERS 7 OUTPATIENT PHYSICIAN CLINICS 2 REHABILITATION CENTERS 1 AMBULATORY SURGERY CENTER

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>ADDITIONAL INFORMATION</p>	<p>PART I, LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS NORWALK HOSPITAL PROVIDED COMMUNITY BENEFIT THROUGH VARIOUS PROGRAMS AND EVENTS THAT WERE MADE AVAILABLE TO THE COMMUNITY AT LARGE BELOW IS A LIST OF SOME PROGRAMS OFFERED -CANCER EDUCATION &amp; SUPPORT 380 SERVED THROUGH HEALTH FAIRS, PANEL DISCUSSIONS AND LECTURES -HEART DISEASE 1,035 SERVED THROUGH LECTURES -SENIOR OUTREACH 646 SERVED THROUGH TAI CHI CLASSES, HEALTH FAIRS AND SENIOR CENTER LECTURES -HEALTH FAIRS 4,534 SERVED THROUGH FAIRS AT CHURCHES, ASSISTED LIVING FACILITIES, MUSEUM AND SCHOOLS -LECTURES 1 377 MILLION SERVED THROUGH HEALTH TALK (INCLUDING REPEATS AND SOCIAL MEDIA REACH), LIBRARY, CIVIC GROUPS, SENIOR RESIDENCE AND CORPORATE LECTURES -NUTRITION/WELLNESS 1,035 SERVED THROUGH STAR NUTRITION TRAINING, LECTURES, AND HEALTHY EATING FOR EVERYONE CLASSES -BLOOD DRIVES 180 SERVED -SUPPORT GROUPS 178 SERVED THROUGH THE SPIRITUAL CARE AND CANCER CENTER DEPARTMENTS -BEHAVIORAL HEALTH SERVICES 2,810 SERVED THROUGH ENGLISH &amp; SPANISH AA MEETINGS -COMMUNITY SUPPORT 363 SERVED THROUGH SUICIDE PREVENTION TRAINING, HEALTH CARE DECISION DAY AT DMV AND HEALTH DEPARTMENT TOTE BAG DONATION TO LOW INCOME, NEW PARENTS SCHEDULE H - PART I, LINE 7F - HEALTH PROFESSIONAL EDUCATION NORWALK HOSPITAL HAS AN ACGME ACCREDITED MEDICAL RESIDENCY PROGRAM PARTNERED WITH YALE UNIVERSITY SCHOOL OF MEDICINE RESIDENTS AND FELLOWS ROTATE IN THE MEDICINE, RADIOLOGY, GASTROENTEROLOGY, PULMONARY OR SLEEP PROGRAMS THE ASSOCIATED COSTS AND REVENUES ARE DERIVED FROM THE MEDICARE COST REPORT SCHEDULE H - PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES NORWALK HOSPITAL RECEIVES A DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE OUTPATIENT PSYCHIATRIC CLINIC THESE DOLLARS HELP OFFSET THE SHORTFALL FROM UNDER OR UNINSURED PATIENTS PART V LINE 5 THE MOST RECENTLY COMPLETED CHNA, BESIDES BEING AVAILABLE UPON REQUEST, WAS MADE AVAILABLE ON <a href="https://www.norwalkhospital.org/about-us/about-us">HTTPS //WWW NORWALKHOSPITAL ORG/ABOUT-US/ABOUT-US</a> <a href="https://www.westernconnecticuthealthnetwork.org/about-us/about-us">HTTPS //WWW WESTERNCONNECTICUTHEALTHNETWORK ORG/ABOUT-US/ABOUT-US</a> <a href="http://www.chime.org/advocacy/community-health/">HTTP //WWW CHIME ORG/ADVOCACY/COMMUNITY-HEALTH/</a> PART V, LINE #10A MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY TO MEET THE SIGNIFICANT COMMUNITY HEALTH NEEDS CAN BE FOUND AT <a href="http://www.norwalkhospital.org/about-us/about-norwalk-hospital/community-benefit">HTTP //WWW NORWALKHOSPITAL ORG/ABOUT-US/ABOUT-NORWALK-HOSPITAL/COMMUNITY-B</a> ENEFIT TITLED GREATER NORWALK CHA CHIP REPORT, DECEMBER, 2012 PART V SECTION B LINES 16A, 16B AND 16C - NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY ("FAP"), FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS MADE AVAILABLE ON THE FOLLOWING LINKS <a href="http://www.norwalkhospital.org/patient-and-visitors-info/billing/billing/financial-assistance-policy">HTTP //WWW NORWALKHOSPITAL ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/F INANCIAL-ASSISTANCE-POLICY</a></p>

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

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	NORWALK HOSPITAL 24 STEVENS STREET NORWALK, CT 06850 NORWALKHOSPITAL.ORG LICENSE #0053	X	X		X			X			

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 3J - DESCRIPTION OF OTHER NEEDS ASSESSMENT	FACILITY NORWALK HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROVIDES LOCAL LEVEL HEALTH RELATED DATA ABOUT NORWALK AND THE SURROUNDING TOWNS OF NEW CANAAN, WESTON, WESTPORT AND WILTON AND COMPLEMENTS THE 2019 FAIRFIELD COUNTY COMMUNITY WELLBEING INDEX, A COMPREHENSIVE REPORT ABOUT FAIRFIELD COUNTY AND THE TOWNS WITHIN IT THE COMMUNITY WELLBEING INDEX WAS PRODUCED BY DATAHAVEN IN PARTNERSHIP WITH FAIRFIELD COUNTYS COMMUNITY FOUNDATION AND MANY OTHER REGIONAL PARTNERS, INCLUDING NORWALK HOSPITAL, NOW PART OF NUVANCE HEALTH, AND LOCAL PARTNERS SERVING THE GREATER NORWALK REGION TOPICS COVERED IN THE INDEX INCLUDE OVERALL COMMUNITY WELL-BEING, DEMOGRAPHIC CHANGES, HOUSING, TRANSPORTATION, EARLY CHILDHOOD EDUCATION, K-12 EDUCATION, ECONOMIC OPPORTUNITY, LEADING PUBLIC HEALTH INDICATORS (SUCH AS PREMATURE MORTALITY, CHRONIC DISEASE PREVALENCE, HEALTH BEHAVIORS, HEALTH CARE ACCESS, AND THE SOCIAL DETERMINANTS OF HEALTH) AND CIVIC LIFE

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 5 - ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY	<p>FACILITY NORWALK HOSPITAL THE CHNA, INCLUDING PRIORITY AREAS TO INFORM THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) WAS DEVELOPED THROUGHOUT FYE2019, THROUGH VARIOUS STEERING COMMITTEES AND WAS APPROVED BY THE NORWALK HOSPITAL BOARD OF TRUSTEES ON NOVEMBER 26, 2019 THE CHIP WAS APPROVED ON JANUARY 28, 2020 DELAYS IN BOARD APPROVAL WAS THE RESULT OF NEW BOARD STRUCTURES AND CHANGED MEETING DATES DUE TO OUR AFFILIATION WITH HEALTH QUEST SYSTEMS NORWALK HOSPITAL, AND ITS COMMUNITY HEALTH COMMITTEE (CHC), NORWALK HEALTH DEPARTMENT AND GREATER NORWALK COMMUNITY PARTNERS, PARTICIPATED IN THIS EFFORT TO ASSESS THE HEALTH AND SOCIAL NEEDS OF THE GREATER NORWALK COMMUNITY COMMUNITY PARTNERS INCLUDE - AMERICARES FREE CLINICS - COMMUNITY HEALTH CENTERS, INC - DARIEN HEALTH DEPARTMENT - NEW CANAAN HEALTH DEPARTMENT - NAACP - NORWALK ACTS - NORWALK COMMUNITY HEALTH CENTER - NORWALK HEALTH DEPARTMENT - POSITIVE DIRECTIONS - REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATION - RIVERBROOK REGIONAL YMCA - TOWN OF RIDGEFIELD - WESTPORT/WESTON HEALTH DISTRICT THE REPORT PROVIDES ADDITIONAL LOCAL DETAIL OF RELEVANCE TO THE REGION, INCLUDING QUANTITATIVE AND QUALITATIVE DATA SPECIFIC TO THE INDIVIDUAL TOWNS WITHIN THE GREATER NORWALK REGION IT ALSO DOCUMENTS THE PROCESS THAT NORWALK HOSPITAL AND PARTNERS USED TO CONDUCT THE REGIONAL HEALTH ASSESSMENT AND HEALTH IMPROVEMENT ACTIVITIES THE ASSESSMENT WAS CONDUCTED UNDER THE GUIDANCE OF THE NORWALK HOSPITAL CHC THE CHC PROVIDED OVERSIGHT OF THE 2019 CHNA IN ALIGNMENT WITH THE GOALS OF COMMUNITY PARTNERSHIP AND ADVANCEMENT OF POPULATION HEALTH THE REPORT CONTAINS BOTH QUANTITATIVE AND QUALITATIVE DATA QUANTITATIVE DATA WAS COLLECTED, ANALYZED AND REPORTED BY DATAHAVEN IN THE FAIRFIELD COUNTY WELLBEING SURVEY (CWS) THE QUALITATIVE DATA COLLECTION WAS CONDUCTED BY THE STRATEGY GROUP LLC AND CONSISTED OF KEY INFORMANT SURVEYS (KIS) INCLUDING FOCUS GROUPS, INDIVIDUAL INTERVIEWS AND AN ONLINE SURVEY SECONDARY DATA SOURCES INCLUDED, BUT WERE NOT LIMITED TO, THE U S CENSUS, U S BUREAU OF LABOR STATISTICS , CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), COUNTY HEALTH RANKINGS AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND DEATH RECORDS IN 2016 THE KEY FINDINGS AND HEALTH PRIORITIES IDENTIFIED IN THE GREATER NORWALK AREA CHNA WERE CHRONIC DISEASE/OBESITY, MENTAL HEALTH/SUBSTANCE ABUSE AND ACCESS TO HEALTH CARE THREE YEARS LATER, WHILE THERE HAVE BEEN IMPROVEMENTS IN COMMUNITY PARTNERSHIPS, ATTENTION TO MENTAL HEALTH AND SCREENING FOR SOCIAL DETERMINANTS, DATA SUGGESTS THAT THE 2016 INDICATORS REMAIN PRIORITY CONCERNS THE CHIP PROCESS WAS DESIGNED TO INTEGRATE AND ENHANCE THE CURRENT COMMUNITY HEALTH ACTIVITIES OF MANY ORGANIZATIONS IN ORDER TO LEVERAGE EXISTING RESOURCES FOR GREATER EFFICIENCY AND IMPACT THE 2019 GREATER NORWALK CHIP WAS DEVELOPED OVER T</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 5 - ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY	THE PERIOD OF SEPTEMBER 2019 THROUGH JANUARY 2020, USING THE KEY FINDINGS AND IDENTIFIED PRIORITIES FROM THE CHNA WORKGROUPS WERE CONVENED FOR EACH OF THREE PRIORITY AREAS IDENTIFIED THE WORKGROUPS DEVELOPED GOALS, OBJECTIVES, STRATEGIES, ACTIONS STEPS AND METRICS TO MEASURE SUCCESS FOR THEIR RESPECTIVE HEALTH PRIORITIES THESE PLANS WERE PRESENTED TO AND ENDORSED BY THE WCHN CHC ON FEBRUARY 7, 2020

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 6B - CHNA CONDUCTED BY ORGANIZATIONS OTHER THAN HOSPITAL	FACILITY NORWALK HOSPITAL NORWALK HEALTH DEPARTMENT

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 7D - DESCRIPTION OF MAKING NEEDS ASSESSMENT WIDELY AVAILABLE	FACILITY NORWALK HOSPITAL THE MOST RECENTLY COMPLETED CHNA WAS MADE AVAILABLE ON THE FOLLOWING A) NORWALK HOSPITAL'S WEBSITE <a href="https://www.norwalkhospital.org/about-us/about-us">HTTPS //WWW NORWALKHOSPITAL ORG/ABOUT-US/ABOUT-US</a> B) THE CT HOSPITAL ASSOCIATION'S WEBSITE <a href="http://www.chime.org/advocacy/community-health/">HTTP //WWW CHIME ORG/ADVOCACY/COMMUNITY-HEALTH/</a> , ON THE CITY OF NORWALK WEBSITE <a href="https://www.norwalkct.org/documentcenter/view/11296">HTTPS //WWW NORWALKCT ORG/DOCUMENTCENTER/VIEW/11296</a> , AND ON THE CT STATE DEPARTMENT OF PUBLIC HEALTH'S WEBSITE ( <a href="https://portal.ct.gov/-/media/OHS/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2016/2016GREATERNORWALKCHNAPDF.PDF?LA=EN">HTTPS //PORTAL CT GOV/-/MEDIA/OHS/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2016/2016GREATERNORWALKCHNAPDF.PDF?LA=EN</a> ) C) IS AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 11 - EXPLANATION OF NEEDS NOT ADDRESSED AND REASONS WHY	FACILITY NORWALK HOSPITAL TO THE BEST OF THE ORGANIZATIONS KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2019 CHIP ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT NORWALK HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSING OR ENVIRONMENTAL HEALTH IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A COMMUNITY HEALTH IMPROVEMENT TASK FORCE WAS CREATED OF OVER 100 COMMUNITY RESIDENTS AND PROFESSIONALS REPRESENTING VARIOUS ORGANIZATIONS THEY IDENTIFIED MENTAL HEALTH, OBESITY AND SUBSTANCE ABUSE, AND ACCESS AS THE MAIN PRIORITIES TO ADDRESS WHICH INFORMED THE DEVELOPMENT OF THE 2019 CHIP WHICH DETAILS SPECIFIC GOALS AND METRICS FOR EACH IDENTIFIED NEED AND COMMUNITY BENEFIT PROGRAMS THAT WOULD HELP ACHIEVE THESE GOALS THE NARRATIVE FOR PART II COMMUNITY BUILDING ACTIVITIES DESCRIBES ACTIONS TAKEN TO ADDRESS THE NEEDS IDENTIFIED IN THE 2019 CHNA

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 13H-OTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED PATIENT	FACILITY NORWALK HOSPITAL THE FAP INDICATES A 75% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 301% AND 350% OF THE FPG AND A 60 01% DISCOUNT FOR PATIENTS WITH INCOME BETWEEN 351% AND 400% OF THE FPG PART V, LINE 16J - OTHER MEANS HOSPITAL FACILITY PUBLICIZED THE POLICY FACILITY NORWALK HOSPITAL NORWALK HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL COUNSELORS ARE ALSO AVAILABLE TO PROVIDE FURTHER ASSISTANCE

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> NORWALK HOSP RADIOLOGY & MAMMOGRAPHY CTR 148 EAST AVENUE SUITE 1R NORWALK, CT 06851	DIAGNOSTIC
<b>1</b> NORWALK SURGERY CENTER LLC 40 CROSS STREET NORWALK, CT 06851	AMBULATORY SURGERY CENTER
<b>2</b> NORWALK HOSPITAL OUTPATIENT REHAB SVCS 520 WEST AVENUE NORWALK, CT 06850	REHABILITATION
<b>3</b> NORWALK HOSPITAL SLEEP DISORDER CENTER 520 WEST AVENUE NORWALK, CT 06850	DIAGNOSTIC
<b>4</b> CROSS STREET RADIOLOGY 40 CROSS STREET NORWALK, CT 06850	DIAGNOSTIC
<b>5</b> NORWALK HOSPITAL WESTPORT RADIOLOGY 728 POST ROAD EAST WESTPORT, CT 06880	DIAGNOSTIC
<b>6</b> OCCUPATIONAL HLTH & REHAB SRVCS 45 GROVE ST NEW CANAAN, CT 06840	OUTPATIENT REHABILITATION SERVICES
<b>7</b> WESTPORT BLOOD COLLECTION CENTER 728 POST ROAD EAST WESTPORT, CT 06880	DIAGNOSTIC
<b>8</b> NORWALK BLOOD COLLECTION CENTER 40 CROSS STREET NORWALK, CT 06851	DIAGNOSTIC
<b>9</b> NEW CANAAN BLOOD COLLECTION CENTER 25-30 EAST AVENUE NEW CAANAN, CT 06840	DIAGNOSTIC
<b>10</b> NORWALK HOSPITAL NEW CANAAN RADIOLOGY 28-30 EAST AVENUE NEW CANAAN, CT 06840	DIAGNOSTIC
<b>11</b> NORWALK BLOOD COLLECTION CENTER 148 EAST AVENUE NORWALK, CT 06851	DIAGNOSTIC
<b>12</b> WOMEN'S HEALTHCARE OF NEW ENGLAND 761 MAIN AVENUE NORWALK, CT 06850	OUTPATIENT-PHYSICIAN CLINIC
<b>13</b> NORWALK HOSPITAL PHYSICIAN OFFICIES 38 EAST AVE NEW CANAAN, CT 06840	OUTPATIENT-PHYSICIAN CLINIC
<b>14</b> PHYSICIAN PRACTICE (IMAW) 162 KINGS HIGHWAY NORTH WESTPORT, CT 06880	OUTPATIENT-PHYSICIAN CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> NORWALK HOSPITALI INTERNISTS 40 HEIGHTS RD DARIEN, CT 06820	OUTPATIENT-PHYSICIAN CLINIC
<b>1</b> NORWALK HOSPITAL MEDICAL OFFICE 194 SOUTH AVE NEW CANAAN, CT 06840	OUTPATIENT-PHYSICIAN CLINIC
<b>2</b> NORWALK HOSPITAL OB GYN SERVICES 30 STEVENS STREET NORWALK, CT 06850	OUTPATIENT-PHYSICIAN CLINIC
<b>3</b> NCHC BLOOD DRAW 120 CONNECTICUT AVE NORWALK, CT 06850	DIAGNOSTIC

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number  
06-6068853

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>	Yes			
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>	Yes			
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS	FOR THE FOLLOWING INDIVIDUALS, BENEFITS REPORTED IN PART VII INCLUDE GROSS-UP PAYMENTS FOR A TAXABLE TRAVEL STIPEND SHARON ADAMS MIKE DAGLIO CATHY FRIERSON BENJAMIN GREENBLATT GRACE LINHARD CAROLYN MCKENNA WAYNE MCNULTY, JD STEVEN H ROSENBERG

Return Reference	Explanation
PART I, LINE 4B - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY	<p>BASED COMPENSATION NORWALK HOSPITAL ASSOCIATION MAINTAINS TWO SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERP) TO PROVIDE BENEFITS TO KEY MEMBERS OF THE EXECUTIVE GROUP THESE PLANS PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS TO KEY MEMBERS OF THE ORGANIZATIONS' EXECUTIVE GROUPS UNDER THE AGREEMENTS FOR THE SERPS, AMOUNTS PROMISED TO ELIGIBLE EXECUTIVES ARE BASED ON TARGETED RETIREMENT BENEFITS AND THE PAYMENT OF BENEFITS IS SUBJECT TO VESTING THE BENEFITS AT THE VESTED AGE ARE PROVIDED IN THE FORM OF AN ACTUARIAL EQUIVALENT LUMP SUM PLUS A TAX GROSS-UP AMOUNT TO THE PARTICIPANTS THE BENEFITS PROVIDED FOR THESE PLANS WERE FROZEN AS OF DECEMBER 31, 2010 IN PRIOR YEARS, NEITHER THE ACCRUAL NOR THE CHANGE IN ACTUARIAL VALUE WERE REPORTED ON SCHEDULE J, PART II AS REQUIRED HOWEVER, THE ACCRUAL WAS REPORTED ON BOTH FORM 990, PART X AND SCHEDULE D, PART X NHA MAINTAINS THIS ACCRUAL ON ITS BOOKS FOR THE PARTICIPANTS OF EACH SERP THE ACCRUAL IS MAINTAINED SOLELY FOR ACCOUNTING PURPOSES AND IS UNFUNDED AS OF SEPTEMBER 30, 2019, THE PLANS PROVIDED BENEFITS TO 54 PARTICIPANTS AND HAD AN ACCRUED VALUE OF \$9,934,454 NONE OF THE INDIVIDUALS REPORTED IN SCHEDULE J, PART VII RECEIVED A PAYMENT FROM EITHER PLAN DURING CALENDAR YEAR 2018 OR 2019 ADDITIONALLY, WESTERN CONNECTICUT HEALTH NETWORK (WCHN) PREVIOUSLY ESTABLISHED A SERP FOR KEY MEMBERS OF ITS EXECUTIVE GROUP THAT PROVIDES SIMILAR BENEFITS TO THE NHA SERPS WCHN MAINTAINS THIS ACCRUAL ON ITS BOOKS FOR THE PARTICIPANTS OF THE SERP THE ACCRUAL IS MAINTAINED SOLELY FOR ACCOUNTING PURPOSES AND IS UNFUNDED IN PRIOR YEARS, NEITHER THE ACCRUAL NOR THE CHANGE IN ACTUARIAL VALUE OF THE WCHN SERP WERE REPORTED ON SCHEDULE J, PART II AS REQUIRED HOWEVER, THE ACCRUAL WAS REPORTED ON WCHN'S FORM 990, PART X AND SCHEDULE D, PART X OF THE INDIVIDUALS REPORTED ON SCHEDULE J, PART II, ONLY STEVEN H ROSENBERG AND MICHAEL DAGLIO PARTICIPATED IN THE WCHN SERP AND ACCRUED ANY BENEFITS AS OF SEPTEMBER 30, 2018, THERE WAS NO AGGREGATE ACCRUAL FOR MR ROSENBERG AS HIS BENEFIT WAS CASHED OUT DURING CALENDAR YEAR 2018, HE RECEIVED A PAYMENT IN THE AMOUNT OF \$2,619,020, THE FULL AMOUNT OF HIS ACCRUED BENEFIT, WHICH IS CURRENTLY REPORTED ON SCHEDULE J, PART II ADDITIONALLY, THERE WAS NO ACCRUED BENEFIT FOR MR DAGLIO AS OF SEPTEMBER 30, 2018 AT THE TIME OF HIS DEPARTURE FROM NHA, MR DAGLIO'S ACCRUED BENEFIT OF \$425,709 WAS EXTINGUISHED, WITH NO PAYMENTS BEING MADE TO MR DAGLIO ALTHOUGH MR ROSENBERG CASHED OUT ALL OF HIS BENEFIT THAT HAD ACCRUED THROUGH 2018, HE WILL CONTINUE TO BE A PARTICIPANT IN AND ACCRUE BENEFITS IN THE SERP MR ROSENBERG ACCRUED A BENEFIT OF \$370,000 UNDER THE WCHN SERP THIS BENEFIT WAS CASHED OUT DURING CALENDAR YEAR 2019, WITH MR ROSENBERG RECEIVING A PAYMENT IN THE AMOUNT OF \$311,957 THIS PAYMENT WILL BE REPORTED AS COMPENSATION ON SCHEDULE J, PART II ON THE FORM 990 TO BE FILED FOR THE YEAR ENDED SEPTEMBER 30, 2020</p>

Return Reference	Explanation
PART I, LINE 6 - COMPENSATION ON NET EARNINGS OR RELATED ORGANIZATION	NUVANCE HEALTH ANNUAL LEADERSHIP INCENTIVE PLAN (EXCERPTS FROM) THE PURPOSE OF THE NUVANCE HEALTH ANNUAL LEADERSHIP INCENTIVE PLAN ("PLAN") IS TO ENGAGE AND MOTIVATE THE ORGANIZATION'S LEADERS TO FURTHER THE CHARITABLE MISSION OF NUVANCE HEALTH AND ITS AFFILIATES AND SUBSIDIARIES, BY PROMOTING EFFECTIVE MANAGEMENT OF OPERATIONS, DELIVERY OF HIGH QUALITY CARE AND SERVICE, AND RESPONSIBLE USE OF RESOURCES TO MEET COMMUNITY NEEDS THIS PLAN IS INTENDED TO ASSIST NUVANCE HEALTH, AND ITS AFFILIATES AND SUBSIDIARIES TO ATTRACT AND RETAIN LEADERSHIP WITH THE TALENT AND EXPERIENCE NEEDED TO BE SUCCESSFUL BY PROVIDING MEANINGFUL INCENTIVES AND REWARDS FOR OUTSTANDING PERFORMANCE INDIVIDUALS MUST BE AN ELIGIBLE EMPLOYEE TO BE CONSIDERED AS A PARTICIPANT IN THIS PLAN AN ELIGIBLE EMPLOYEE IS AN INDIVIDUAL EMPLOYED BY NUVANCE HEALTH AND HOLDS A POSITION ASSIGNED TO ONE OF THE FOLLOWING TIERS, AS OF APRIL 30TH OF THE PLAN YEAR -TIER I, CEO, SENIOR EXECUTIVE -TIER II, EXECUTIVE -TIER III, SENIOR LEADER (A) -TIER III, SENIOR LEADER (B) -TIER IV, LEADER EACH PLAN YEAR, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD ("THE COMMITTEE"), IN ITS SOLE DISCRETION AND UNLESS OTHERWISE APPROPRIATELY DELEGATED, SELECTS PARTICIPANTS FROM A LIST OF ELIGIBLE EMPLOYEES NOMINATED BY THE CEO THE CEO, EX OFFICIO, IS AN ELIGIBLE EMPLOYEE FOR PURPOSES OF SELECTION TO PARTICIPATE IN THE PLAN EACH PLAN YEAR, THE COMMITTEE, BASED ON INPUT FROM THE CEO, MAY ESTABLISH A THRESHOLD AWARD, A TARGET AWARD AND/OR A MAXIMUM AWARD FOR EACH PARTICIPANT AWARD OPPORTUNITIES ARE ESTABLISHED BASED ON COMPETITIVE MARKET PRACTICES AND ON NUVANCE HEALTH'S COMPENSATION PHILOSOPHY AWARD OPPORTUNITIES MAY BE BASED ON ADDITIONAL FACTORS, INCLUDING NUVANCE HEALTH'S FINANCIAL AND OPERATIONAL PERFORMANCE, REFLECTING MARKET PAY PRACTICES AND BENCHMARKING FOR COMPARABLE POSITIONS, AND ANY OTHER FACTORS DEEMED RELEVANT BY THE COMMITTEE EACH PLAN YEAR, THE COMMITTEE, AND UNLESS OTHERWISE APPROPRIATELY DELEGATED FOR ANY PLAN YEAR, SHALL ESTABLISH PERFORMANCE GOALS TO EVALUATE THE PERFORMANCE OF EACH PARTICIPANT AFTER COMPLETION OF EACH PLAN YEAR, THE COMMITTEE MAY EVALUATE WHETHER THE PERFORMANCE OF NUVANCE HEALTH AND PARTICIPANT MEETS OR EXCEEDS THE PERFORMANCE GOALS ESTABLISHED FOR THE PLAN YEAR IF PERFORMANCE WARRANTS, THE COMMITTEE MAY APPROVE A FINAL AWARD AMOUNT FOR EACH PARTICIPANT AND APPROVE ANY ADDITIONAL CONDITION ON PAYMENT OF THE AWARD

<b>Return Reference</b>	<b>Explanation</b>
PART III, ADDITIONAL INFORMATION	THE ORGANIZATION RELIED ON RELATED ORGANIZATIONS, WESTERN CONNECTICUT HEALTH NETWORK, INC WHICH USED THE FOLLOWING METHODS DESCRIBED BELOW TO ESTABLISH TOP MANAGEMENT'S COMPENSATION -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY BOARD OR COMPENSATION COMMITTEE



**Schedule J (Form 990) 2018**

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Peter Cordeau President	(i)	0	0	0	0	0	0	0
	(ii)	309,999	17,815	22,837	16,500	30,249	397,400	0
Steven H Rosenberg Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	587,926	165,000	2,629,181	13,500	37,996	3,433,603	0
Carolyn McKenna SVP & Gen Counsel	(i)	0	0	0	0	0	0	0
	(ii)	412,744	125,000	4,640	13,500	7,759	563,643	0
Sharon Adams President of DH	(i)	0	0	0	0	0	0	0
	(ii)	514,645	135,000	6,072	13,500	6,659	675,876	0
Catherine Frierson Chief Human Resource Officer	(i)	0	0	0	0	0	0	0
	(ii)	365,753	110,000	4,450	13,500	5,437	499,140	0
Grace Linhard Chief Development Officer	(i)	0	0	0	0	0	0	0
	(ii)	327,281	80,000	5,338	16,200	3,345	432,164	0
Wayne McNulty Chief Compliance Officer	(i)	0	0	0	0	0	0	0
	(ii)	226,793	45,000	3,640	0	2,222	277,655	0
Richard Teitell ER Physician	(i)	433,268	0	469	10,469	2,368	446,574	0
	(ii)	125,415	0	144	3,031	685	129,275	0
Virginia Collier ER Physician	(i)	376,368	0	703	13,500	38,045	428,616	0
	(ii)	0	0	0	0	0	0	0
Christopher Michos ER Physician	(i)	321,928	3,375	2,997	10,417	31,238	369,955	0
	(ii)	92,924	3,375	854	3,083	8,368	108,604	0
Brian McGovern ER Physician	(i)	446,568	0	36,028	15,064	21,251	518,911	0
	(ii)	122,271	0	625	3,836	5,163	131,895	0
Benjamin Greenblatt Chairman, ER Med	(i)	240,185	110,000	3,281	8,511	6,732	368,709	0
	(ii)	96,445	110,000	771	4,989	2,599	214,804	0
Michael Daglio President NHA (Former)	(i)	0	0	0	0	0	0	0
	(ii)	463,565	0	2,195	16,200	28,832	510,792	0
Kathleen LaVorgna Surgery Dept Chair	(i)	0	0	0	0	0	0	0
	(ii)	465,432	100,000	8,336	13,500	36,811	624,079	0
John M Murphy MD CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,259,730	675,000	4,332	3,831,127	37,489	5,807,678	0
Richard Zelkowitz Physician	(i)	0	0	0	0	0	0	0
	(ii)	503,115	67,484	4,331	13,500	31,458	619,888	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, OFFICERS AND TRUSTEES, PART VII	For those officers and top 5 employees, for which only 40 hours is noted to reflect paid hours, actual hours worked exceeded this amount Note - All amounts in Column F, of Part VII, "Estimated Amount of Other Compensation", represent benefits, and do not reflect any compensation for which the average amount of time worked can be reflected

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART I, LINE 1 - CONTINUED</p>	<p>BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS MEDICINE SERVICE LINE NORWALK HOSPITAL'S MEDICINE SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES INPATIENT CASES GASTROINTESTINAL 1,058 INFECTIOUS DISEASE 1,166 INTERNAL MEDICINE 441 NEUROLOGY MEDICINE 354 RENAL/UROLOGY MEDICINE 502 PULMONARY MEDICINE 720 ALL OTHER INPATIENT 1,590 OUTPATIENT SERVICE LINE CASES O/P MEDICINE 5,845 O/P MEDICINE COMM CLINIC 3,795 O/P MEDICAL ONCOLOGY 11,149 O/P PULMONARY MEDICINE 2,846 DIGESTIVE DISEASES OUR DIGESTIVE DISEASE CENTER IS STAFFED BY RENOWNED FELLOWS HIP-TRAINED GASTROENTEROLOGISTS WE OFFER LEADING DIAGNOSIS AND TREATMENT OF A WIDE RANGE OF DIGESTIVE DISEASES AND CONDITIONS, WHILE PROVIDING INDIVIDUALIZED TREATMENT FOR EVERY PATIENT OUR SERVICES INCLUDE ABLATION THERAPY FOR BARRETT'S ESOPHAGUS, COLON CANCER SCREENING, COLONOSCOPY, CRYOTHERAPY, ENDOSCOPY, ENDOSCOPIC ULTRASOUND AND FINE-NEEDLE ASPIRATION, LACTOSE TOLERANCE TESTING, AND WIRELESS CAPSULE ENDOSCOPY OUR CLINICIANS SUPPORT OUR FELLOWSHIP IN GASTROENTEROLOGY AND HEPATOLOGY INFECTIOUS DISEASE NORWALK HOSPITAL'S INFECTIOUS DISEASE SPECIALISTS TREAT THE FULL RANGE OF INFECTIOUS DISEASES, INCLUDING CONDITIONS CAUSED BY LIVING ORGANISMS (BACTERIA, VIRUSES, FUNGI AND PARASITES), HIV, AND RELATED CONDITIONS, LYME DISEASE, CHRONIC AND WOUND-RELATED INFECTION, AND TRAVEL-RELATED INFECTION OUR DOCTORS HAVE EXPERTISE IN THE PROPER USE OF ANTIBIOTICS AND OTHER ANTI-INFECTIVE MEDICINES TO TREAT DISEASE AND ALSO COLLABORATE WITH PRIMARY CARE DOCTORS, SPECIALISTS AND SURGEONS TO ENSURE A COMPREHENSIVE, PERSONALIZED TREATMENT PLAN FOR EACH PATIENT INTERNAL MEDICINE HAVING A PRIMARY CARE PROVIDER (PCP) IS ONE OF THE MOST IMPORTANT STEPS YOU CAN TAKE WHEN IT COMES TO YOUR HEALTH WITH A PCP, YOU HAVE A PROVIDER WHO TAKES THE TIME TO GET TO KNOW EVERY ASPECT OF YOUR HEALTHCARE NEEDS AND BUILD A TRUSTING RELATIONSHIP WITH YOU- AND IS FOCUSED ON YOUR OVERALL HEALTH AND WELLNESS OUR PCPS ARE COMMITTED TO UNDERSTANDING ALL YOUR NEEDS WHETHER CLINICAL OR PERSONAL, AND DEVELOP A PERSONALIZED PLAN JUST FOR YOU THEY ARE COMMITTED TO TREATING YOU LIKE A PERSON, NOT A NUMBER ON A CHART WHATEVER YOUR MEDICAL NEEDS, NORWALK HOSPITAL PROVIDES EXPERT CARE IN THE WARM, FOCUSED AND PERSONAL MANNER YOU DESERVE SPECIALISTS IN PRIMARY CARE, OUR FAMILY MEDICINE PHYSICIANS TREAT INFANTS, CHILDREN AND ADULTS OF ALL AGES SERVICES INCLUDE PREVENTIVE MEDICINE (INCLUDING VACCINES AND IMMUNIZATIONS), DIAGNOSIS AND TREATMENT OF CHRONIC AND ACUTE ILLNESSES AND INJURIES, AND COORDINATION OF SPECIALTY CARE OUR FAMILY PHYSICIANS ARE TRAINED TO PROVIDE MEDICAL CARE FOR PATIENTS RANGING IN AGE FROM PEDIATRICS THROUGH ADULT AND GERIATRICS NEUROLOGY AND STROKE WE OFFER EXPERTISE IN TREATMENT OF NEUROLOGICAL DISORDERS, INCLUDING STROKE, EPILEPSY, PARKINSON'S DISEASE, AL</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART I, LINE 1 - CONTINUED</p>	<p>ZHEIMER'S DISEASE AND VERTIGO WE HAVE BEEN REGULARLY RECOGNIZED BY THE CONNECTICUT DEPART MENT OF PUBLIC HEALTH FOR CONSISTENTLY DEMONSTRATING THE ABILITY TO RAPIDLY DIAGNOSE AND T REAT STROKE COMMITTED TO REMAINING ON THE FOREFRONT OF RAPID AND EFFECTIVE STROKE CARE, W E CONTINUE TO INCORPORATE THE LATEST EFFECTIVE TREATMENTS NORWALK HOSPITAL IS A PRIMARY S TROKE CENTER AND IS JOINT COMMISSION APPROVED WE OFFER INTERVENTIONAL ACUTE STROKE THROMB ECTOMY AND ARE RECOGNIZED BY THE AMERICAN HEART ASSOCIATION FOR DELIVERING OUTSTANDING STR OKE RELATED CARE UROLOGY OUR EXPERT UROLOGISTS TREAT CONDITIONS SUCH AS -FEMALE UROLOGI C DISORDERS, INCLUDING URINARY INCONTINENCE AND VOIDING DYSFUNCTION -INFERTILITY -KIDNEY, BLADDER, PROSTATE AND TESTICULAR CANCER -KIDNEY STONES -MALE SEXUAL DIFFICULTIES -PROSTATE CANCER -URINARY TRACT INFECTIONS -VASECTOMY AND VASECTOMY REVERSAL PROCEDURES WE PERFORM INCLUDE -EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES -LAPAROSCOPIC NEPHRECTOM Y -MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE -MINIMALLY INVASIVE SURGICAL TREA TMENT FOR FEMALE INCONTINENCE -PYELOPLASTY PULMONOLOGY WE OFFER OUTSTANDING DIAGNOSIS, TR EATMENT AND CARE FOR PATIENTS WITH ALL TYPES OF PULMONARY CONDITIONS WE PERFORM SPECIALIZ ED SERVICES, SUCH AS PULMONARY FUNCTION TESTS, LUNG CANCER SCREENING AND DIAGNOSIS, PULMON ARY REHABILITATION AND CARDIOPULMONARY EXERCISE TESTING TO MEASURE DEGREE OF FITNESS AND A ID IN THE ASSESSMENT OF SHORTNESS OF BREATH, SPECIFIC DIAGNOSTIC ASTHMA TESTING, AND TESTI NG TO DETERMINE THE NEED FOR SUPPLEMENTAL OXYGEN FOR EVERYDAY LIVING AND AIR TRAVEL OUR P HYSICIANS HAVE EXPERTISE IN ENDOSCOPIC BRONCHIAL ULTRASOUND (EBUS) AND SUPPORT OUR FELLOWS HIP PROGRAM IN PULMONARY MEDICINE AND CRITICAL CARE AWARDS &amp; ACCREDITATIONS AT NORWALK HO SPITAL, OUR MEDICAL SERVICE LINE IS HONORED TO HAVE EARNED THE FOLLOWING NATIONAL RECOGNIT IONS AND AWARDS AMERICA'S 250 BEST HOSPITALS AWARD - TOP 5% IN THE NATION FOR CONSISTENTL Y DELIVERING CLINICAL QUALITY (2018-2020) AMERICA'S BEST HOSPITAL FOR PULMONARY CARE AWAR D - SUPERIOR CLINICAL OUTCOMES IN TREATING CHRONIC OBSTRUCTIVE PULMONARY DISEASE (CODP) AN D PNEUMONIA (2017-2019) WHITTINGHAM CANCER CENTER - FOR CONTINUED QUALITY IMPROVEMENT BY MEETING QOPI'S CORE STANDARDS IN ALL AREAS OF TREATMENT (2017-2020) DIABETES EDUCATION P ROGRAM - AMERICAN DIABETES ASSOCIATION (ADA) EDUCATION RECOGNITION CERTIFICATE (2017-2019 ) ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE PO LICY</p>

**990 Schedule O, Other Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	<p>SURGERY SERVICE LINE Inpatient Cases Major Joint Replacement 426 Trauma Surgery 346 Minor GI Surgery 132 General Surgery 255 Urology Surgery 94 Colon/Bowel Surgery 177 Obesity Surgery 141 Spinal Surgery 168 All Other Inpatient Surgery 296 Outpatient Service Line Cases Abdomen GI Surgery 1,001 Breast Surgery-Non Plastic 280 Endoscopy 6,753 Misc General Surgery 154 Oral Surgery 122 Ophthalmology 90 Urology 384 Pain Injection Procedures 293 Head/Neck Procedures 65 Plastic Surgery 425 All Other Outpatient Surgery 670 GENERAL SURGERY NORWALK HOSPITAL TAKES PRIDE IN A SURGICAL SERVICES DEPARTMENT THAT OFFERS EVERY ADVANTAGE HIGHLY TRAINED SURGEONS WHO ARE ATTENTIVE TO PATIENT NEEDS AND EXPERIENCED WITH THE LATEST TECHNOLOGY, INCLUDING MINIMALLY INVASIVE APPROACHES MANY OF OUR SURGEONS HAVE ADVANCED FELLOWSHIP TRAINING IN SPECIALTIES SUCH AS ONCOLOGY, COLORECTAL AND BARIATRIC SURGERY NORWALK HOSPITAL'S SURGEONS ARE CONTINUALLY RECOGNIZED FOR THEIR EXPERIENCE, EXCELLENT OUTCOMES, AND EXPERTISE IN MINIMALLY INVASIVE SURGICAL TECHNIQUES HERE ARE JUST SOME OF THE AWARDS WE'VE BEEN PRIVILEGED TO RECEIVE - Certification and Goal Seal of Distinction awarded for Excellence in Total Joint Replacement (2012-2018) - MBSAQIP Accredited Bariatric Center AT NORWALK HOSPITAL OUR EXPERT SURGEONS EXCEL AT USING ADVANCED TECHNOLOGY TO PERFORM MINIMALLY INVASIVE PROCEDURES, ALLOWING PATIENTS TO UNDERGO SURGERY WITH LESS PAIN, SHORTER HOSPITAL STAYS, AND QUICKER RECOVERY PERIODS SURGEONS USE VERY SMALL INCISIONS, MEANING LESS TRAUMA TO THE BODY, LESS BLOOD LOSS, SMALLER SCARS AND A LOWER NEED FOR PAIN MEDICATION OUR SURGEONS HAVE BEEN RECOGNIZED FOR EXCELLENCE IN LAPAROSCOPIC TECHNIQUES PERFORMED IN MANY SURGICAL SPECIALTIES INCLUDING WEIGHT LOSS, COLORECTAL, AND GENERAL SURGICAL PROCEDURES FOR ROBOTIC SURGERY, WE USE THE LATEST, MOST ADVANCED ROBOTIC TECHNOLOGY AVAILABLE WE ARE COMMITTED TO STAYING AT THE FOREFRONT OF INNOVATION, EQUIPPING OUR SURGEONS WITH SOPHISTICATED TECHNOLOGY SO THEY CAN OFFER INNOVATIVE SURGICAL PROCEDURES HERE IN OUR COMMUNITY OUR SURGICAL SYSTEM GIVES SURGEONS BETTER VISUALIZATION AND TOOLS THAT IMPROVE DEXTERITY WITH MORE CONTROL THEY CAN OPERATE WITH GREATER PRECISION OUR DOCTORS USE THIS ADVANCED TECHNOLOGY TO PERFORM A WIDE RANGE OF PROCEDURES, INCLUDING SINGLE-INCISION ROBOTIC SURGERY NORWALK HOSPITAL'S TEAM OF BOARD CERTIFIED SURGEONS PROVIDE IMMEDIATE, 24/7 CARE FOR ACUTE AND LIFE-THREATENING INJURIES TO CHILDREN AND ADULTS ORTHOPEDIC SURGERY OUR CENTER FOR ADVANCED ORTHOPEDIC AND SPINE CARE HAS EARNED THE "CENTER OF EXCELLENCE" DESIGNATION FROM THE JOINT COMMISSION FOR PROVIDING COMPREHENSIVE, MULTIDISCIPLINARY CARE, INCLUDING HIP, KNEE, SHOULDER, AND ANKLE REPLACEMENT OUR NORWALK HOSPITAL ORTHOPEDIC SURGEONS OFFER A WIDE ARRAY OF JOINT REPLACEMENT PROCEDURES OUR CONTINUUM OF CARE INCLUDES A CARE COORDINATOR WHO PROVIDES EDUCATION AND GUIDANCE EVERY STEP OF THE WAY, PRE-OP THROUGH YOUR REHABILITATION PRE-ADMISSION T</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ESTING IN OUR DEDICATED UNIT, DESIGNED TO MEET THE UNIQUE NEEDS OF JOINT REPLACEMENT PATIENTS AND FAMILIES SERVICES INCLUDE INDIVIDUALIZED PATIENT EDUCATION, NURSING AND ANESTHESIA ASSESSMENTS, AND COLLABORATION WITH YOU ON PLANNING A PAIN MANAGEMENT PROGRAM FOR YOUR SURGICAL RECOVERY DEDICATED ORTHOPEDIC OPERATING ROOMS AND CLINICAL SUPPORT STAFF A COMFORTABLE ORTHOPEDIC RECOVERY UNIT WITH PHYSICIAN ASSISTANTS, NURSING AND REHABILITATION STAFF SPECIALLY TRAINED TO CARE FOR TOTAL JOINT REPLACEMENT PATIENTS - ADVANCED, DIGITAL DIAGNOSTIC IMAGING TECHNOLOGY - ACUTE IN-HOSPITAL THERAPY SERVICES - OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY - ACCESS TO HOME CARE SERVICES WITH WESTERN CONNECTICUT HOME CARE ( FORMERLY DVNA) DIGESTIVE DISEASE OUR EXPERT GENERAL AND DIGESTIVE DISEASE SURGEONS SPECIALIZE IN MAJOR AND MINOR SURGICAL PROCEDURES OF THE ABDOMEN, DIGESTIVE TRACT, ENDOCRINE SYSTEM, BREASTS, SKIN AND BLOOD VESSELS UROLOGIC SURGERY NORWALK HOSPITAL UROLOGISTS ARE KNOWN NATIONALLY FOR INNOVATION PROCEDURES PERFORMED INCLUDE EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES, LAPAROSCOPIC NEPHRECTOMY, MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE, MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE AND PYELOPLASTY NORWALK HOSPITAL'S COLON AND RECTAL SURGEONS TREAT A VARIETY OF ANORECTAL CONDITIONS USING SURGICAL INTERVENTION BARIATRIC/WEIGHT LOSS SURGERY AT NORWALK HOSPITAL OUR EXPERT SURGEONS EXCEL AT USING ADVANCED TECHNOLOGY TO PERFORM MINIMALLY INVASIVE PROCEDURES, ALLOWING PATIENTS TO UNDERGO SURGERY WITH LESS PAIN, SHORTER HOSPITAL STAYS, AND QUICKER RECOVERY PERIODS SURGEONS USE VERY SMALL INCISIONS, MEANING LESS TRAUMA TO THE BODY, LESS BLOOD LOSS, SMALLER SCARS AND A LOWER NEED FOR PAIN MEDICATION OUR SURGEONS HAVE BEEN RECOGNIZED FOR EXCELLENCE IN LAPAROSCOPIC TECHNIQUES PERFORMED IN MANY SURGICAL SPECIALTIES INCLUDING WEIGHT LOSS, COLORECTAL, AND GENERAL SURGICAL PROCEDURES NEUROSURGERY BOARD-CERTIFIED NEUROSURGEONS DIAGNOSE AND TREAT DISORDERS THAT AFFECT ANY PORTION OF THE NERVOUS SYSTEM, INCLUDING THE BRAIN, SPINAL CORD AND ITS SURROUNDING STRUCTURES AND THE PERIPHERAL NERVES CONDITIONS INCLUDE BRAIN ANEURYSMS, CEREBRAL ANEURYSMS, CHRONIC SUBDURAL HEMATOMA , COMA, CONCUSSIONS, DEGENERATIVE DISC DISEASE, DISC HERNIATION, EPILEPSY, HEAD TRAUMA, SEIZURES, SPINAL COMPRESSION FRACTURES, SPINAL CORD INJURY, SPINAL CORD TUMORS, STENOSIS, STROKE, AND TORTICOLLIS MBSAQIP ACCREDITED BARIATRIC CENTER, 2006 - PRESENT RE-ACCREDITATION - BREAST HEALTH CENTER AMERICAN COLLEGE FOR SURGEONS, 2018 - 2020 ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY</p>

**990 Schedule O, Organizational Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARDIOVASCULAR SERVICES NORWALK HOSPITAL'S CARDIOVASCULAR SERVICE LINE CONSISTS OF THE FOL LOWING SERVICES INPATIENT CASES CARDIAC MEDICINE 1,002 CARDIAC PCI MEDICINE 58 CARDIAC V ASCULAR SURGERY 106 ALL OTHER INPATIENT CARDIOVASCULAR SERV S 142 OUTPATIENT SERVICE LINE CASES CARDIAC DIAGNOSTIC CLINIC 2,439 CARDIAC REHABILITATION 1,108 ALL OTHER OUTPATIENT C ARDIOVASCULAR SERV S 2,578 NORWALK HOSPITAL OFFERS A PREMIER CARDIOVASCULAR PROGRAM TO MEE T THE NEEDS OF PATIENTS WITH CARDIAC AND VASCULAR PROBLEMS LED BY A SPECIALIST TEAM OF CA RDIOLGISTS, INTERVENTIONAL CARDIOLOGISTS AND VASCULAR SURGEONS, THIS PROGRAM HAS ACHIEVED WIDE ACCLAIM FOR PROVIDING LEADING-EDGE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATI ON OF CARDIOVASCULAR DISEASE AT NORWALK HOSPITAL, WE PROVIDE EXPERT, COLLABORATIVE, MULTI DISCIPLINARY CARE, INPATIENT AND OUTPATIENT, FOR THE FULL RANGE OF CARDIOVASCULAR CONDITIO NS, INCLUDING THOSE THAT AFFECT THE HEART, HEART VALVES AND THE VASCULAR SYSTEM WE OFFER THE FULL SPECTRUM OF ADVANCED TREATMENTS AND PROCEDURES FOR CARDIOVASCULAR DISEASE IN THE AREAS OF -GENERAL CARDIOLOGY -CARDIAC SURGERY (IN COLLABORATION WITH DANBURY HOSPITAL) -V ASCULAR SURGERY -INTERVENTIONAL CARDIOLOGY -ELECTROPHYSIOLOGY -STRUCTURAL HEART (IN COLLAB ORATION WITH DANBURY HOSPITAL) COMMON HEART &amp; VASCULAR CONDITIONS WE TREAT -ATRIAL FIBRIL LATION (IRREGULAR HEARTBEAT) -CONGESTIVE HEART FAILURE -HEART ATTACK -CHEST PAIN -CORONARY ARTERY DISEASE -PERIPHERAL ARTERY DISEASE OUR EXPERT PHYSICIANS, ADVANCED PRACTICE PROVID ERS, NURSES AND SUPPORT STAFF ARE SERIOUS ABOUT THEIR ROLE IN SUPPORTING THE HEART HEALTH OF EVERYONE IN OUR COMMUNITY WHETHER FOR SCREENING, DIAGNOSTIC TESTS OR TREATMENT FOR A H EART OR VALVE CONDITION, WE PROVIDE COMPASSIONATE CARE THAT IS PERSONALIZED TO YOUR NEEDS DIAGNOSTICS AND TESTS WE OFFER INCLUDE -ANGIOGRAM -CORONARY ANGIOGRAPHY -DIAGNOSTIC ELEC TROPHYSIOLOGY STUDIES (EPS) -ECHOCARDIOGRAM -HOLTER MONITOR -STRESS TESTS HEART AND VASCUL AR TREATMENTS AND PROCEDURES AMONG THE ADVANCED TREATMENTS AND PROCEDURES WE PROVIDE ARE -ABDOMINAL AORTIC ANEURYSM (AAA) SURGERY -ANGIOPLASTY -AORTIC VALVE REPLACEMENT -CARDIOOVER SION -CATHETER ABLATION -DEEP VEIN THROMBOSIS (DVT) THERAPY -HEART BYPASS SURGERY (IN COLL ABORATION WITH DANBURY HOSPITAL) -HYBRID CONVERGENT PROCEDURE FOR ATRIAL FIBRILLATION (AFI B) -MITRAL VALVE REPAIR/REPLACEMENT (IN COLLABORATION WITH DANBURY HOSPITAL) -OPEN HEART S URGERY (IN COLLABORATION WITH DANBURY HOSPITAL) -PACEMAKER AND ICD PLACEMENT -STENT PLACEM ENT -TAVR (IN COLLABORATION WITH DANBURY HOSPITAL) -THORACIC AORTIC ANEURYSM SURGERY, OPEN AWARDS &amp; ACCREDITATIONS AT NORWALK HOSPITAL, OUR CARDIOVASCULAR PREVENTION, DIAGNOSIS, TR EATMENT AND REHABILITATION STAFF AND PROGRAMS ARE HONORED TO HAVE EARNED THE FOLLOWING NAT IONAL RECOGNITIONS AND AWARDS RE-ACCREDITATION - ECHOCARDIOGRAPHY, 2014 - 2020 CHEST PAIN CENTER WITH PRIMARY PCI ACCREDITATION (2016-2019) RECERTIFICATION - PRIMARY STROKE CENTER (2017-2019) ALL PROGRAMS ARE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY

## 990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	<p>OTHER PROGRAM SERVICES AT NORWALK HOSPITAL DURING FY2019, 12,171 IP DISCHARGES, 35,996 OP ER DISCHARGES, AND 47,912 TOTAL ER VISITS OCCURRED EMERGENCY SERVICES EMERGENCY SERVICES - NORWALK HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF HIGH-QUALITY EMERGENCY MEDICAL SERVICES, FOR THE MOST CRITICALLY ILL AND INJURED PATIENTS, FROM PRE-HOSPITAL EMS/PARAMEDIC SERVICES TO AN EMERGENCY DEPARTMENT FEATURING A LEVEL II TRAUMA CENTER TO A NATIONALLY RECOGNIZED CRITICAL CARE UNIT OUR EMERGENCY DEPARTMENT FEATURES MODERN LIFESAVING TECHNOLOGY AND IS STAFFED BY BOARD-CERTIFIED PHYSICIANS AND EXPERIENCED NURSES WITH ADVANCED SKILLS FOR PATIENTS EXPERIENCING A STROKE, NORWALK HOSPITAL IS CERTIFIED AS A STROKE CENTER BY THE JOINT COMMISSION ONCE IDENTIFIED AS A CANDIDATE BY EMS OR BY THE EMERGENCY PHYSICIAN, A CRITICAL PATHWAY ENSURES THE RAPID EVALUATION OF THE PATIENT FOR DEFINITIVE CARE TO MINIMIZE LONG-TERM CONSEQUENCES WOMEN'S AND CHILDREN'S SERVICE OUR WOMEN'S AND CHILDREN'S SERVICES FEATURE A TOP NOTCH TEAM OF OBSTETRICIANS, GYNECOLOGIST, PEDIATRICIANS, CERTIFIED MIDWIVES, PEDIATRIC HOSPITALISTS, NEONATOLOGISTS, PEDIATRIC SPECIALISTS, PHYSICIAN ASSISTANTS AND NURSES OUR OBSTETRICIANS AND CERTIFIED NURSE MIDWIVES DELIVER BABIES IN THE HOSPITAL'S MODERN, HOME-LIKE CHILD BIRTH CENTER THE CENTER FEATURES IN-SUITE AMENITIES, INCLUDING PRIVATE ROOMS, MASSAGE THERAPY FOR INFANTS AND MOTHERS AND WIRELESS INTERNET ACCESS IN ADDITION ADVANCES, MINIMALLY INVASIVE ROBOTIC SURGERY FOR SEVERAL GYNECOLOGIC PROCEDURES, INCLUDING HYSTERECTOMIES, FIBROID REMOVAL, VAGINAL PROLAPSE CORRECTION, TO STOP MENORRHAGIA AND TO TREAT CERTAIN FORMS OF CERVICAL AND UTERINE CANCERS, ARE AVAILABLE AT THE HOSPITAL AT NORWALK HOSPITAL, WE UNDERSTAND THAT A CHILD IS LIFE'S MOST PRECIOUS GIFT NO PARENT SHOULD FEEL THE NEED TO CHOOSE BETWEEN EXPERT MEDICAL CARE AND A TENDER, LOVING MANNER TO THE CHILDREN OF OUR COMMUNITY FOR CHILDREN WHO NEED HOSPITAL CARE, OUR CHILD-FRIENDLY PEDIATRIC UNIT OFFERS A VARIETY OF SUPPORTS TO MAKE YOUR CHILD'S STAY AS COMFORTABLE AS POSSIBLE FOR BOTH OF YOU AND MANY CHILDREN REQUIRE THE CARE OF A SPECIALIST AT ONE POINT OR ANOTHER, WE MAKE IT EASIER BY BRINGING EXCELLENT PEDIATRIC SPECIALTY SERVICES INTO ONE CONVENIENT LOCATION AT OUR CHILDREN'S HEALTH AND WELLNESS CENTER THE CHILDREN'S HEALTH AND WELLNESS CENTER IS A CHILD-FRIENDLY, INTERACTIVE ENVIRONMENT FOR WELLNESS AND HEALING WITH YOUR CONVENIENCE IN MIND, WE OFFER A VARIETY OF PEDIATRIC SPECIALTY SERVICES IN ONE LOCATION AT NORWALK HOSPITAL WE ARE PROUD TO PROVIDE ADVANCED SUPPORT, STAFFED 24/7 BY EXPERIENCED NEONATOLOGISTS AND NICU NURSES WITH ADVANCED DIAGNOSTIC IMAGING AND A FULL STAFF OF PEDIATRIC SPECIALISTS, WE'RE PREPARED TO "EXPECT THE UNEXPECTED" BEHAVIORAL AND MENTAL HEALTH NORWALK HOSPITAL PROVIDES EXPERT, SUPPORTIVE INPATIENT PSYCHIATRIC SERVICES FOR ADULTS AND GERIATRIC PATIENTS WITH</p>

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 4	SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS - JOINED A NEW HEALTH SYSTEM (NUVANCE HEALTH) SERVING NEW YORK AND CONNECTICUT THAT IS OVERSEEN BY HQ-WCHN HEALTH SYSTEM, INC - ANY ACTION UNDER APPLICABLE LAW, THE CERTIFICATE OF INCORPORATION OR THESE BYLAWS MAY BE TAKEN WITHOUT A MEETING, WITHOUT PRIOR NOTICE AND WITHOUT A VOTE, IF THE MEMBER GIVES ITS WRITTEN CONSENT TO SUCH ACTION IN A MANNER CONSISTENT WITH LAW AND THE MEMBER'S CORPORATE GOVERNANCE DOCUMENTS - EXCEPT AS APPROVED BY THE MEMBER, AND TO THE EXTENT PERMITTED BY THE ACT, ALL COMMITTEES SHALL BE ADVISORY IN NATURE AND SHALL NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD OR THE CORPORATION NON-BOARD MEMBERS MAY BE APPOINTED TO ANY COMMITTEE - ALL DIRECTORS SHALL BE AT LEAST EIGHTEEN YEARS OF AGE, SHALL COMPLY WITH ALL POLICIES GOVERNING MEMBERS OF THE BOARD, AND SHALL MEET ALL QUALIFICATION CRITERIA ESTABLISHED BY THE BOARD DIRECTORS NEED NOT BE RESIDENTS OF THE STATE OF CONNECTICUT THE MINIMUM NUMBER OF VOTING MEMBERS OF THE BOARD HAS DECREASED THE CORPORATION SHALL HAVE NOT LESS THAN SIX (WAS 12) AND NOT MORE THAN 18 (WAS 25) THE CEO POSITION HAS BEEN REMOVED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS/SHAREHOLDERS	WESTERN CONNECTICUT HEALTH NETWORK, INC IS THE SOLE MEMBER OF THE NORWALK HOSPITAL ASSOCIATION ON APRIL 3, 2019, WESTERN CONNECTICUT HEALTH SYSTEM MERGED WITH HEALTH QUEST SYSTEMS TO FORM NUVANCE HEALTH SYSTEM IN CONNECTION WITH THE MERGER, A NEW ENTITY, NUVANCE HEALTH, WAS CREATED NUVANCE HEALTH IS THE SOLE MEMBER OF BOTH WESTERN CONNECTICUT HEALTH NETWORK, INC AND HEALTH QUEST SYSTEMS, INC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7A - HOW MEMBERS/SHAREHOLDERS ELECT GOVERNING BODY	3 2 2 APPOINTMENT OF TERMS OF OFFICE - THE MEMBER SHALL BE RESPONSIBLE FOR ELECTING, AT THE ANNUAL MEETING OF THE MEMBERSHIP, THE MEMBERS OF THE BOARD OF DIRECTORS OF THE HOSPITAL TO SERVE FOR THREE YEAR TERMS AND UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	<p>BY MEMBERS OR SHAREHOLDERS 2 2 POWERS OF THE MEMBER - CERTAIN FUNDAMENTAL DECISIONS TO BE UNDERTAKEN BY THE HOSPITAL REQUIRE THE APPROVAL OF THE MEMBER ANY ACTIONS REQUIRING MEMB ER APPROVALS ARE NOT DEEMED APPROVED UNTIL THE CORPORATION RECEIVES APPROVAL FROM THE MEMB ER AND OF THE PARENT (IF REQUIRED) A) THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CAPACITY VOTING AS A SHAREHOLDER OR MEMBER OF A SUBSIDIARY ("NORWALK SUBSIDIARY") SHALL NOT REQUIRE APPROVAL BY THE BOARD AND ARE RESERVED SOLELY TO THE MEMBER -ELECTION O R REMOVAL OF A DIRECTOR OF THE CORPORATION AND THE DIRECTORS OR MANAGERS OF EACH SUBSIDIAR Y -ELECTION OR REMOVAL OF AN OFFICER OF THE CORPORATION OR OF A SUBSIDIARY WHO IS NOT AN EMPLOYEE OR CONTRACTOR OF THE CORPORATION OR SUCH SUBSIDIARY -EXCEPT AS SET FORTH IN 2 2( B), AMENDMENT OF THE CORPORATION'S OR ANY SUBSIDIARY'S ORGANIZATION DOCUMENTS INCLUDING, W ITHOUT LIMITATION, ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, BYLAWS, OPERATING AGREEMENTS AND CERTIFICATES OF INCORPORATION/ORGANIZATION -ADOPTION OF OR REVISIONS TO PO LICY RELATING TO THE CONTROL AND SUPERVISION OF THE INVESTMENT OF THE CORPORATION'S FUNDS -ADOPTION OF OR AMENDMENT TO ANY OF THE CORPORATION'S OR A SUBSIDIARY'S QUALIFIED OR NON- QUALIFIED BENEFIT PLAN -APPROVAL OF THE ADOPTION OF OR ANY AMENDMENT TO THE POLICIES AND PROCEDURES GOVERNING A) INDEMNIFICATION OF DIRECTORS AND OFFICERS OF THE HOSPITAL OR ANY S UBSDIARY, B) CONFLICTS OR DUALITIES OF INTEREST, AND C) SUCH OTHER POLICIES THE MEMBER OR THE PARENT MAY DETERMINE, -ADOPTION OF OR REVISIONS OF SYSTEM-WIDE QUALITY, PERFORMANCE A ND CREDENTIALING STANDARDS AND PROCEDURES -APPROVAL OF THE CORPORATION OR SUBSIDIARY, WHI CH INCLUDES REVIEW OF THE SYSTEM-WIDE ACCOUNTING POLICIES AND CONTROLS -THE SELECTION OF THE CORPORATION'S AND SUBSIDIARY'S INDEPENDENT AUDITORS -ADOPTION OF OR ANY MATERIAL REVI SIONS TO THE CAPITAL BUDGET AND OPERATING BUDGET -CREATION OF ANY CORPORATION WHICH THE C ORPORATION OR SUBSIDIARY IS THE SOLE OR CONTROLLING MEMBER OR SOLE OR CONTROLLING SHAREHOL DER -ADOPTION OF, REVISIONS TO AND OVERSIGHT OF ANY SYSTEM-WIDE POLICIES AND PRACTICES RE LATING TO REGULATORY COMPLIANCE -MODIFICATION OF THE LOGO, NAME OR BRANDING OF THE CORP ORATION OR ANY SUBSIDIARY -CREATION OF A COMMITTEE WHICH HAS THE AUTHORITY TO BIND THE CORP ORATION OR ANY SUBSIDIARY -ANY CESSATION OF ANY SERVICE LINE OWNED OR CONTROLLED DIRECTLY OR INDIRECTLY -ANY MATERIAL REVISIONS TO THE STRATEGIC PLAN OF THE CORPORATION AND OF AN Y SUBSIDIARY ANY CLOSURE, SALE OR TRANSFER OF A HOSPITAL OWNED OR CONTROLLED DIRECTLY OR INDIRECTLY -ANY ASSIGNMENT FOR THE BENEFIT OF CREDITORS, FILING OF ANY PETITION IN VOLUNT ARY BANKRUPTCY, FILING OF ANY PETITION ANSWER SEEKING REORGANIZATION, OR AN ARRANGEMENT WI TH CREDITORS UNDER FEDERAL BANKRUPTCY LAW -ANY CHANGE IN THE TAX STATUS OF OR REVISION OF THE CHARITY CARE POLICIES -ANY MATERIAL CHANGE IN THE MISSION OF THE CORPORATION OR ANY SUBSIDIARY -EXCEPT AS SET FOR</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	TH IN SECTION 2 2(B) BELOW, ANY SALE, TRANSFER, LEASE, EXCHANGE, MORTGAGE, ENCUMBRANCE, PL EDGE OR OTHER DISPOSITION OF ASSETS -ANY MERGER, CONSOLIDATION OR SIMILAR TRANSACTION INV OLVING (A) SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY, INTERESTS OR SHAR ES (B) ACQUISITION OF ANOTHER ORGANIZATION THROUGH MERGER, CONSOLIDATION OR ASSET PURCHASE OR (C) AFFILIATION OF ANY SUBSIDIARY WITH ANY OTHER ENTITY FOR THE PURPOSES OF THE JOINT CONDUCT OF BUSINESS OR OTHER PURPOSES -ANY DISSOLUTION OF ANY SUBSIDIARY OR ANY NON-CONTR OLLED ENTITY -ANY INCURRENCE, ASSUMPTION, OR GUARANTEE OF ANY DEBT, INCLUDING WITHOUT LIM ITATION ANY LOANS, MORTGAGES, LEASES, NOTES OR OTHER FORMS OF DEBT -APPROVAL AND MATERIAL REVISION OF THE SYSTEM-WIDE FINANCIAL AUTHORITY POLICY -APPROVAL OF CERTIFICATE OF NEED APPLICATIONS TO BE FILED (B) THE ACTIONS LISTED BELOW, TAKEN FOR THE HOSPITAL OR IN ITS CA PACITY VOTING AS A SHAREHOLDER OR MEMBER OF A NORWALK SUBSIDIARY, WHICH REQUIRE APPROVAL O F THE BOARD, MUST ALSO BE APPROVED BY THE MEMBER -AMENDMENT OF CERTIFICATE OF INCORPORATI ON OF THE CORPORATION -ANY SALE, LEASE, EXCHANGE OR OTHER DISPOSITION ALL OR SUBSTANTIALL Y ALL OF THE PROPERTY OR ASSETS OF THE CORPORATION OR THE PURCHASE, SALE, MORTGAGE, LEASE, EXCHANGE OR OTHER DISPOSITION OF REAL PROPERTY OF OR FOR THE CORPORATION -A MERGER OR CO NSOLIDATION OF THE CORPORATION WITH ANOTHER CORPORATION -ANY DISSOLUTION OF THE CORPORATI ON -ADOPTION AND OVERSIGHT OF THE IMPLEMENTATION OF, AND COMPLIANCE WITH THE SYSTEM CONFL ICT OF INTEREST POLICY AND SYSTEM WHISTLEBLOWER POLICY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	STEVEN ROSENBERG, SVP/CFO OF WESTERN CONNECTICUT HEALTH NETWORK, INC , ALONG WITH FINANCE AND ACCOUNTING MANAGEMENT, WILL REVIEW FORM 990 PRIOR TO IT BEING SENT TO THE IRS A PRELIMINARY FORM 990, IS PRESENTED TO THE AUDIT COMMITTEE IN JULY, WHO REVIEWS IT ON BEHALF OF THE BOARD E&Y IS ON HAND TO REVIEW THE FORM 990 WITH THE AUDIT COMMITTEE AND ANSWER ANY QUESTIONS PRIOR TO THE FORM 990 BEING FILED WITH THE IRS, THE BOARD WILL RECEIVE A FULL AND ACCURATE COPY ON A SECURED WEBSITE FOR THEIR REVIEW

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND</p>	<p>ENFORCEMENT OF CONFLICTS THE ORGANIZATION'S PROCESS FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST PURPOSE AND SCOPE INDIVIDUAL MEMBERS OF THE BOARD OF DIRECTORS (BOARD) OF NU VANCE HEALTH (NUVANCE HEALTH) AND ITS DULY AUTHORIZED COMMITTEES (COMMITTEES) MUST PERFORM THEIR RESPONSIBILITIES CONSISTENT WITH FIDUCIARY OBLIGATIONS TO NUVANCE HEALTH AND IN A M ANNER THAT SUPPORTS THE CHARITABLE PURPOSES OF NUVANCE HEALTH THIS CONFLICT OF INTEREST P OLICY (THE POLICY) ESTABLISHES BOARD STANDARDS OF CONDUCT THAT REFLECT AND SUPPLEMENT THE STANDARDS ESTABLISHED BY FEDERAL OR STATE LAW OR OTHER POLICIES OF THE BOARD THIS POLICY COVERS EACH MEMBER OF THE NUVANCE HEALTH BOARD OF DIRECTORS, NON-EMPLOYED NUVANCE HEALTH O FFICERS (IF ANY), AND NON-EMPLOYED COMMITTEE MEMBERS (FOR CONVENIENCE, ALL REFERRED TO HER EIN AS DIRECTORS) THIS POLICY ALSO COVERS ANY CANDIDATE FOR A DIRECTOR POSITION GENERAL STATEMENTS REGARDING DIRECTOR CONDUCT AND CONFLICT OF INTEREST EACH DIRECTOR MUST ACT WIT H HONESTY, FAIRNESS AND INTEGRITY IN ALL ASPECTS OF HIS OR HER CONDUCT AS A MEMBER OF THE BOARD OR ITS COMMITTEES THIS REQUIRES, IN PART, THAT THE DIRECTOR ALWAYS EXERCISE HIS OR HER IMPARTIAL, INDEPENDENT JUDGMENT ON BEHALF OF NUVANCE HEALTH IN A MANNER THE DIRECTOR R EASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF NUVANCE HEALTH EACH DIRECTOR ALSO HAS A N OBLIGATION TO ASSIST NUVANCE HEALTH TO OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES IN RE COGNITION OF ITS NON-PROFIT AND TAX-EXEMPT STATUS IF A DIRECTOR ACTS IN PURSUIT OF A SELF - INTEREST, OR FOR BENEFIT OF ANY PARTY OTHER THAN NUVANCE HEALTH, OR OTHERWISE INTENTIONA LLY ALLOWS THE ASSETS OF NUVANCE HEALTH TO BE USED FOR PRIVATE RATHER THAN PUBLIC INTEREST , THE DIRECTOR ACTS INCONSISTENT WITH HIS OR HER FIDUCIARY OBLIGATION TO NUVANCE HEALTH AN D ITS OBLIGATION TO OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES THIS POLICY ASSISTS NUVAN CE HEALTH AND ITS DIRECTORS TO COMPLY WITH ACCEPTABLE STANDARDS OF CONDUCT THE POLICY DES CRIBES POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST, PROVIDES OPPORTUNITIES F OR DIRECTORS TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND DUALITIES OF INTEREST, AND ES TABLISHES A FRAMEWORK FOR EVALUATING AND MANAGING POTENTIAL CONFLICTS OF INTEREST AND DUAL ITIES OF INTEREST THAT MAY, UNDER CERTAIN CIRCUMSTANCES, BE ACTUAL CONFLICTS OF INTEREST NUVANCE HEALTH EMBRACES THE VIEW THAT IT MAY BE ADVERSE TO ITS INTERESTS TO REQUIRE THAT A LL DIRECTORS BE FREE FROM ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST OR DUALITIES OF I NTEREST TO SERVE NUVANCE HEALTH NUVANCE HEALTH IS BEST GOVERNED BY CIVIC AND BUSINESS LEA DERS WHO, BY VIRTUE OF THEIR BREADTH OF RESPONSIBILITIES AND RELATIONSHIPS OUTSIDE OF NUVA NCE HEALTH, MAY FROM TIME TO TIME IDENTIFY MATTERS TO BE DISCLOSED AND EVALUATED UNDER THI S POLICY SIMILARLY, NUVANCE HEALTH INTENDS TO INCLUDE ON THE BOARD MEMBERS OF MANAGEMENT AS WELL AS MEMBERS OF THE AFFILIATED MEDICAL STAFFS TO OBTAIN CRITICALLY VALUABLE VIEWPOIN TS ON THE OPERATIONS, QUALITY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND</p>	<p>AND SAFETY OF THE HOSPITALS AND OTHER HEALTHCARE FACILITIES OPERATED BY NUVANCE HEALTH IF A BOARD MEMBER'S POTENTIAL OR ACTUAL CONFLICT OF INTEREST OR DUALITY OF INTEREST MAY BE SUCCESSFULLY NAVIGATED THROUGH DISCLOSURE, EVALUATION, AND MANAGEMENT UNDER THIS POLICY, NUVANCE HEALTH DESIRES AND INVITES THE CONTINUED PARTICIPATION OF SUCH MEMBERS ON ITS BOARD DUTY TO DISCLOSE DIRECTORS HAVE AN ONGOING AND CONTINUAL OBLIGATION TO DISCLOSE PROMPTLY TO NUVANCE HEALTH POTENTIAL CONFLICTS OF INTEREST THIS DISCLOSURE MAY BE ACCOMPLISHED THROUGH ONE OR MORE OF THE FOLLOWING - MEETING DISCLOSURE PRIOR TO THE START OF ANY BOARD OR COMMITTEE MEETING, EACH DIRECTOR MUST DISCLOSE TO THE BOARD OR COMMITTEE THE EXISTENCE OF ANY POTENTIAL CONFLICT OF INTEREST RELATING TO ANY IMPENDING ACTION BEFORE THE BOARD OR COMMITTEE AND ALL RELEVANT AND RELATED MATERIAL FACTS - AD HOC DISCLOSURE IF A DIRECTOR BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST BETWEEN MEETINGS OF THE BOARD OR COMMITTEE, THE DIRECTOR MUST DISCLOSE SUCH INFORMATION TO THE CHAIRPERSON OF THE BOARD, NUVANCE HEALTH' GENERAL COUNSEL, OR THE NUVANCE HEALTH CHIEF EXECUTIVE OFFICER (CEO) GENERAL COUNSEL OR THE CEO WILL, IN TURN, NOTIFY APPROPRIATE BOARD OR COMMITTEE MEMBERS - REQUIRED PERIODIC DISCLOSURES EACH DIRECTOR MUST EVALUATE HIS OR HER INTERESTS ON AT LEAST AN ANNUAL BASIS AND COMPLETE, TO THE BEST OF HIS OR HER ABILITY, AN ANNUAL POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM IN ADDITION, EACH CANDIDATE FOR A DIRECTOR POSITION MUST COMPLETE THE ANNUAL POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM AS PART OF THE DIRECTOR QUALIFICATION ASSESSMENT THE FACT THAT A DIRECTOR MADE A DISCLOSURE UNDER ONE OF THE METHODS DESCRIBED ABOVE MAY NOT BE SUFFICIENT TO SATISFY A DIRECTOR'S DISCLOSURE OBLIGATION IF, AT THE TIME OF SPECIFIC BOARD ACTION, IT IS CLEAR TO THE DIRECTOR THAT THE BOARD IS EITHER UNAWARE OF THE DISCLOSURE OR HAS NOT COMPLETED A REVIEW OF THE DISCLOSURE IN SUCH CASES, THE DIRECTOR MUST MAKE AN ADDITIONAL DISCLOSURE PRIOR TO ANY RELATED BOARD ACTION AT THE MEETING BOARD AND COMMITTEE EVALUATION OF DISCLOSED POTENTIAL CONFLICTS OF INTEREST AFTER A DIRECTOR DISCLOSES TO THE BOARD OR COMMITTEE A POTENTIAL CONFLICT OF INTEREST AND ALL RELATED MATERIALS FACTS, THE BOARD OR COMMITTEE MUST PROCEED TO DISCUSS AND DETERMINE THROUGH A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS IF THE INTERESTED DIRECTOR IS PRESENT AT THE START OF THE DISCUSSION, HE OR SHE MAY ANSWER QUESTIONS RELATED TO THE MATTER AND PROVIDE ADDITIONAL RELEVANT FACTS BUT SHALL LEAVE THE BOARD OR COMMITTEE MEETING DURING THE DELIBERATIONS REGARDING WHETHER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS IN DETERMINING WHETHER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS, THE BOARD MUST REVIEW APPLICABLE STANDARDS, INCLUDING WHETHER A REASONABLE PERSON MAY CONCLUDE FROM THE DISCLOSED INFORMATION THAT THE DIRECTOR'S ACTIONS ON BEHALF OF NUVANCE HEALTH A</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND</p>	<p>RE NOT IMPARTIAL AND INDEPENDENT, AND/OR THAT A REASONABLE PERSON MAY CONCLUDE THAT THE DIRECTOR MAY BE ACTING IN HIS OR HER SELF INTEREST AND/OR IN THE INTEREST OF A PARTY (INCLUDING ANOTHER DIRECTOR) OTHER THAN NUVANCE HEALTH THIS ANALYSIS MAY BE PERFORMED WITH RESPECT TO A CURRENT PROPOSED ACTION BEFORE THE BOARD OR ACTIONS THE BOARD MAY CONSIDER AT FUTURE MEETINGS -NO ACTUAL CONFLICT IF THE BOARD OR COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST DOES NOT EXIST, THE BOARD OR COMMITTEE (INCLUDING THE DISCLOSING DIRECTOR) MUST PROCEED TO CONSIDER WHETHER ANY RELEVANT ACTION BEFORE THE BOARD IS IN THE BEST INTEREST OF NUVANCE HEALTH -DUALITY OF INTEREST IF THE BOARD OR COMMITTEE DETERMINES THAT A DUALITY OF INTEREST EXISTS, THE BOARD OR COMMITTEE (INCLUDING THE DISCLOSING DIRECTOR) MUST PROCEED TO CONSIDER WHETHER ANY RELEVANT ACTION BEFORE THE BOARD IS IN THE BEST INTEREST OF NUVANCE HEALTH THE BOARD OR COMMITTEE MAY ALSO DEFINE PARAMETERS FOR MANAGING THE DUALITY OF INTEREST SO AS NOT TO BECOME, OR BE PERCEIVED AS, AN ACTUAL CONFLICT -ACTUAL CONFLICT IF THE BOARD DETERMINES THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE FOLLOWING PROCEDURE APPLIES FOR ANY MATTERS BEFORE THE BOARD REQUIRING ACTION THAT RELATE TO THE CONFLICT -THE INTERESTED DIRECTOR MUST NOT BE PRESENT DURING THE PORTION OF ANY BOARD OR COMMITTEE MEETING DURING DISCUSSION OF THE APPLICABLE TRANSACTION OR ARRANGEMENT GIVING RISE TO THE CONFLICT IS DISCUSSED OR VOTED ON, UNLESS THE BOARD OR COMMITTEE INVITES THE DIRECTOR TO PROVIDE INFORMATION RELATING TO THE PROPOSED ARRANGEMENT OR TRANSACTION -THE CHAIR OF THE BOARD OR COMMITTEE MAY, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALL ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT -AFTER EXERCISING APPROPRIATE DILIGENCE (INCLUDING EVALUATING THE ALTERNATIVES RAISED BY THE DISINTERESTED PERSON OR COMMITTEE DESCRIBED ABOVE), THE BOARD OR COMMITTEE (EXCLUDING THE DIRECTOR WITH THE CONFLICT OF INTEREST) MUST DETERMINE THE PROBABILITY AND ADVANTAGE OF A TRANSACTION OR ARRANGEMENT WITHOUT A CONFLICT OF INTEREST -IF AN ALTERNATIVE TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE, THE BOARD OR COMMITTEE MUST DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF NUVANCE HEALTH AND FOR ITS OWN BENEFIT -EXCEPT AS OTHERWISE PROVIDED, THE DIRECTOR WITH THE CONFLICT OF INTEREST</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND	ENFORCEMENT OF CONFLICTS (CONTINUED) SHALL BE PRECLUDED FROM PARTICIPATING IN ANY ISSUE PRESENTED TO THE BOARD OR COMMITTEE INVOLVING THE TRANSACTION OR ARRANGEMENT -IN CIRCUMSTANCES WHERE A DIRECTOR HAS A SIGNIFICANT, ONGOING AND IRRECONCILABLE CONFLICT OF INTEREST AND WHERE SUCH PERSONAL OR OUTSIDE INTEREST, RELATIONSHIP OR RESPONSIBILITY SIGNIFICANTLY IMPEDES THE DIRECTOR'S ABILITY TO CARRY OUT HIS/HER FIDUCIARY RESPONSIBILITY TO MAINTAIN AND PROMOTE THE BEST INTERESTS OF THE COMPANY AND THE COMMUNITY. RESIGNATION FROM THE BOARD OR THE CONFLICTING INTEREST MAY BE APPROPRIATE OR REQUIRED. RECORD OF PROCEEDINGS THE MINUTES OF THE BOARD AND COMMITTEES THAT CONSIDER ANY CONFLICT OF INTEREST MATTER RAISED BY OR REGARDING ANY DIRECTOR SHALL INCLUDE - THE NAMES OF THE DIRECTOR(S) ASSOCIATED WITH POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE POTENTIAL CONFLICT OF INTEREST, WHETHER THE BOARD DETERMINED THAT THERE WAS AN ACTUAL CONFLICT OF INTEREST, THE CONSIDERATIONS UPON WHICH THE BOARD BASED ITS DECISION, AND HOW EACH DIRECTOR VOTED ON THE MATTER, AND - THE NAMES OF ALL PERSONS PRESENT FOR DISCUSSION OR VOTES RELATING TO THE UNDERLYING PROPOSED ACTION AND THE GENERAL CONTENT OF THE DISCUSSIONS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW AND APPROVAL	<p>PROCESS - OFFICERS AND KEY EMPLOYEES COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES NU VANCE HEALTH'S EXECUTIVE TOTAL REWARDS PHILOSOPHY IS DESIGNED TO ALIGN WITH THE COMPANY'S STRATEGIC DIRECTION, AND TO REINFORCE ITS CORE MISSION, VISION AND VALUES IN ORDER TO ACHIEVE ITS OVERALL PERFORMANCE OBJECTIVES, NU VANCE HEALTH PROVIDES TOTAL REWARDS PROGRAMS THAT AT THESE PROGRAMS SERVE TO PROMOTE THE ATTRACTION, ENGAGEMENT, AND RETENTION OF TALENTED EXECUTIVES THROUGHOUT THEIR CAREERS WITH NU VANCE HEALTH THE TOTAL REWARDS PROGRAMS ARE DESIGNED TO BE MARKET COMPETITIVE, COMPLIANT WITH REGULATORY GUIDELINES REFLECTIVE OF BEST PRACTICES, AND DIFFERENTIATED TO CREATE STRONG COMPETITIVE ADVANTAGE TOTAL REWARDS PROGRAMS ARE REVIEWED ON AN ONGOING BASIS TO ENSURE CONTINUED MARKET COMPETITIVENESS, RELEVANT VALUE TO EXECUTIVES, AND FISCAL RESPONSIBILITY TOTAL REWARDS FOR NU VANCE HEALTH EXECUTIVES CONSISTS OF KEY COMPONENTS OF COMPENSATION AND BENEFITS OVERALL EXECUTIVE REWARDS PROGRAM WILL EMPHASIZE PERFORMANCE-BASED ELEMENTS, WHEREBY TARGETED LEVELS OF COMPENSATION WILL ONLY BE ACHIEVED IF THE ORGANIZATION AND INDIVIDUAL ACHIEVE "STRETCH" GOALS AND OBJECTIVES BASED ON THE LABOR MARKETS FOR TALENT FOR EXECUTIVE ROLES, NU VANCE HEALTH WILL UTILIZE A WEIGHTED BLEND OF BOTH NATIONAL COMPARABLY-SIZED HEALTH CARE PROVIDER MARKET DATA WITH A +3.0% GEOGRAPHIC DIFFERENTIAL APPLIED (DIFFERENTIAL TO BE VALIDATED ON A PERIODIC BASIS) AT TWO-THIRDS WEIGHT AND NATIONAL COMPARABLY-SIZED GENERAL INDUSTRY DATA, FOR IDENTIFIED ROLES WHERE SKILL SETS OVERLAP AT ONE-THIRD WEIGHT GEOGRAPHIC DIFFERENTIAL REFLECTS THE OBSERVED AND REPORTED COMPENSATION DIFFERENTIAL BETWEEN NU VANCE HEALTH'S OPERATING REGION AND THE BROADER NATIONAL HEALTH CARE PROVIDER MARKET NU VANCE HEALTH'S TOTAL REWARDS PHILOSOPHY AND PRACTICES ARE TARGETED AT THE 50TH PERCENTILE OF THE RELEVANT MARKET FOR BASE SALARY, AND 75TH PERCENTILE FOR TOTAL CASH AND TOTAL DIRECT (WHERE AVAILABLE) COMPENSATION ELEMENTS IF TARGET PERFORMANCE IS ACHIEVED UNDER VARIABLE COMPENSATION PROGRAMS NU VANCE HEALTH'S COMMITTEE HAS DISCRETION TO POSITION INDIVIDUAL LEVELS ABOVE OR BELOW THIS TARGETED COMPETITIVE POSITIONING, BASED ON SUCH FACTORS AS POSITIONING TO MARKET, HIGH DEMAND SKILLSETS AND DIFFICULT TO FILL OR CRITICAL TO THE ORGANIZATION'S STRATEGY AND SUCCESS OUR GOVERNANCE PROMOTES CONSISTENCY AND EQUITY, PROVIDES CLARITY AND GUIDANCE TO DECISION-MAKERS, ENSURES STANDARD PROCESSES AND PROCEDURES FOR ASSESSING, CALIBRATING, ADMINISTERING, AND DELIVERING EFFECTIVE TOTAL REWARDS THROUGHOUT THE NU VANCE HEALTH SYSTEM OVERSIGHT AND GOVERNANCE OF THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS FOR ELIGIBLE EXECUTIVES/DISQUALIFIED INDIVIDUALS (CURRENTLY CEO, PRESIDENT AND TIERS 1 AND 2) WILL BE AT THE COMPENSATION COMMITTEE OF THE BOARD LEVEL, AND WILL FOLLOW A STRUCTURED AND RIGOROUS PROCESS TO ENSURE COMPLIANCE WITH INTERMEDIATE SA</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW AND APPROVAL	ACTIONS UNDER IRS GUIDELINES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 19-OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII - COMPENSATION EXPLANATION	LATANYA LANGLEY (TO 07/31) LATANYA LANGLEY WAS A DIRECTOR UNTIL JULY 31, 2019 CRAIG GLOVER (TO 12/31) CRAIG GLOVER WAS A DIRECTOR UNTIL DECEMBER 31, 2018 JENNY Y LEE (TO 12/31) JENNY Y LEE WAS A DIRECTOR UNTIL DECEMBER 31, 2018 TOM DUBIN (FROM 01/01) TOM DUBIN BECAME A DIRECTOR ON JANUARY 1, 2019 SARAH TRIPODI (FROM 01/01) SARAH TRIPODI BECAME A DIRECTOR ON JANUARY 1, 2019 DAVID LEHN, ESQ (TO 12/31) DAVID LEHN, ESQ WAS A DIRECTOR UNTIL DECEMBER 31, 2018

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCREASE BEN INTEREST IN NHF -WITH DONOR RESTRICTIONS \$ 5,116 INCREASE BEN INTEREST NHF -WITHOUT DONOR RESTRICTIONS 30,332 INCREASE IN BEN INT CHARITABLE REMAINDER TRUST 108,854 K-1 VALUE CARE ALLIANCE, LLC -530,425 NET ASSET TRANSFER NHA TO WCHN -19,148,000 NET UNRESTRICTED CHANGES IN JOINT VENTURE 2,686,634 NORWALK SURGERY CENTER / JOINT VENTURE INCOME -2,042,843 PENSION RELATED CHANGES OTHER THAN NET PERIODIC -1,114,499 TRANSFER FROM NORWALK HOSPITAL FOUNDATION 1,180,202 TRANSFER TO CAPTIVE FOR WORKERS COMP 9,000,000 Total \$ -9,824,629</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION HEALTHCARE PROFESSIONALS TOTAL FEES 59414200

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASE SERVICES TOTAL FEES 32108254

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE NORWALK HOSPITAL ASSOCIATION

**Employer identification number**

06-6068853

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> NORWALK SURGERY 40 CROSS STREET NORWALK, CT 06850 27-2394942	SURGERY CENTER	CT	NHA	RELATED	2,042,843	4,461,891		No	0		No	66.340 %
<b>(2)</b> NEW MILFORD MRI 21 ELM STREET NEW MILFORD, CT 06776 27-1877801	INACTIVE	CT	NA	N/A	0	0		No	0		No	0 %
<b>(3)</b> WCHN INVESTMENTS 24 HOSPITAL AVE DANBURY, CT 06810 47-5523212	INVESTMENTS	CT	WCHN	EXCLUDED SEC 512-514	4,574,069	132,968,606		No	-7,297		No	32.790 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> SWC CORPORATION 24 STEVENS STREET NORWALK, CT 06850 22-2577718	PHARMACY	CT	NA	C CORP	0	0		Yes	
<b>(2)</b> NUVANCE HEALTH INSURANCE CO 23 LIME TREE BAY PO BOX 105 GRAND CAYMAN CJ 98-0438151	MALPRACTICE	CJ	NA	C CORP	0	0		Yes	
<b>(3)</b> ADVANCED CENTER FOR REHAB MED 24 Stevens Street Norwalk, CT 06850 06-1304799	INACTIVE	CT	NHA	C CORP	0	0	100.000 %	Yes	
<b>(4)</b> VHB INSURANCE CO LTD 62 FORUM LANE 3RD FLOOR GRAND CAYMAN CJ 98-1083868	MALPRACTICE	CJ	NA	C CORP	0	0	100.000 %	Yes	
<b>(5)</b> TACONIC IPA INC 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 22-3007320	MEDICAL CARE	NY	NA	C CORP	0	0		Yes	

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

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

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

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

See Additional Data Table

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



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

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

<b>Return Reference</b>	<b>Explanation</b>
PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN	NORWALK SURGERY CENTER, LLC 27-2394942 40 CROSS STREET NORWALK, CT 06850 NEW MILFORD MRI JV, LLC 27-1877801 21 ELM STREET NEW MILFORD, CT 06776 WCHN INVESTMENTS, LLC 47-5523212 24 HOSPITAL AVE DANBURY, CT 06810

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 06-6068853

**Name:** THE NORWALK HOSPITAL ASSOCIATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
24 STEVENS STREET NORWALK, CT 06850 22-2577707	FUNDRAISING	CT	501(C)(3)	7	WCHN	Yes	
24 HOSPITAL AVENUE DANBURY, CT 06810 06-0646597	ACUTE CARE	CT	501(C)(3)	3	WCHN	Yes	
24 HOSPITAL AVENUE DANBURY, CT 06810 22-2594977	PRGM DEVELOP	CT	501(C)(3)	12 Type 2	NUVANCE	Yes	
95 LOCUST AVENUE DANBURY, CT 06810 22-2594968	HLTH CARE SV	CT	501(C)(3)	10	WCHN	Yes	
24 Hospital Avenue Danbury, CT 06810 23-7425557	ADMIN CONT	CT	501(C)(3)	7	WCHN	Yes	
4 Liberty Street Danbury, CT 06810 06-0655138	HOME HLTHCARE	CT	501(C)(3)	10	WCHN	Yes	
14 Research Drive Suite 201A Bethel, CT 06801 06-1137531	PHYSCN PRCTC	CT	510(C)(3)	10	WCHN	Yes	
14 Research Drive Suite 201A Bethel, CT 06801 45-5431389	PHYSCN SVCS	NY	501(C)(3)	10	WCHN	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1745417	TRANSPORT	NY	501(C)(3)	10	HQ	Yes	
45 READE PLACE POUGHKEEPSIE, NY 12601 14-1736429	FUNDRAISING	NY	501(C)(3)	10	HQ	Yes	
2649 SOUTH ROAD POUGHKEEPSIE, NY 12601 14-1788412	HOME HEALTH	NY	501(C)(3)	10	HQ	Yes	
2649 SOUTH ROAD POUGHKEEPSIE, NY 12601 14-1788410	HOME HEALTH	NY	501(C)(3)	10	HQ	Yes	
PO BOX 5002 RHINEBECK, NY 12572 14-1776208	FUNDRAISING	NY	501(C)(3)	7	HQ	Yes	
6511 SPRINGBROOK AVENUE RHINEBECK, NY 12572 14-1338467	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
6525 SPRINGBROOK AVENUE RHINEBECK, NY 12572 22-3129608	NURSING HOME	NY	501(C)(3)	10	HQ	Yes	
670 STONELEIGH AVENUE CARMEL, NM 10512 14-6019179	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
670 STONELEIGH AVENUE CARMEL, NY 10512 06-1399319	FUNDRAISING	NY	501(C)(3)	12 TYPE I	HQ	Yes	
45 READE PLACE POUGHKEEPSIE, NY 12601 14-1338586	HOSPITAL	NY	501(C)(3)	3	HQ	Yes	
50 HOSPITAL HILL ROAD SHARON, CT 06069 81-5056290	HOSPITAL	CT	501(C)(3)	3	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 82-1466583	MEDICAL CARE	CT	APPLY 501C3	3	HQ	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
6 WELLS MANOR LANE SUITE 76 RHINEBECK, NY 12572 11-2611902	LOW INCOME	NY	501(C)(3)	N/A	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 56-2669185	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 80-0152047	MEDICAL CARE	NY	501(C)(3)	12A	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILL, NY 12540 46-3756713	MEDICAL CARE	NY	501(C)(3)	12 TYPE I	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1675545	EDUCATION	NY	501(C)(3)	9	HQ	Yes	
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 83-4214573	SUPPORT	NY	501(C)(3)	509A)(3) TY	NA		No
1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1678068	MANAGEMENT	NY	501(c)(3)	10	NUVANCE	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
<b>(1)</b> NORWALK HOSPITAL FOUNDATION INC	C	5,858,073	COST
<b>(1)</b> NORWALK HOSPITAL FOUNDATION INC	P	78,634	COST
<b>(2)</b> NORWALK HOSPITAL FOUNDATION INC	S	3,404,329	COST
<b>(3)</b> DANBURY HOSPITAL	O	355,773	COST
<b>(4)</b> DANBURY HOSPITAL	P	26,792,850	COST
<b>(5)</b> DANBURY HOSPITAL	Q	1,664,110	COST
<b>(6)</b> DANBURY HOSPITAL	R	35,881,236	COST
<b>(7)</b> DANBURY HOSPITAL	S	10,541,831	COST
<b>(8)</b> DANBURY & NEW MILFORD HOSP FOUND	J	66,921	COST
<b>(9)</b> DANBURY & NEW MILFORD HOSP FOUND	P	177,047	COST
<b>(10)</b> DANBURY & NEW MILFORD HOSP FOUND	S	86,264	COST
<b>(11)</b> WESTERN CONNECTICUT HOME CARE INC	Q	94,733	COST
<b>(12)</b> WESTERN CONNECTICUT HOME CARE INC	S	94,732	COST
<b>(13)</b> WESTERN CT MEDICAL GROUP INC	C	78,472	COST
<b>(14)</b> WESTERN CT MEDICAL GROUP INC	J	1,059,809	COST
<b>(15)</b> WESTERN CT MEDICAL GROUP INC	I	49,643,625	COST
<b>(16)</b> WESTERN CT MEDICAL GROUP INC	P	2,392,211	COST
<b>(17)</b> WESTERN CT MEDICAL GROUP INC	Q	390,399	COST
<b>(18)</b> WESTERN CT MEDICAL GROUP INC	R	50,508,393	COST
<b>(19)</b> SWC CORPORATION	I	74,521	COST
<b>(20)</b> SWC CORPORATION	Q	203,952	COST
<b>(21)</b> SWC CORPORATION	S	536,537	COST