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Form 990

Department of the TreasuryInternal 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

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

F Name and address of principal officer:

PETER CORDEAU

24 STEVENS STREET

NORWALK, CT 06850

D Employer identification number

06-6068853

E Telephone number

(203) 852-2000

G Gross receipts \$ 429,070,073

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 ISummary

Activities & Governance

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

SEE SCHEDULE O.

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

3

4

5

6

7a

7b

17

16

1,897

314

756,011

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

6,992,845

3,854,358

397,615,269

400,755,884

4,825,776

21,082,000

556,418

-205,360

409,990,308

425,486,882

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

0

0

155,013,733

163,460,184

0

0

253,575,627

244,732,290

408,589,360

408,192,474

1,400,948

17,294,408

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

664,303,538

694,830,905

189,989,619

237,232,742

474,313,919

457,598,163

Part IISignature 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

2021-08-27

Date

STEVEN H ROSENBERG CFO & TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

2021-08-24

Check ☐ if self-employed

PTIN

P01595811

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 200 CLARENDON ST

Phone no. (617) 266-2000

BOSTON, MA 02116

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ | 148,781,610 | including grants of \$ | (Revenue \$ | 122,418,574) |
| See Additional Data | | | | | |

| | | | | | |
|---------------------|-----------------------|------------|------------------------|-------------|--------------|
| 4b | (Code:) (Expenses \$ | 72,541,693 | including grants of \$ | (Revenue \$ | 69,576,477) |
| See Additional Data | | | | | |

| | | | | | |
|---------------------|-----------------------|------------|------------------------|-------------|--------------|
| 4c | (Code:) (Expenses \$ | 23,089,611 | including grants of \$ | (Revenue \$ | 17,502,597) |
| See Additional Data | | | | | |

| | | | | | |
|--|-----------------------|-------------|------------------------|-------------|---------------|
| | (Code:) (Expenses \$ | 128,122,608 | including grants of \$ | (Revenue \$ | 191,258,236) |
|--|-----------------------|-------------|------------------------|-------------|---------------|

| | | | | | |
|-----------|--|-------------|------------------------|-------------|---------------|
| 4d | Other program services (Describe in Schedule O.) | | | | |
| | (Expenses \$ | 128,122,608 | including grants of \$ | (Revenue \$ | 191,258,236) |

| | | | | | |
|-----------|---|-------------|--|--|--|
| 4e | Total program service expenses ▶ | 372,535,522 | | | |
|-----------|---|-------------|--|--|--|

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | Yes | No |
|---|-----------|-----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 148 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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

| | | Yes | No |
|-----------|---|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 17 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 16 | |
| 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? | 2 | No |
| 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? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 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? | 7a | Yes |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 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 | 9 | No |

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

| | | Yes | No |
|------------|--|-----|-----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b | 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? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | 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 | 12a | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | No |
| b | Other officers or key employees of the organization | 15b | Yes |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 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? | 16a | Yes |
| b | 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? | 16b | No |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its 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 ☒ 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 100 RESERVE ROAD DANBURY, CT 06810 (203) 739-4593

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 995,018 | 11,198,287 | 5,544,170 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 256

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| NORWALK RADIOLOGY CONSULTANTS PC 522 SOUTH HUNT CLUB BLVD APOKA, FL 32703 | PHYSICIANS-RADIOLOGY | 1,938,919 |
| CONNECTICUT CHILDRENS SPECIALTY GRP PO BOX 415213 HARTFORD, CT 06106 | PHYSICIANS/ NURSES - PEDIATRIC | 1,310,004 |
| FIDELITY INVESTMENTS PO BOX 73307 CHICAGO, IL 60673 | FINANCIAL SERVICE CORP | 1,158,832 |
| CARDIOLOGY ASSOCIATES 522 SOUTH HUNT CLUB BLVD STAMFORD, CT 06905 | CARDIOLOGISTS | 457,397 |
| VAN ZANT CARPET CLEANING SVCS 25 HARRIS ST STAMFORD, CT 06905 | CLEANING SERVICES | 454,555 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 17

| | | | | | | | | | | | | | |
|---|--|---------------|----------------|---------------|----------|-------------|--|---------|--|--------------------------|---|----------------------------------|---|
| Form 990 (2019) | | | | | | | | | | Page 9 | | | |
| Part VIII Statement of Revenue | | | | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | <input type="checkbox"/> | | | |
| | | | | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | | 1a | | | | | | | | | | |
| | b Membership dues | | 1b | | | | | | | | | | |
| | c Fundraising events | | 1c | | | | | | | | | | |
| | d Related organizations | | 1d | 2,261,863 | | | | | | | | | |
| | e Government grants (contributions) | | 1e | 1,520,961 | | | | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | | 1f | 71,534 | | | | | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | | 1g | 177,156 | | | | | | | | | |
| | h Total. Add lines 1a-1f | | 3,854,358 | | | | | | | | | | |
| Program Service Revenue | 2a NET PATIENT SERVICE RE | | Business Code | | | | | | | | | | |
| | | | 621400 | 352,138,905 | | 352,138,905 | | | | | | | |
| | b COVID STIMULUS - PRF (| | 900099 | 42,593,650 | | 42,593,650 | | | | | | | |
| | c RELATED PARTY RENT / A | | 621110 | 1,381,190 | | 1,381,190 | | | | | | | |
| | d OTHER MEDICAL SERVICES | | 900099 | 1,340,762 | | 1,340,762 | | | | | | | |
| | e OTHER UNIV / MED SCHOO | | 900099 | 1,258,217 | | 1,258,217 | | | | | | | |
| | f All other program service revenue. | | | 2,043,160 | | 1,285,977 | | 757,183 | | | | | |
| g Total. Add lines 2a-2f. | | 400,755,884 | | | | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | ▶ | | 21,104,057 | | | | -1,172 | | 21,105,229 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | ▶ | | | | | | | | | |
| | 5 Royalties | | | ▶ | | | | | | | | | |
| | | | (i) Real | (ii) Personal | | | | | | | | | |
| | 6a Gross rents | | 6a | 3,016,352 | | | | | | | | | |
| | b Less: rental expenses | | 6b | 3,240,367 | | | | | | | | | |
| | c Rental income or (loss) | | 6c | -224,015 | | | | | | | | | |
| | d Net rental income or (loss) | | ▶ | | -224,015 | | | | | | -224,015 | | |
| | | | (i) Securities | (ii) Other | | | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | | 7a | | 320,767 | | | | | | | | |
| | b Less: cost or other basis and sales expenses | | 7b | | 342,824 | | | | | | | | |
| | c Gain or (loss) | | 7c | | -22,057 | | | | | | | | |
| | d Net gain or (loss) | | ▶ | | -22,057 | | | | | | -22,057 | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | 8a | | | | | | | | | | |
| | b Less: direct expenses | | 8b | | | | | | | | | | |
| | c Net income or (loss) from fundraising events | | ▶ | | | | | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | | | | | | |
| | b Less: direct expenses | | 9b | | | | | | | | | | |
| | c Net income or (loss) from gaming activities | | ▶ | | | | | | | | | | |
| | 10aGross sales of inventory, less returns and allowances | | 10a | 10,735 | | | | | | | | | |
| b Less: cost of goods sold | | 10b | 0 | | | | | | | | | | |
| c Net income or (loss) from sales of inventory | | ▶ | | 10,735 | | | | | | 10,735 | | | |
| Miscellaneous Revenue | | Business Code | | | | | | | | | | | |
| 11aCAFETERIA/ VENDING | | 900099 | | 7,469 | | | | | | 7,469 | | | |
| b PARKING | | 900099 | | 451 | | | | | | 451 | | | |
| c | | | | | | | | | | | | | |
| d All other revenue | | | | | | | | | | | | | |
| e Total. Add lines 11a-11d | | ▶ | | 7,920 | | | | | | | | | |
| 12 Total revenue. See instructions | | ▶ | | 425,486,882 | | 399,998,701 | | 756,011 | | 20,877,812 | | | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 663,342 | 592,338 | 71,004 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 132,671,028 | 118,469,868 | 14,201,160 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 2,959,295 | 2,642,531 | 316,764 | |
| 9 Other employee benefits | 17,573,135 | 15,692,100 | 1,881,035 | |
| 10 Payroll taxes | 9,593,384 | 8,566,504 | 1,026,880 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 814,665 | | 814,665 | |
| c Accounting | 580,510 | | 580,510 | |
| d Lobbying | 102,594 | 91,612 | 10,982 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 202,945 | | 202,945 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 94,671,239 | 84,537,592 | 10,133,647 | |
| 12 Advertising and promotion | 960,032 | 857,270 | 102,762 | |
| 13 Office expenses | 2,426,197 | 2,166,495 | 259,702 | |
| 14 Information technology | 7,969,835 | 7,116,741 | 853,094 | |
| 15 Royalties | | | | |
| 16 Occupancy | 9,872,484 | 8,815,729 | 1,056,755 | |
| 17 Travel | 227,198 | 202,879 | 24,319 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 20,998 | 18,750 | 2,248 | |
| 20 Interest | 4,171,989 | 4,171,989 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 23,895,395 | 21,337,622 | 2,557,773 | |
| 23 Insurance | 1,454,052 | 1,005,359 | 448,693 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 54,871,307 | 54,871,307 | | |
| b STATE OF CT HOSP TAX | 32,102,115 | 32,102,115 | | |
| c EQUIPMENT RENT & MAINT. | 9,201,388 | 8,216,468 | 984,920 | |
| d PROFESSIONAL MEMBERSHIP | 1,187,347 | 1,060,253 | 127,094 | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 408,192,474 | 372,535,522 | 35,656,952 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|-------------|
| Assets | 1 | Cash—non-interest-bearing | | 7,543,934 | 1 | 89,066,776 | |
| | 2 | Savings and temporary cash investments | | 15,571,487 | 2 | 275,298 | |
| | 3 | Pledges and grants receivable, net | | 1,827 | 3 | 0 | |
| | 4 | Accounts receivable, net | | 38,563,174 | 4 | 32,363,320 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | 0 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | 0 | |
| | 7 | Notes and loans receivable, net | | 16,573 | 7 | 11,201 | |
| | 8 | Inventories for sale or use | | 5,297,051 | 8 | 5,389,815 | |
| | 9 | Prepaid expenses and deferred charges | | 1,380,983 | 9 | 22,458,646 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 639,971,763 | | | |
| | b | Less: accumulated depreciation | 10b | 395,838,850 | 258,694,972 | 10c | 244,132,913 |
| | 11 | Investments—publicly traded securities | | | 11 | 0 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 132,968,601 | 12 | 88,424,387 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 131,688,062 | 13 | 142,476,413 | |
| | 14 | Intangible assets | | | 14 | 0 | |
| | 15 | Other assets. See Part IV, line 11 | | 72,576,874 | 15 | 70,232,136 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 664,303,538 | 16 | 694,830,905 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 37,069,470 | 17 | 37,395,815 | |
| | 18 | Grants payable | | | 18 | 0 | |
| | 19 | Deferred revenue | | | 19 | 0 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | 0 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | 0 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | 0 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | 0 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | 0 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 152,920,149 | 25 | 199,836,927 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 189,989,619 | 26 | 237,232,742 | | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 402,227,876 | 27 | 378,165,210 | |
| | 28 | Net assets with donor restrictions | | 72,086,043 | 28 | 79,432,953 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| | 32 | Total net assets or fund balances | | 474,313,919 | 32 | 457,598,163 | |
| 33 | Total liabilities and net assets/fund balances | | 664,303,538 | 33 | 694,830,905 | | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 425,486,882 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 408,192,474 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 17,294,408 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 474,313,919 |
| 5 | Net unrealized gains (losses) on investments | 5 | -13,636,904 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -20,373,260 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 457,598,163 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | No | |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 06-6068853

Name: THE NORWALK HOSPITAL ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

| |
|--|
| Form 990, Part III, Line 4b: <u>SEE SCHEDULE O</u> |
|--|

| | |
|-------------------------------------|--|
| Form 990, Part III, Line 4c: | |
| SEE SCHEDULE O | |
| <hr/> | |

| 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 | | | |
| JOHN M MURPHYMD CEO | 3.00 40.00 | | | | | | X | 0 | 2,630,052 | 4,397,460 |
| STEVEN H ROSENBERG TREASURER | 3.00 40.00 | | | X | | | | 0 | 1,529,199 | 644,898 |
| SHARON ADAMS TO 1211 PRESIDENT OF DH | 3.00 40.00 | | | | X | | | 0 | 1,133,062 | 20,354 |
| KERRY EATON FROM 1211 CHIEF OPERATING OFFICER | 3.00 40.00 | | | | X | | | 0 | 1,069,411 | 73,766 |
| CAROLYN MCKENNA FROM 0101 ASSISTANT SECRETARY | 3.00 40.00 | | | X | | | | 0 | 963,570 | 53,648 |
| CATHERINE FRIERSON CHIEF HUMAN RESOURCE OFFIC | 3.00 40.00 | | | | X | | | 0 | 864,169 | 19,108 |
| RICHARD ZELKOWITZ TO 51 PHYSICIAN | 2.00 40.00 | | | | | | X | 0 | 675,789 | 45,767 |
| PETER CORDEAU PRESIDENT | 3.00 40.00 | X | | X | | | | 0 | 635,197 | 52,493 |
| KATHLEEN LAVORGNA SURGERY DEPT. CHAIR | 2.00 40.00 | | | | | | X | 0 | 603,063 | 51,248 |
| GRACE LINHARD CHIEF DEVELOPMENT OFFICER | 3.00 40.00 | | | | X | | | 0 | 602,893 | 20,473 |

| 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 | | | |
| WAYNE MCNULTY CHIEF COMPLIANCE OFFICER | 3.00 40.00 | | | | X | | | 0 | 491,882 | 27,152 |
| LESLIE LINCOLN CHIEF NURSING & OPERATIONS OFFICER | 40.00 0.00 | | | | | X | | 231,591 | 0 | 40,079 |
| ELIZABETH BRICE NURSE | 40.00 0.00 | | | | | X | | 190,612 | 0 | 32,278 |
| MARK FEIGEN DENTAL SVCS. DIRECTOR | 40.00 0.00 | | | | | X | | 188,079 | 0 | 33,937 |
| FEDERICO J PERALTA ASSISTANT MANAGER-PATIENT CARE | 40.00 0.00 | | | | | X | | 187,251 | 0 | 21,946 |
| BRIAN WOLTHIUS RADIOLOGY PHYSICIST CHIEF | 40.00 0.00 | | | | | X | | 197,485 | 0 | 9,563 |
| KAREN GOTTLIEB DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| THOMAS AYOUB MD DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEORGE BAUER DIRECTOR | 2.00 1.00 | X | | | | | | 0 | 0 | 0 |
| THOMAS DUBIN VICE CHAIRMAN (FROM 01/01) | 3.00 0.00 | X | | X | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SARAH TRIPODI DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MARK GUDIS DIRECTOR (FROM 01/01) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DANIELLE ROBINSON PHD DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| EDWARD MAHONY DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ROBERT CIOFFI TO 1231 DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CURTIS STEWART DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AMY SCHAFRANN DIRECTOR (FROM 01/01) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ERVIN R SHAMES DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ANDREW WHITTINGHAM SECRETARY | 3.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PATRICIA S BAM CHAIRMAN (FROM 01/01) | 3.00 0.00 | X | | X | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SUSAN BEYMAN FROM 0101 DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PETER CAMPBELL FROM 0101 DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PETER HERBERTT FROM 0101 DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| | | | | | | | |
|---|---|----------|----------|----------|----------|----------|-----------|
| Section A. Public Support | | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Section B. Total Support | | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |
| Section C. Computation of Public Support Percentage | | | | | | | |
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 | |
| 16a | 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/> | | | | | | |
| b | 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/> | | | | | | |
| 17a | 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/> | | | | | | |
| b | 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/> | | | | | | |
| 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 ▶ <input type="checkbox"/> | | | | | | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

| | | | |
|---|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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 |
|--|--|

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | | (a) | | (b) |
|-----------|---|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | Yes | | 12 |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 52,174 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 50,408 |
| j | Total. Add lines 1c through 1i | | | 102,594 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

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 |
|-----------------------|---|
| SCHEDULE C, PART II-B | DUES WERE PAID TO CHA IN THE AMOUNT OF \$468,573, OF WHICH 7.9% OF THIS AMOUNT OR \$37,017 WERE EXPENDED ON LOBBYING. AHA DUES OF \$51,152 HAD 23.32% OR \$11,929 EXPENDED ON LOBBYING ACTIVITIES. BOTH AMOUNTS ARE REFLECTED ON 1F. FEDERAL, STATE AND LOCAL OFFICIALS WERE LOBBIED DURING 2020. AS PART OF THIS MISCELLANEOUS OFFICE EXPENSE SUCH AS PHONE, COMPUTER SUPPLIES, FREIGHT, REFRESHMENT ETC. WERE INCURRED AND WERE REFLECTED ON LINE 1I ACCORDINGLY. DURING THIS HISTORIC 2020 PANDEMIC YEAR, NOTHING WAS NORMAL. HOSPITALS AS WELL AS FEDERAL, STATE AND MUNICIPAL OFFICIALS WERE OPERATING UNDER STRICT GUIDANCE FOR REMOTE ENGAGEMENT AND SOCIAL DISTANCING. HOSPITALS WERE INUNDATED WITH COVID RELATED PATIENTS DURING MULTIPLE SURGE SCENARIOS. LOBBYING WAS DIFFICULT DUE TO HIGH VOLUME PATIENT NEEDS, STAFF REASSIGNMENTS, AND CAPITOL, CONGRESS AND CT GENERAL ASSEMBLY SHUTDOWNS. ANY EFFORTS WERE FOCUSED ON IMMEDIATE NEEDS, EMERGENCY AUTHORIZATIONS, TEMPORARY REGULATIONS, FUNDING AND SUPPLIES AND EMPLOYEE ASSISTANCE PROGRAMS IN ADDITION TO TESTING AND VACCINATION. AS SUCH, OUR REPORTING WILL APPEAR DIFFERENT THAN IN PAST YEARS. 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number
06-6068853

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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 |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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

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

☐

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

Part V

Endowment Funds.

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 27,510,000 | | 27,510,000 |
| b Buildings | | 346,192,300 | 170,674,271 | 175,518,029 |
| c Leasehold improvements | | 11,639,486 | 8,386,995 | 3,252,491 |
| d Equipment | | 251,005,542 | 216,777,584 | 34,227,958 |
| e Other | | 3,624,435 | | 3,624,435 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 244,132,913 |

Schedule D (Form 990) 2019

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 | 88,424,387 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 88,424,387 | |

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 NORWALK HOSP. FD | 142,476,413 | F |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | 142,476,413 | |

Part IX

Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| See Additional Data Table | |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ | 70,232,136 |

Part X

Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| See Additional Data Table | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 199,836,927 |

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 ☒

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 |
|--------------------------------|-----------------------|
| DUE FROM RELATED PARTIES | 26,869,898 |
| CONSTRUCTION FUND 2019A | 20,861,771 |
| INTEREST IN CRT | 9,406,674 |
| E.I.CLAIMS RECOVERY RECEIVABLE | 6,067,255 |
| MALPRACTICE INSURANCE ASSET | 3,247,134 |
| OTHER RECEIVABLES | 1,686,668 |
| SONIC RECEIVABLE | 1,274,515 |
| UNDERWRITERS DISC 2019A | 396,192 |
| BOND ISSUE 2019A | 357,111 |
| 457 PLAN ASSET | 64,918 |

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

| 1. (a) Description of Liability | (b) Book Value |
|---------------------------------|----------------|
| INTERCO. WITH NUVANCE - BONDS | 109,460,580 |
| DUE TO THIRD PARTIES | 64,804,112 |
| ASSET RETIREMENT OBLIGATION | 10,336,706 |
| ESTIMATED INS. CLAIMS LIABILITY | 6,067,255 |
| MALPRACTICE INSURANCE LIABILITY | 3,247,134 |
| DUE TO RELATED PARTIES | 2,713,807 |
| MALPRACTICE RESERVE | 1,616,797 |
| LONG TERM DISABILITY RESERVE | 1,525,618 |
| 457 PLAN LIABILITY | 64,918 |

| Supplemental Information | |
|--------------------------|--|
| Return Reference | Explanation |
| PART X, LINE 2: | AS OF SEPTEMBER 30, 2020, THERE ARE NO UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS. |

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

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 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

Financial Assistance and Certain Other Community Benefits at Cost

| | | | |
|----|--|-----|-----|
| | | Yes | No |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes |
| b | If "Yes," was it a written policy? | 1b | Yes |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000 %</u> 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 _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 3a | Yes |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 3b | Yes |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 4 | Yes |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5a | Yes |
| 6a | Did the organization prepare a community benefit report during the tax year? | 5b | No |
| b | If "Yes," did the organization make it available to the public? | 5c | |
| | Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | 6a | Yes |
| | | 6b | Yes |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 21,565,752 | 16,775,910 | 4,789,842 | 1.170 % |
| b Medicaid (from Worksheet 3, column a) | | | 82,946,940 | 56,688,243 | 26,258,697 | 6.430 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 104,512,692 | 73,464,153 | 31,048,539 | 7.600 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 197,248 | | 197,248 | 0.050 % |
| f Health professions education (from Worksheet 5) | | | 12,813,975 | 6,413,955 | 6,400,020 | 1.570 % |
| g Subsidized health services (from Worksheet 6) | | | 15,220,065 | 12,239,605 | 2,980,460 | 0.730 % |
| h Research (from Worksheet 7) | | | 1,532,390 | 250,000 | 1,282,390 | 0.310 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | | | 29,763,678 | 18,903,560 | 10,860,118 | 2.660 % |
| k Total. Add lines 7d and 7j | | | 134,276,370 | 92,367,713 | 41,908,657 | 10.260 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | 613 | | 613 | 0 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | 1,386,086 | 552,968 | 833,118 | 0.200 % |
| 7 Community health improvement advocacy | | | 56,095 | | 56,095 | 0.010 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 1,442,794 | 552,968 | 889,826 | 0.210 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|-----------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 6,483,848 | |
| 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 | 0 | |
| 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 | 113,430,038 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 168,515,268 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -55,085,230 |
| 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

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1 1 NORWALK SURGERY CTR | AMBULATORY SURGERY CENTER | 66.340 % | | 33.660 % |
| 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)

| | 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 |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
NORWALK HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

| | | | |
|---|--|----|-----|
| NORWALK HOSPITAL | | | |
| Name of hospital facility or letter of facility reporting group | | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 | Yes |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 % | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input checked="" type="checkbox"/> Insurance status | | | |
| f <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g <input type="checkbox"/> Residency | | | |
| h <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 | Yes |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | 16 | Yes |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART VI FOR URL | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART VI FOR URL | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART VI FOR URL | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j <input 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 |
|---|---------------|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

NORWALK HOSPITAL

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

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

[illegible]

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? 14

| 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 |
|---------------------------------------|---|
| FORM 990, SCHEDULE H, PART I, LINE 3C | 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 |
|--|--|
| FORM 990, SCHEDULE H, PART I, LINE 6A & 6B | THE COMMUNITY BENEFIT REPORT IS REPORTED ON A NETWORK BASIS. THE COMMUNITY BENEFIT REPORT IS PREPARED BY A RELATED ORGANIZATION, NUVANCE HEALTH (EIN: 83-4214573). IT CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAMS AND SERVICES' DESCRIPTIONS AND FINANCIAL DATA AND CAN BE ACCESSED AT: HTTPS://WWW.NUVANCEHEALTH.ORG/ABOUT-US/COMMUNITY-AND-WELLNESS/COMMUNITY-BENEFIT |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---------------------------------------|---|
| FORM 990, SCHEDULE H, PART I, LINE 7E | <p>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 & SUPPORT: 111 SERVED THROUGH PANEL DISCUSSIONS AND LECTURES INCLUDING PROBLEMS AFTER BREAST CANCER AT THE WILTON LIBRARY, GENETIC TESTING AND NEWLY DIAGNOSED BREAST CANCER EDUCATION FORUM AT NORWALK HOSPITAL.-HEART DISEASE: 85 SERVED THROUGH LECTURES SUCH AS THE RIVERBROOK YMCA'S HEART HEALTHY AWARENESS DAY AND TIMEX CORPORATE TALK ON HEARTH HEALTH.-SENIOR OUTREACH: 995 SERVED THROUGH DISTRACTED DRIVING & FALL PREVENTION WORKSHOPS IN DARIEN, WILTON AND NORWALK, AND EATING RIGHT AT THE SOUTH NORWALK SENIOR CENTER, TO NAME A FEW EXAMPLES.-HEALTH FAIRS: 275 SERVED THROUGH FAIRS AT PRICELINE CORPORATION AND HOFFMAN ENGINEERING.-LECTURES: 1.3 MILLION SERVED THROUGH HEALTH TALK (INCLUDING REPEATS AND SOCIAL MEDIA REACH) AND VIA LECTURES. LECTURE TOPICS INCLUDED SUMMER GET FIT VIA ZOOM, EFFECTIVE HANDWASHING AT HEAD START PRESCHOOLS IN NORWALK AND A COMMUNITY FORUM.-NUTRITION/WELLNESS: 92 SERVED THROUGH AMERICARES NUTRITIONAL COUNSELING AND HEALTHY WEIGHT CLASSES AT NORWALK HOSPITAL.-BLOOD DRIVES: 104 SERVED.-SUPPORT GROUPS: 1,304 SERVED THROUGH THE SPIRITUAL CARE AND CANCER CENTER DEPARTMENTS IN PERSON AND VIA ZOOM.-COVID-RELATED COMMUNITY HEALTH EDUCATION: 50,200 SERVED INCLUDING FAQ'S AND COPING TIPS ON THE WEBSITE, COMMUNITY HOTLINE CALLS AND AN EDUCATIONAL HAND-OUT.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART I, LINE 7F | 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. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART I, LINE 7G | 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. SUBSIDIZED HEALTH SERVICES AT NORWALK HOSPITAL INCLUDE A DENTAL CLINIC, AND GENERAL MEDICINE SUB SPECIALITY CLINIC. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--------------------------------------|--|
| FORM 990, SCHEDULE H, PART I, LINE 7 | A COST-TO-CHARGE RATIO WAS CALCULATED USING WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, AND USED TO DETERMINE FINANCIAL ASSISTANCE AT COST. COST ACCOUNTING WAS USED TO DETERMINE MEDICARE COST, MEDICAID COST, AND THE COST FOR SUBSIDIZED HEALTH SERVICES. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| FORM 990, SCHEDULE H, PART II: COMMUNITY BUILDING ACTIVITIES | <p>DURING THE HISTORIC 2020 PANDEMIC YEAR, NOTHING WAS NORMAL, HOSPITALS AS WELL AS FEDERAL, STATE AND MUNICIPAL OFFICIALS WERE OPERATING UNDER STRICT GUIDANCE FOR REMOTE ENGAGEMENT AND SOCIAL DISTANCING. HOSPITALS WERE INUNDATED WITH COVID RELATED PATIENTS DURING MULTIPLE SURGE SCENARIOS. ANY EFFORTS WERE FOCUSED ON IMMEDIATE NEEDS, EMERGENCY AUTHORIZATIONS, TEMPORARY REGULATIONS, FUNDING AND SUPPLIES AND EMPLOYEE ASSISTANCE PROGRAMS IN ADDITION TO TESTING AND VACCINATION. AS, SUCH OUR REPORTING WILL APPEAR DIFFERENT THAN IN PAST YEARS. PANDEMIC-RELATED ACTIVITIES BENEFITTING OUR COMMUNITIES</p> <p>FY20NORWALK HOSPITAL PROVIDED EDUCATION ABOUT COVID-19 TO THE COMMUNITIES WE SERVE BEGINNING IN MARCH 2020. THIS INCLUDED COVID-19 FAQ'S (TESTING, VACCINES, ETC. TRANSLATED INTO PORTUGUESE AND SPANISH) AND TIPS ON COPING ON OUR WEBSITE. RESIDENTS PARTICIPATING IN OUR DRIVE-THROUGH TESTING RECEIVED AN EDUCATIONAL SHEET ABOUT COVID-19/TESTING. WE ALSO IMPLEMENTED A COVID COMMUNITY HOTLINE, PROVIDING OUR COMMUNITY MEMBERS WITH ANOTHER WAY TO GET ANSWERS TO THEIR QUESTIONS ABOUT VACCINES AND COVID-19.FOOD DRIVES FOR OUR COMMUNITIES WERE HELD AT OUR HOSPITALS IN SPRING 2020 TO BENEFIT LOCAL FOOD PANTRIES. NORWALK HOSPITAL ALSO COLLECTED FACE MASKS AND DELIVERED THEM TO THEIR LOCAL FOOD PANTRY.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| FORM 990, SCHEDULE H, PART III, LINE 2 | 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 |
|---|---|
| FORM 990, SCHEDULE H, PART III, LINE 3 | <p>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.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| FORM 990, SCHEDULE H, PART III, LINE 4 | PLEASE SEE FOOTNOTE 2 OF THE AUDITED FINANCIAL STATEMENTS (PAGES 22-26). |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE H, PART III, LINE 8 | 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 |
|---|---|
| FORM 990, SCHEDULE H, PART III, LINE 9B | <p>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, NORWALK HOSPITAL (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 |
|---|--|
| FORM 990, SCHEDULE H, PART V, EXPLANATION OF FACILITY TYPE | 12 OUTPATIENT PHYSICIAN CLINICS1 REHABILITATION CENTERS1 AMBULATORY SURGERY CENTER |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART VI, LINE 2 | 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 |
|--|--|
| FORM 990, SCHEDULE H, PART VI, LINE 3 | 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 |
|---|---|
| FORM 990, SCHEDULE H, PART VI, LINE 4: COMMUNITY INFORMATION | <p>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%.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---------------------------------------|---|
| FORM 990, SCHEDULE H, PART VI, LINE 5 | <p>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 FY20, NORWALK HOSPITAL SERVED OVER 1.3 MILLION PERSONS THROUGH OVER 165 COMMUNITY HEALTH OCCURRENCES. HOSPITAL STAFF AND AFFILIATED PHYSICIANS PARTICIPATED IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES, SUPPORT GROUPS AND SCREENINGS WITH COMMUNITY ORGANIZATIONS. WHEN THE PANDEMIC PROMPTED THE CANCELLATION OF IN-PERSON EVENTS, LECTURES WERE HELD VIA ZOOM. 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 1.25 MILLION (INCLUDING REPEAT SHOWS AND SOCIAL MEDIA REACH). IT IS AVAILABLE ON NUVANCE HEALTH 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 DEPRESSION & ANXIETY, HEART HEALTH EXERCISE & NUTRITION AND PULMONARY MEDICINE, TO NAME A FEW EXAMPLES.</p> |

| Form and Line Reference | Explanation |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART VI, LINE 6 | <p>NUVANCE HEALTH IS AN INTEGRATED HEALTH SYSTEM OFFERING CONVENIENT, ACCESSIBLE AND AFFORDABLE CARE TO OUR COMMUNITY MEMBERS. OUR TALENTED TEAM OF MORE THAN 15,000 COMPASSIONATE CAREGIVERS PROVIDE HIGH-QUALITY CARE THROUGH: COMMUNITY HOSPITALS, PRIMARY CARE AND SPECIALTY PRACTICE LOCATIONS, OUTPATIENT SETTINGS, HOME CARE SERVICES, A SKILLED NURSING HOME AND REHABILITATION FACILITY AND TELEHEALTH VISITS. FOR FY2020, THE NETWORK PROVIDED APPROXIMATELY \$42,588,000 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 2020, 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.</p> <p>NUVANCE HEALTH MEDICAL PRACTICE CT, INC. (NHMPCT): THE MISSION OF NHMPCT 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 2020 THEY PROVIDED APPROXIMATELY \$2,051,000 IN CHARITY CARE. DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION INC. (DH/NMHF): DH/NMHF'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS 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 2020, 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 2020, 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. EASTERN NEW YORK MEDICAL SERVICES, PC. PROVIDED APPROXIMATELY \$2,000 IN CHARITY CARE. VASSAR BROTHERS MEDICAL CENTER (VBMC) PROVIDES GENERAL ACUTE CARE WITH A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES FOR RESIDENTS OF MID-HUDSON VALLEY. VBMC PROVIDED APPROXIMATELY \$9,577,000 IN CHARITY CARE. THE FOUNDATION OF VBMC'S PRINCIPAL ACTIVITY IS THE SOLICITATION, RECEIPT, HOLDING, INVESTMENT AND ADMINISTRATION OF CONTRIBUTION ON BEHALF OF VBMC. PUTNAM HOSPITAL CENTER (PHC) PROVIDES GENERAL ACUTE CARE WITH A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES FOR RESIDENTS OF THE MID-HUDSON VALLEY. PHC PROVIDED APPROXIMATELY \$1,793,000 IN CHARITY CARE. PUTNAM HOSPITAL CENTER FOUNDATION ACTIVELY SOLICITS CONTRIBUTIONS FROM THE PUBLIC THROUGH DIRECT MAILINGS, FUND-RAISING PROGRAMS AND OTHER ACTIVITIES. NORTHERN DUTCHESS HOSPITAL (NDH) PROVIDES GENERAL ACUTE CARE WITH A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES FOR RESIDENTS OF THE MID-HUDSON VALLEY. NDH PROVIDED APPROXIMATELY \$1,829,000 IN CHARITY CARE. NORTHERN DUTCHESS HOSPITAL FOUNDATION (NDH) FOUNDATION ACTIVELY SOLICITS CONTRIBUTIONS FROM THE PUBLIC THROUGH DIRECT MAILINGS, FUND-RAISING PROGRAMS AND OTHER ACTIVITIES. VASSAR HEALTH CT, INC DBA SHARON HOSPITAL (SH) PROVIDES GENERAL ACUTE CARE WITH A RANGE OF INPATIENT AND OUTPATIENT SERVICES FOR RESIDENTS IN THE NORTHWEST CONNECTICUT COMMUNITY. SH PROVIDED APPROXIMATELY \$996,000 IN CHARITY CARE. NORTHERN DUTCHESS RESIDENTIAL HEALTH CARE FACILITY OPERATES AND MAINTAINS A RESIDENTIAL HEALTHCARE FACILITY FOR THE CARE AND TREATMENT OF PERSONS WHO REQUIRE MEDICAL CARE AND RELATED SERVICES. NORTHERN DUTCHESS RESIDENTIAL HEALTH CARE FACILITY PROVIDED APPROXIMATELY \$125,000 IN CHARITY CARE. NUVANCE HEALTH MEDICAL PRACTICE, PC IS THE BENEFICIAL OWNER OF VARIOUS PHYSICIAN PRACTICES THAT PROVIDE A FULL RANGE OF HOSPITAL-BASED AND OUTPATIENT SERVICES FOR RESIDENTS OF THE MID-HUDSON VALLEY AND IN THE NORTHWEST CONNECTICUT COMMUNITY. NUVANCE HEALTH MEDICAL PRACTICE, PC PROVIDED AP</p> |

| Form and Line Reference | Explanation |
|---------------------------------------|---|
| FORM 990, SCHEDULE H, PART VI, LINE 6 | <p>PROXIMATELY \$157,000 IN CHARITY CARE. HUDSON VALLEY CARDIOVASCULAR PRACTICE (HVCP) PROVIDES INVASIVE AND NONINVASIVE CARDIOVASCULAR, DIAGNOSTIC AND THERAPEUTIC SERVICES AND IS LOCATED THROUGHOUT THE MID-HUDSON VALLEY AND NORTHWEST CONNECTICUT COMMUNITY. HUDSON VALLEY CARDIOVASCULAR PRACTICE PROVIDED APPROXIMATELY \$301,000 IN CHARITY CARE. HEALTH QUEST HOME CARE, INC WAS FORMED TO OPERATE A HOME HEALTH CARE SERVICE BUSINESS SERVING RESIDENTS OF THE MID-HUDSON VALLEY. HEALTH QUEST HOME CARE PROVIDED APPROXIMATELY \$111,000 IN CHARITY CARE. WELLS MANOR HOUSING DEVELOP. FUND CORP. IS A PRIVATE FOUNDATION. WELLS MANOR OPERATES AN APARTMENT COMPLEX OF 75 UNITS UNDER SECTION 202 OF THE NATIONAL HOUSING ACT OF 1959 AND SECTION 8 OF THE NATIONAL HOUSING ACT OF 1937, REGULATED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. ALAMO AMBULANCE SERVICES, INC'S ASSETS WERE SOLD IN SEPTEMBER, 2009; HOWEVER, IT HAS MAINTAINED ITS LICENSE TO PROVIDE TRANSPORT AND EMERGENCY MEDICAL SERVICES TO SICK, DISABLED, OR INJURED PERSONS, GENERALLY WITHIN DUTCHESS, ORANGE, ULSTER AND PUTNAM COUNTIES, NEW YORK.</p> |

| 990 Schedule H, Supplemental Information | |
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| Form and Line Reference | Explanation |
| FORM 990, SCHEDULE H, PART VI, LINE 7: STATES FILING COMMUNITY BENEFIT REPOR | CT |

Additional Data

Software ID:

Software Version:

EIN: 06-6068853

Name: THE NORWALK HOSPITAL ASSOCIATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | 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 |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | NORWALK HOSPITAL 24 STEVENS STREET NORWALK, CT 06850 NUVANCEHEALTH.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 |
|-------------------------|---|
| NORWALK HOSPITAL | PART V, SECTION B, LINE 3J: 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 COUNTY'S 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 |
|-------------------------|--|
| NORWALK HOSPITAL | <p>PART V, SECTION B, LINE 5: 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-NT-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 THE PERIOD OF SEPTEMBER 2019 THROUGH</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 |
|-------------------------|--|
| NORWALK HOSPITAL | OUGH JANUARY 2020, USING THE KEY FINDINGS AND IDENTIFIED PRIORITIES FROM THE CHNA. WORKGRO UPS WERE CONVENED FOR EACH OF THREE PRIORITY AREAS IDENTIFIED. THE WORKGROUPS DEVELOPED GO ALS, OBJECTIVES, STRATEGIES, ACTIONS STEPS AND METRICS TO MEASURE SUCCESS FOR THEIR RESPEC TIVE HEALTH PRIORITIES. THESE PLANS WERE PRESENTED TO AND ENDORSED BY THE NORWALK HOSPITAL CHC ON FEBRUARY 7, 2020. |

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| 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 |
| NORWALK HOSPITAL | PART V, SECTION B, LINE 6B: 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 |
|-------------------------|---|
| NORWALK HOSPITAL | PART V, SECTION B, LINE 7D: THE MOST RECENTLY COMPLETED CHNA WAS MADE AVAILABLE ON THE FOLLOWING:A) NUVANCE HEALTH WEBSITE: HTTPS://WWW.NUVANCEHEALTH.ORG/ABOUT-US/COMMUNITY-AND-WELLNESS/COMMUNITY-BENEFIT B) THE CT HOSPITAL ASSOCIATION'S WEBSITE: HTTP://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/ ; ON THE CITY OF NORWALK WEBSITE: HTTPS://WWW.NORWALKCT.ORG/DOCUMENTCENTER/VIEW/11296 ; AND ON THE CT STATE DEPARTMENT OF PUBLIC HEALTH'S WEBSITE: (HTTPS://PORTAL.CT.GOV/-/MEDIA/OHS/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2016/2016GREATERNORWALKCHNAPDF.PDF?LA=EN)C) IS AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY.PART V, LINE 10AMOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY TO MEET THE SIGNIFICANT COMMUNITY HEALTH NEEDS CAN BE FOUND AT: HTTPS://WWW.NUVANCEHEALTH.ORG/ABOUT-US/COMMUNITY-AND-WELLNESS/COMMUNITY-BENEFIT |

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 |
|-------------------------|---|
| NORWALK HOSPITAL | PART V, SECTION B, LINE 11: TO THE BEST OF THE ORGANIZATION'S 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. DURING 2020 THERE WAS A "PAUSE" WITH ALL OUR ACTIVITIES AND WITH COMMUNITY PROVIDERS TO FOCUS ON RESPONSE TO THE COVID-19 PANDEMIC.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 |
|-------------------------|--|
| NORWALK HOSPITAL | PART V, SECTION B, LINE 13H: 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, LINES 16A, B AND CFINANCIAL ASSISTANCE POLICY ("FAP"), FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY IS MADE AVAILABLE ON THE FOLLOWING LINKS:HTTP://WWW.NORWALKHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/FINANCIAL-ASSISTANCE-POLICY |

| 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 |
| NORWALK HOSPITAL | PART V, SECTION B, LINE 16J: 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) |
| 1 1 - WCMG WILTON PRIMARY & SPEC CARE 249 DANBURY ROAD WILTON, CT 06897 | OUTPATIENT PHYSICIAN CLINIC |
| 1 2 - NORWALK SURGERY CENTER 40 CROSS STREET NORWALK, CT 06851 | SURGERY CENTER |
| 2 3 - WCMG INFECTIOUS DISEASE & RHEUMATOLOGY 761 MAIN AVENUE SUITE 112 NORWALK, CT 06851 | OUTPATIENT PHYSICIAN CLINIC |
| 3 4 - WCMG IMAW 333 POST ROAD WEST WESTPORT, CT 06880 | OUTPATIENT PHYSICIAN CLINIC |
| 4 5 - NEW CANAAN URGENT & PRIMARY CARE 38 EAST AVENUE NEW CANAAN, CT 06840 | OUTPATIENT PHYSICIAN CLINIC |
| 5 6 - WCMG ASSOCIATED INTERNISTS OF DARIEN 36 OLD KINGS HIGHWAY DARIEN, CT 06820 | OUTPATIENT PHYSICIAN CLINIC |
| 6 7 - WCMG BARIATRIC SURGERY 148 EAST AVENUE NORWALK, CT 06851 | OUTPATIENT PHYSICIAN CLINIC |
| 7 8 - WCMG PEDIATRIC DEVELOPMENT - CT CHILDRENS 761 MAIN AVENUE SUITE 203 NORWALK, CT 06851 | OUTPATIENT PHYSICIAN CLINIC |
| 8 9 - NORWALK PRIMARY CARE 497 WESTPORT AVE NORWALK, CT 06851 | OUTPATIENT PHYSICIAN CLINIC |
| 9 10 - SURGEONS OF WESTPORT 333 POST ROAD WEST WESTPORT, CT 06880 | OUTPATIENT PHYSICIAN CLINIC |
| 10 11 - WCMG BREAST SURGEON 148 EAST AVENUE NORWALK, CT 06851 | OUTPATIENT PHYSICIAN CLINIC |
| 11 12 - NH PEDIATRIC THERAPY CENTER 761 MAIN AVENUE SUITE 112S NORWALK, CT 06851 | NH PEDIATRIC THERAPY CENTER |
| 12 13 - WCMG NEUROSURGERY 148 EAST AVENUE NORWALK, CT 06851 | OUTPATIENT PHYSICIAN CLINIC |
| 13 14 - WCMG PEDIATRIC SUBSPECIALISTS 761 MAIN AVENUE SUITE 112S NORWALK, CT 06851 | OUTPATIENT PHYSICIAN CLINIC |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | 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 for instructions and the latest information. | |
| Name of the organization THE NORWALK HOSPITAL ASSOCIATION | | Employer identification number 06-6068853 |

| Part I Questions Regarding Compensation | | Yes | No |
|--|--|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | Yes |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

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

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

[illegible]

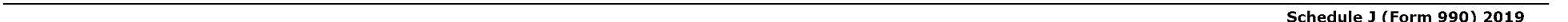
Part III **Supplemental Information**

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 |
|--|---|
| SCHEDULE J, PART I, LINE 4B - REC'D SEVERANCE, NQ RETIREMENT, EQUITY | 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 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, 2020, THE PLANS PROVIDED BENEFITS TO 54 PARTICIPANTS AND HAD AN ACCRUED VALUE OF \$11,721,118. 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. OF THE INDIVIDUALS REPORTED ON SCHEDULE J, PART II, ONLY JOHN M. MURPHY, MD AND STEVEN H. ROSENBERG PARTICIPATED IN THE WCHN SERP AND ACCRUED BENEFITS. FOR CALENDAR YEAR 2019, STEVEN H. ROSENBERG RECEIVED A PAYOUT OF \$311,957, WHICH IS REFLECTED AS COMPENSATION ON SCHEDULE J, PART II ON THE FORM 990, FOR THE CURRENT YEAR. KERRY EATON PARTICIPATES IN A SERP PLAN WITH HEALTH QUEST SYSTEMS, INC. (HEALTH QUEST), A RELATED ORGANIZATION. HEALTH QUEST MADE THE FOLLOWING CONTRIBUTIONS TO THE PARTICIPANTS, WHICH ARE REPORTED ON SCHEDULE J, PART II: KERRY EATON - \$65,467 |

| Return Reference | Explanation |
|---|---|
| <p>SCHEDULE J, PART I, LINE 7: COMPENSATION CONTINGENT ON NET EARNINGS OR</p> | <p>RELATED ORGANIZATIONS NUVANCE HEALTH ANNUAL LEADERSHIP INCENTIVE PLAN (EXERPTS 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, PRESIDENT, CEO, SENIOR EXECUTIVE -TIER II, EXECUTIVE -TIER III, SENIOR LEADER (A) -TIER III, SENIOR LEADER (B) -TIER IV, LEADER (A) ORGANIZATIONAL GOALS ARE GENERALLY BASED ON THE FOLLOWING CATEGORIES AND ARE WEIGHTED THROUGH A SPLIT BETWEEN ORGANIZATIONAL AND INDIVIDUAL: - QUALITY AND SERVICE - PEOPLE AND CULTURE - PATIENT EXPERIENCE - FINANCIAL STRENGTH 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.</p> |

| Return Reference | Explanation |
|--|---|
| SCHEDULE J, 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 |



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 | | | | |
| 1JOHN M MURPHYMD CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,492,100 | 1,133,596 | 4,356 | 4,366,519 | 30,941 | 7,027,512 | 0 |
| 1STEVEN H ROSENBERG TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 653,858 | 532,200 | 343,141 | 605,000 | 39,898 | 2,174,097 | 311,957 |
| 2SHARON ADAMS TO 1211 PRESIDENT OF DH | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 588,109 | 538,683 | 6,270 | 13,750 | 6,604 | 1,153,416 | 0 |
| 3KERRY EATON FROM 1211 CHIEF OPERATING OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 651,644 | 291,322 | 126,445 | 72,427 | 1,339 | 1,143,177 | 0 |
| 4CAROLYN MCKENNA FROM 0101 ASSISTANT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 467,018 | 489,986 | 6,566 | 13,750 | 39,898 | 1,017,218 | 0 |
| 5CATHERINE FRIERSON CHIEF HUMAN RESOURCE OFFIC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 433,583 | 427,792 | 2,794 | 13,750 | 5,358 | 883,277 | 0 |
| 6RICHARD ZELKOWITZ TO 51 PHYSICIAN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 518,519 | 152,914 | 4,356 | 13,750 | 32,017 | 721,556 | 0 |
| 7PETER CORDEAU PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 492,892 | 100,000 | 42,305 | 17,214 | 35,279 | 687,690 | 0 |
| 8KATHLEEN LAVORGNA SURGERY DEPT. CHAIR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 484,681 | 110,000 | 8,382 | 13,750 | 37,498 | 654,311 | 0 |
| 9GRACE LINHARD CHIEF DEVELOPMENT OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 348,637 | 226,500 | 27,756 | 16,500 | 3,973 | 623,366 | 0 |
| 10WAYNE MCNULTY CHIEF COMPLIANCE OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 301,969 | 185,000 | 4,913 | 13,226 | 13,926 | 519,034 | 0 |
| 11LESLIE LINCOLN CHIEF NURSING & OPERATIONS OFFICER | (i) | 193,955 | 35,750 | 1,886 | 8,489 | 31,590 | 271,670 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12ELIZABETH BRICE NURSE | (i) | 188,702 | 205 | 1,705 | 19,250 | 13,028 | 222,890 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13MARK FEIGEN DENTAL SVCS. DIRECTOR | (i) | 186,212 | 0 | 1,867 | 12,803 | 21,134 | 222,016 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14FEDERICO J PERALTA ASSISTANT MANAGER- PATIENT CARE | (i) | 185,916 | 1,125 | 210 | 11,573 | 10,373 | 209,197 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15BRIAN WOLTHIUS RADIOLOGY PHYSICIST CHIEF | (i) | 197,116 | 0 | 369 | 8,725 | 838 | 207,048 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE NORWALK HOSPITAL ASSOCIATION

Employer identification number
06-6068853

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures . . | | | | |
| 3 Art—Fractional interests . . | | | | |
| 4 Books and publications . . | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . . | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded . | | | | |
| 10 Securities—Closely held stock . | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous . . | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential . . | | | | |
| 16 Real estate—Commercial . . | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies . | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens . . . | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (PPE - MASK/ GLOVES) | X | 85,580 | 109,764 | FMV |
| 26 Other ► (FOOD/ MEALS) | X | 8,424 | 67,392 | FMV |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|---------------------|---|
| PART I, COLUMN (B): | THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED. |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
THE NORWALK HOSPITAL ASSOCIATION

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

06-6068853

990 Schedule O, Supplemental Information

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| FORM 990, PART I, LINE 1 | BECOME THE PARTNER-IN-HEALTH FOR THE PEOPLE THROUGHOUT THE CORE REGIONS OF WESTERN CONNECTICUT AND THE HUDSON VALLEY OF NEW YORK THROUGH EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE. |

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| FORM 990, PART III, LINE 4A | <p>MEDICINE SERVICE LINE NORWALK HOSPITAL'S MEDICINE SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES:</p> <p>INPATIENT CASES: GASTROINTESTINAL 895 INFECTIOUS DISEASE 994 INTERNAL MEDICINE 35 6 NEUROLOGY MEDICINE 308 RENAL/UROLOGY MEDICINE 400 PULMONARY MEDICINE 816 ALL OTHER INPATIENT 1,420 OUTPATIENT SERVICE LINE CASES: O/P MEDICINE 4,829 O/P MEDICINE COMM. CLINIC 2,6 22 O/P MEDICAL ONCOLOGY 10,827 O/P PULMONARY MEDICINE 2,049 DIGESTIVE DISEASES: OUR DIGESTIVE DISEASE CENTER IS STAFFED BY RENOWNED FELLOWSHIP-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 AND FAMILY PRACTICE: HAVING A PRIMARY CARE PROVIDER (PCP) IS ONE OF THE MOST IMPORTANT STEPS YOU CAN TAKE WHEN IT COMES TO YOUR HEALTH. WITH A PCP, YOU HAVE A PROVIDER WHO TAKES THE TIME TO GET TO KNOW EVERY ASPECT OF YOUR HEALTHCARE NEEDS AND BUILD A TRUSTING RELATIONSHIP WITH YOU-AND IS FOCUSED ON YOUR OVERALL HEALTH AND WELLNESS. OUR PCPS ARE COMMITTED TO UNDERSTAND ALL YOUR NEEDS WHETHER CLINICAL OR PERSONAL, AND DEVELOP A PERSONALIZED PLAN JUST FOR YOU. THEY ARE COMMITTED TO TREATING YOU LIKE A PERSON, NOT A NUMBER ON A CHART. WHATEVER YOUR MEDICAL NEEDS, NORWALK HOSPITAL PROVIDES EXPERT CARE IN THE WARM, FOCUSED AND PERSONAL MANNER YOU DESERVE. SPECIALISTS IN PRIMARY CARE, OUR FAMILY MEDICINE PHYSICIANS TREAT INFANTS, CHILDREN AND ADULTS OF ALL AGES. SERVICES INCLUDE PREVENTIVE MEDICINE (INCLUDING VACCINES AND IMMUNIZATIONS), DIAGNOSIS AND TREATMENT OF CHRONIC AND ACUTE ILLNESSES AND INJURIES, AND COORDINATION OF SPECIALTY CARE. OUR FAMILY PHYSICIANS ARE TRAINED TO PROVIDE MEDICAL CARE FOR PATIENTS RANGING IN AGE FROM PEDIATRICS THROUGH ADULT AND GERIATRICS. NEUROLOGY AND STROKE: WE OFFER EXPERTISE IN TREATMENT OF NEUROLOGICAL DISORDERS, INCLUDING STROKE, EPILEPSY, PARKINSON'S DISEASE, ALZHEIMER'S DISEASE AND VERTIGO. WE HAVE BEEN REGULARLY RECOGNIZED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR CONSISTENTLY DEMONSTRATING THE ABILITY TO RAPIDLY DIAGNOSE AND TREAT STROKE. COMMITTEE</p> |

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| FORM 990, PART III, LINE 4A | <p>D TO REMAINING ON THE FOREFRONT OF RAPID AND EFFECTIVE STROKE CARE, WE CONTINUE TO INCORPORATE THE LATEST EFFECTIVE TREATMENTS. NORWALK HOSPITAL IS A PRIMARY STROKE CENTER AND IS JOINT COMMISSION APPROVED. WE OFFER INTERVENTIONAL ACUTE STROKE THROMBECTOMY AND ARE RECOGNIZED BY THE AMERICAN HEART ASSOCIATION FOR DELIVERING OUTSTANDING STROKE RELATED CARE. UROLOGY: OUR EXPERT UROLOGISTS TREAT CONDITIONS SUCH AS: -FEMALE UROLOGIC DISORDERS, INCLUDING URINARY INCONTINENCE AND VOIDING DYSFUNCTION -INFERTILITY -KIDNEY, BLADDER, PROSTATE AND TESTICULAR CANCER -KIDNEY STONES -MALE SEXUAL DIFFICULTIES -PROSTATE CANCER -URINARY TRACT INFECTIONS -VASECTOMY AND VASECTOMY REVERSAL PROCEDURES WE PERFORM INCLUDE: -EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR KIDNEY STONES -LAPAROSCOPIC NEPHRECTOMY -MINIMALLY INVASIVE PHOTO-VAPORIZATION OF THE PROSTATE -MINIMALLY INVASIVE SURGICAL TREATMENT FOR FEMALE INCONTINENCE -PYELOPLASTY PULMONOLOGY: WE OFFER OUTSTANDING DIAGNOSIS, TREATMENT AND CARE FOR PATIENTS WITH ALL TYPES OF PULMONARY CONDITIONS. WE PERFORM SPECIALIZED SERVICES, SUCH AS PULMONARY FUNCTION TESTS; LUNG CANCER SCREENING AND DIAGNOSIS; PULMONARY REHABILITATION AND CARDIOPULMONARY EXERCISE TESTING TO MEASURE DEGREE OF FITNESS AND AID IN THE ASSESSMENT OF SHORTNESS OF BREATH; SPECIFIC DIAGNOSTIC ASTHMA TESTING; AND TESTING TO DETERMINE THE NEED FOR SUPPLEMENTAL OXYGEN FOR EVERYDAY LIVING AND AIR TRAVEL. OUR PHYSICIANS HAVE EXPERTISE IN ENDOSCOPIC BRONCHIAL ULTRASOUND (EBUS) AND SUPPORT OUR FELLOWSHIP PROGRAM IN PULMONARY MEDICINE AND CRITICAL CARE. AWARDS & ACCREDITATIONS AT NORWALK HOSPITAL, OUR MEDICAL SERVICE LINE IS HONORED TO HAVE EARNED THE FOLLOWING NATIONAL RECOGNITIONS AND AWARDS: OVERALL NORWALK HOSPITAL HEALTHGRADES CONSISTENTLY RECOGNIZES NORWALK HOSPITAL AS AN AMERICA'S 250 BEST HOSPITALS AND IN THE TOP FIVE PERCENT IN THE NATION FOR OVERALL CLINICAL EXCELLENCE. NORWALK HOSPITAL HAS ALSO EARNED AMERICA'S BEST HOSPITALS RECOGNITIONS FOR PULMONARY, GASTROINTESTINAL AND STROKE CARE FOR DEMONSTRATING SUPERIOR CLINICAL OUTCOMES. RE-ACCREDITATION OF THE HYPERBARIC UNIT BY THE UNDERSEA & MEDICAL SOCIETY, 2020 QOPI CERTIFICATION FOR CONTINUED QUALITY IMPROVEMENT FOR THE WHITTINGHAM CANCER CENTER 2017 - 2020, BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY.</p> |

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| FORM 990, PART III, LINE 4B | <p>SURGERY SERVICE LINE INPATIENT CASES: MAJOR JOINT REPLACEMENT 226 TRAUMA SURGERY 329 MINOR GI SURGERY 106 GENERAL SURGERY 215 UROLOGY SURGERY 62 COLON/BOWEL SURGERY 140 OBESITY SURGERY 101 SPINAL SURGERY 190 ALL OTHER INPATIENT SURGERY 280 OUTPATIENT SERVICE LINE CASES: ABDOMEN GI SURGERY 844 BREAST SURGERY-NON PLASTIC 239 ENDOSCOPY 4,909 MISC. GENERAL SURGERY 118 ORAL SURGERY 85 OPHTHALMOLOGY 19 UROLOGY 314 PAIN INJECTION PROCEDURES 223 HEAD/NECK PROCEDURES 34 PLASTIC SURGERY 242 ALL OTHER OUTPATIENT SURGERY 611 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. 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 TESTING IN OUR DEDICATED UNIT, DESIGNED TO MEET THE UNIQUE NEEDS OF JOINT REPLACEMENT PATIENTS AND FAMILIES. SERVICES INCLUDE INDIVIDUALIZED PATIENT EDUCATION, NURSING AND ANESTHESIA ASSESSMENTS, AND COLLABORATION WITH YOU ON PLANNING A PAIN MANAGEMENT PROGRAM FOR YOUR SURGICAL RECOVERY. DEDICATED ORTHOPEDIC OPERATING ROOMS AND CLINICAL SUPPORT STAFF. A COMFORTABLE ORT</p> |

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| FORM 990, PART III, LINE 4B | <p>HOPEDIC 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 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. AWARDS & ACCREDITATIONS 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: MBSAQIP ACCREDITED BARIATRIC CENTER, 2006 - PRESENT BY THE AMERICAN COLLEGE OF SURGEONS & AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY. ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY.</p> |

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| FORM 990, PART III, LINE 4C | <p>CARDIOVASCULAR SERVICES NORWALK HOSPITAL'S CARDIOVASCULAR SERVICE LINE CONSISTS OF THE FOLLOWING SERVICES: INPATIENT CASES: CARDIAC MEDICINE 808 CARDIAC PCI MEDICINE 56 CARDIAC VASCULAR SURGERY 82 ALL OTHER INPATIENT CARDIOVASCULAR SERVS. 125 OUTPATIENT SERVICE LINE CASES: CARDIAC DIAGNOSTIC CLINIC 2,372 CARDIAC REHABILITATION 734 ALL OTHER OUTPATIENT CARDIOVASCULAR SERVS. 2,135 NORWALK HOSPITAL OFFERS A PREMIER CARDIOVASCULAR PROGRAM TO MEET THE NEEDS OF PATIENTS WITH CARDIAC AND VASCULAR PROBLEMS. LED BY A SPECIALIST TEAM OF CARDIOLOGISTS, INTERVENTIONAL CARDIOLOGISTS AND VASCULAR SURGEONS, THIS PROGRAM HAS ACHIEVED WIDE ACCLAIM FOR PROVIDING LEADING-EDGE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF CARDIOVASCULAR DISEASE. AT NORWALK HOSPITAL, WE PROVIDE EXPERT, COLLABORATIVE, MULTIDISCIPLINARY CARE, INPATIENT AND OUTPATIENT, FOR THE FULL RANGE OF CARDIOVASCULAR CONDITIONS, INCLUDING THOSE THAT AFFECT THE HEART, HEART VALVES AND THE VASCULAR SYSTEM. WE OFFER THE FULL SPECTRUM OF ADVANCED TREATMENTS AND PROCEDURES FOR CARDIOVASCULAR DISEASE IN THE AREAS OF: -GENERAL CARDIOLOGY -CARDIAC SURGERY (IN COLLABORATION WITH DANBURY HOSPITAL) -VASCULAR SURGERY -INTERVENTIONAL CARDIOLOGY -ELECTROPHYSIOLOGY -STRUCTURAL HEART (IN COLLABORATION WITH DANBURY HOSPITAL) COMMON HEART & VASCULAR CONDITIONS WE TREAT: -ATRIAL FIBRILLATION (IRREGULAR HEARTBEAT) -CONGESTIVE HEART FAILURE -HEART ATTACK -CHEST PAIN -CORONARY ARTERY DISEASE -PERIPHERAL ARTERY DISEASE OUR EXPERT PHYSICIANS, ADVANCED PRACTICE PROVIDERS, NURSES AND SUPPORT STAFF ARE SERIOUS ABOUT THEIR ROLE IN SUPPORTING THE HEART HEALTH OF EVERYONE IN OUR COMMUNITY. WHETHER FOR SCREENING, DIAGNOSTIC TESTS OR TREATMENT FOR A HEART OR VALVE CONDITION, WE PROVIDE COMPASSIONATE CARE THAT IS PERSONALIZED TO YOUR NEEDS. DIAGNOSTICS AND TESTS WE OFFER INCLUDE: -ANGIOGRAM -CORONARY ANGIOGRAPHY -DIAGNOSTIC ELECTROPHYSIOLOGY STUDIES (EPS) -ECHOCARDIOGRAM -HOLTER MONITOR -STRESS TESTS -HEART AND VASCULAR TREATMENTS AND PROCEDURES AMONG THE ADVANCED TREATMENTS AND PROCEDURES WE PROVIDE ARE: -ABDOMINAL AORTIC ANEURYSM (AAA) SURGERY -ANGIOPLASTY -AORTIC VALVE REPLACEMENT -CARDIOVERSION -CATHETER ABLATION -DEEP VEIN THROMBOSIS (DVT) THERAPY -HEART BYPASS SURGERY (IN COLLABORATION WITH DANBURY HOSPITAL) -HYBRID CONVERGENT PROCEDURE FOR ATRIAL FIBRILLATION (AFIB) -MITRAL VALVE REPAIR/REPLACEMENT (IN COLLABORATION WITH DANBURY HOSPITAL) -OPEN HEART SURGERY (IN COLLABORATION WITH DANBURY HOSPITAL) -PACEMAKER AND ICD PLACEMENT -STENT PLACEMENT -TAVR (IN COLLABORATION WITH DANBURY HOSPITAL) -THORACIC AORTIC ANEURYSM SURGERY, OPEN AORTIC & ACCREDITATIONS AT NORWALK HOSPITAL, OUR CARDIOVASCULAR PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION STAFF AND PROGRAMS ARE HONORED TO HAVE EARNED THE FOLLOWING NATIONAL RECOGNITIONS AND AWARDS: RE-ACCREDITATION ECHOCARDIOGRAPHY, 2014 - 2020 BY THE INTERNATIONAL ACCREDITATIONS COMMISSION (IAC). ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH NORWALK HOSPITAL'S FINANCIAL ASSISTANCE</p> |

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| FORM 990, PART III, LINE 4C | NCE POLICY. |

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| FORM 990, PART III, LINE 4D | <p>AT NORWALK HOSPITAL DURING FY2020, 10,828 IP DISCHARGES, 31,714 OP ER DISCHARGES, AND 39,497 TOTAL ER VISITS OCCURRED. 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, GYNCOLOGIST, 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 GYNCOLOGIC 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 WARM, SUPPORTIVE, COMMUNITY ENVIRONMENT. WE ARE COMMITTED TO PROVIDING EXCEPTIONAL CARE IN 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 A DVANCED DIAGNOSTIC IMAGING AND A FULL STAFF OF PEDIATRIC SPECIALISTS, WE'RE PREPARED TO "EXPECT THE UNEXPECTED". BEHAVIORAL AND MENTAL HEALTH: NORWALK HOSPITAL PROVIDES EXPERT, SUPPORTIVE INPATIENT PSYCHIATRIC SERVICES FOR ADULTS AND GERIATRIC PATIENTS WITH ACUTE PSYCHIATRIC ILLNESS OR CO-OCCURRING</p> |

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| FORM 990, PART III, LINE 4D | <p>SUBSTANCE USE. THE INPATIENT UNIT OFFERS A VARIETY OF SERVICES AIMED TO STABILIZE ACUTE PS YCHIATRIC SYMPTOMS. OUR PSYCHIATRIC INPATIENT MULTIDISCIPLINARY TEAM INCLUDES PHYSICIAN-PS YCHIATRISTS, ADVANCED PRACTICE PSYCHIATRIC NURSES, SOCIAL WORKERS, ACTIVITY THERAPISTS, EX PERIENCED PSYCHIATRIC RNS AND SUPPORT STAFF. OUR CI CENTRAL INTAKE TEAM LOCATED IN THE EME RGENCY DEPARTMENT PROVIDES COMPREHENSIVE PSYCHIATRIC AND SAFETY ASSESSMENTS. LICENSED CLIN ICIANS IDENTIFY PATIENTS WHO MAY REQUIRE A BEHAVIORAL HEALTH ASSESSMENT AND PROVIDE REFERR ALS TO THE APPROPRIATE LEVEL OF CARE. THIS MAY INCLUDE A PSYCHIATRIC ADMISSION OR REFERRAL FOR OUTPATIENT SERVICES. NORWALK HOSPITAL OUTPATIENT PSYCHIATRIC TREATMENT SERVICES ARE I NTENDED FOR PATIENTS WITH EMOTIONAL DISTURBANCES, ACUTE PSYCHIATRIC SYMPTOMS, EXACERBATION OF PSYCHIATRIC DISORDERS, OR MANAGEMENT OF PROLONGED PSYCHIATRIC ILLNESS. SERVICES INCLUD E EVALUATION AND ASSESSMENT; MEDICATION MANAGEMENT; INDIVIDUAL AND GROUP THERAPY; INTENSIV E OUTPATIENT PROGRAMS; FAMILY THERAPY; AND CRISIS INTERVENTION FOR THE TREATMENT OF MENTAL HEALTH CONDITIONS AND CO-OCCURRING SUBSTANCE ABUSE. THE COMMUNITY SUPPORT PROGRAM PROVIDE S INTEGRATED OUTPATIENT CASE MANAGEMENT FOR PERSONS WITH SEVERE AND PROLONGED MENTAL ILLNE SS 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 DEVE LOP AND OPTIMIZE INDEPENDENT FUNCTIONING TO MINIMIZE THE NEED FOR ACUTE CARE SERVICES. WE TREAT ADULTS WITH THE FOLLOWING CONDITIONS: -BIPOLAR DISORDER -DEPRESSION -ANXIETY DISORDE RS -PSYCHOTIC DISORDERS -CO-OCCURRING DISORDERS (MENTAL ILLNESS AND ADDICTION) PATHOLOGY A ND 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. D IRECTED BY BOARD-CERTIFIED PATHOLOGISTS WHO ARE ASSISTED BY CERTIFIED MEDICAL LABORATORY S CIENTISTS AND SUPPORTED BY A LARGE TEAM OF LABORATORY PROFESSIONALS, OUR LAB IS CLIA CERTI FIED (CLINICAL LABORATORY IMPROVEMENT AMENDMENTS). THE STATE OF CONNECTICUT HAS LICENSED U S 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 RECEIVI NG 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 A ND 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 IN SPECTIONS BY THESE AGENCIES AND ALWAYS RECEIVES THE HIGHEST SCORES. THE LABORATORY ALSO PA RTICIPATES IN PROFICIENCY SURV</p> |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4D | <p>EYS, WHICH ENSURE QUALITY RESULTS ARE ACHIEVED BY ALL TECHNOLOGISTS. TEACHING: NORWALK HOS PITAL IS PART OF A PREMIER PATIENT-CENTERED SYSTEM OF CARE DEDICATED TO IMPROVING THE HEAL TH AND WELL-BEING OF OUR PATIENTS AND THE SURROUNDING COMMUNITIES OF WESTERN CONNECTICUT A ND NEARBY NEW YORK STATE. AS A REGIONAL MEDICAL CENTER AND UNIVERSITY TEACHING HOSPITAL AF FILIATED 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 GRADUAT E MEDICAL EDUCATION TRAINING PROGRAMS. THE HOSPITAL RECEIVED ACCREDITATION WITH COMMENDATI ON FROM THE JOINT COMMISSION, AND IS APPROVED TO SPONSOR RESIDENCY/FELLOWSHIP PROGRAMS BY THE ACCREDITATION COUNCIL OF GRADUATE MEDICAL EDUCATION. NORWALK HOSPITAL SPONSORS RESIDEN CY 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 EXP ERIENCES THROUGHOUT THEIR TRAINING, AND HAVE MANY OPPORTUNITIES TO PRESENT AT LOCAL AND NA TIONAL MEETINGS AS WELL AS PUBLISH ORIGINAL RESEARCH. A DISTINCTIVE COMPONENT OF OUR GRADU ATE MEDICAL EDUCATION TRAINING PROGRAM IS OUR GLOBAL HEALTH TRACK. GLOBAL HEALTH OFFERS TH E OPPORTUNITY FOR RESIDENTS TO PERFORM ROTATIONS IN THE DOMINICAN REPUBLIC, RUSSIA, UGANDA , VIETNAM AND ZIMBABWE. RESEARCH: STATE-OF-THE-ART COLLABORATIVE PRECISION MEDICINE PROGRA M IS UNDERWAY AT WCHN. THE PROGRAM LINKS GYNECOLOGIC/ONCOLOGY PATIENT CLINICAL CARE AND GE NOMIC INFORMATION TO IMPROVED TREATMENT AND SURVEILLANCE. THIS IS THE FUTURE OF HEALTH CAR E WHERE PATIENT CARE WOULD EVOLVE FROM A ONE-SIZE-FITS-ALL TO A MORE PERSONALIZED APPROACH TOWARDS DISEASE DIAGNOSIS AND TREATMENT. WE HOPE TO EXPAND THIS APPROACH TO THE DIAGNOSIS AND TREATMENT OF DISEASE IN OTHER THERAPEUTIC AREAS SUCH AS DIABETES AND CARDIOVASCULAR D ISEASE. THE WCHN BIOMEDICAL RESEARCH INSTITUTE HAS ADDED A NEW RESEARCH GROUP, LABORATORY FOR TRANSLATIONAL RESEARCH, TO ITS CURRENT DEPARTMENTS. THIS RESEARCH GROUP IS BEING DIREC TED 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 PERSONALI ZED MEDICINE PROGRAM FOR OVARIAN CANCER AT MOUNT SINAI. THE PERSONALIZED APPROACH TO OVARI AN CANCER PATIENT CARE WOULD IMPROVE OUTCOMES AS IT WOULD LINK PATIENT CLINICAL CARE AND G ENOMIC INFORMATION TO IMPROVE DETECTION, SURVEILLANCE, PROGNOSIS AND TREATMENT. WE PUT TOG ETHER 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 N OVEL THERAPEUTICS. THE BIOREPOSITORY WILL HOUSE FROZEN PATIENTS TISSUE, PATIENT DERIVED CE LL LINES AND BLOOD/PLASMA FOR RESEARCH PURPOSES. ALL PROGRAMS ARE ADMINISTERED CONSISTENT WITH THE HOSPITAL'S FAP.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | WESTERN CONNECTICUT HEALTH NETWORK, INC. IS THE SOLE MEMBER OF THE NORWALK HOSPITAL ASSOCIATION. NUVANCE HEALTH IS THE SOLE MEMBER OF WESTERN CONNECTICUT HEALTH NETWORK, INC. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7A | 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, SECTION A, LINE 7B | <p>2.2. POWERS OF THE MEMBER - CERTAIN FUNDAMENTAL DECISIONS TO BE UNDERTAKEN BY THE HOSPITAL REQUIRE THE APPROVAL OF THE MEMBER. ANY ACTIONS REQUIRING MEMBER APPROVALS ARE NOT DEEMED APPROVED UNTIL THE CORPORATION RECEIVES APPROVAL FROM THE MEMBER 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 OR REMOVAL OF A DIRECTOR OF THE CORPORATION AND THE DIRECTORS OR MANAGERS OF EACH SUBSIDIARY. -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, WITHOUT LIMITATION, ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, BYLAWS, OPERATING AGREEMENTS AND CERTIFICATES OF INCORPORATION/ORGANIZATION. -ADOPTION OF OR REVISIONS TO POLICY 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 SUBSIDIARY; B) CONFLICTS OF DUALITIES OF INTEREST; AND C) SUCH OTHER POLICIES THE MEMBER OR THE PARENT MAY DETERMINE; -ADOPTION OF OR REVISIONS OF SYSTEM-WIDE QUALITY, PERFORMANCE AND CREDENTIALING STANDARDS AND PROCEDURES. -APPROVAL OF THE CORPORATION OR SUBSIDIARY, WHICH 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 REVISIONS TO THE CAPITAL BUDGET AND OPERATING BUDGET. -CREATION OF ANY CORPORATION WHICH THE CORPORATION OR SUBSIDIARY IS THE SOLE OR CONTROLLING MEMBER OR SOLE OR CONTROLLING SHAREHOLDER. -ADOPTION OF, REVISIONS TO AND OVERSIGHT OF ANY SYSTEM-WIDE POLICIES AND PRACTICES RELATING TO REGULATORY COMPLIANCE. -MODIFICATION OF THE LOGO, NAME OR BRANDING OF THE CORPORATION OR ANY SUBSIDIARY. -CREATION OF A COMMITTEE WHICH HAS THE AUTHORITY TO BIND THE CORPORATION 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 ANY 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 VOLUNTARY BANKRUPTCY, FILING OF A NY PETITION ANSWER SEEKING REORGANIZATION, OR AN ARRANGEMENT WITH 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 FORTH IN SECTION 2.2(B) BELOW,</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7B | <p>ANY SALE, TRANSFER, LEASE, EXCHANGE, MORTGAGE, ENCUMBRANCE, PLEDGE OR OTHER DISPOSITION OF ASSETS. -ANY MERGER, CONSOLIDATION OR SIMILAR TRANSACTION INVOLVING (A) SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY, INTERESTS OR SHARES (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-CONTROLLED ENTITY. -ANY INCURRENCE, ASSUMPTION, OR GUARANTEE OF ANY DEBT, INCLUDING WITHOUT LIMITATION 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 CAPACITY VOTING AS A SHAREHOLDER OR MEMBER OF A NORWALK SUBSIDIARY, WHICH REQUIRE APPROVAL OF THE BOARD, MUST ALSO BE APPROVED BY THE MEMBER: -AMENDMENT OF CERTIFICATE OF INCORPORATION OF THE CORPORATION. -ANY SALE, LEASE, EXCHANGE OR OTHER DISPOSITION ALL OR SUBSTANTIALLY 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 CONSOLIDATION OF THE CORPORATION WITH ANOTHER CORPORATION. -ANY DISSOLUTION OF THE CORPORATION. -ADOPTION AND OVERSIGHT OF THE IMPLEMENTATION OF, AND COMPLIANCE WITH THE SYSTEM CONFLICT OF INTEREST POLICY AND SYSTEM WHISTLEBLOWER POLICY.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE ORGANIZATION AND A DRAFT FORM 990 IS REVIEWED BY INTERNAL MANAGEMENT. A COMPLETE DRAFT IS THEN POSTED TO AN INTRANET SITE FOR NUVANCE BOARD MEMBERS, THE ULTIMATE PARENT OF THE ORGANIZATION, TO REVIEW PRIOR TO FILING. THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | OFFICERS, TRUSTEES/DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. RESPONSES ARE REVIEWED BY THE CHIEF COMPLIANCE, AUDIT & PRIVACY OFFICER. AFTER A POTENTIAL CONFLICT OF INTEREST IS DISCLOSED ALONG WITH ALL RELATED MATERIAL FACTS, THE BOARD PROCEEDS TO DISCUSS AND DETERMINE THROUGH A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS. IF THE INTERESTED PERSON IS PRESENT AT THE START OF THE DISCUSSION, HE OR SHE MAY ANSWER QUESTIONS RELATED TO THE MATTER AND PROVIDE ADDITIONAL, RELEVANT FACTS BUT IS REQUIRED TO LEAVE THE MEETING DURING DELIBERATIONS REGARDING WHETHER AN ACTUAL CONFLICT OR DUALITY OF INTEREST EXISTS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15B | <p>NUVANCE 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, NUVANCE HEALTH PROVIDES TOTAL REWARDS PROGRAMS THAT RECOGNIZE EXECUTIVES FOR PERFORMING WORK WELL TO ENSURE THE ACHIEVEMENT OF COMPANY GOALS. THESE PROGRAMS SERVE TO PROMOTE THE ATTRACTION, ENGAGEMENT, AND RETENTION OF TALENTED EXECUTIVES THROUGHOUT THEIR CAREERS WITH NUVANCE 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 NUVANCE 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, NUVANCE HEALTH WILL UTILIZE A WEIGHTED BLEND OF BOTH NATIONAL COMPARABLY-SIZED HEALTH CARE PROVIDER MARKET DATA WITH A +30% 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 NUVANCE HEALTH'S OPERATING REGION AND THE BROADER NATIONAL HEALTH CARE PROVIDER MARKET. NUVANCE 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. NUVANCE 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 DIFFICULTY 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 NUVANCE 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 SANCTIONS UNDER IRS GUIDELINES. FORM 990, PART V, SECTION B, LINE 16B WHILE A WRITTEN POLICY</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15B | CY HAS NOT BEEN ADOPTED REGARDING THE EVALUATION OF PARTICIPATION IN JOINT VENTURES, MANAGEMENT FOLLOWS A PROCEDURE IN WHICH ALL POSSIBLE JOINT VENTURE ARRANGEMENTS ARE EVALUATED UNDER APPLICABLE FEDERAL TAX LAWS. MANAGEMENT UTILIZED THE SERVICES OF APPROPRIATE CONSULTANTS AND LEGAL COUNSEL TO EVALUATE EACH JOINT VENTURE OPPORTUNITY. THIS EVALUATION ALSO INCLUDES AN ANALYSIS OF HOW THE JOINT VENTURE WILL FURTHER THE HOSPITAL'S MISSION. THE HOSPITAL HAS TAKEN ALL APPROPRIATE STEPS TO SAFEGUARD ITS TAX EXEMPT STATUS WITH RESPECTS TO ALL JOINT VENTURE ARRANGEMENTS. JOINT VENTURE ARRANGEMENTS ARE APPROVED BY THE BOARD OF TRUSTEES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VII - COMPENSATION EXPLANATION | THOMAS DUBIN, FORMERLY A DIRECTOR, BECAME THE VICE CHAIRMAN ON JANUARY 1, 2020. MARK GUDIS, FORMERLY THE CHAIRMAN, BECAME A DIRECTOR ON JANUARY 1, 2020. AMY SCHAFRANN, FORMERLY THE VICE CHAIRMAN, BECAME A DIRECTOR ON JANUARY 1, 2020. PATRICIA S. BAM, FORMERLY A DIRECTOR, BECAME THE CHAIRMAN ON JANUARY 1, 2020. CAROLYN MCKENNA BECAME THE ASSISTANT SECRETARY ON JANUARY 1, 2020. SUSAN BEYMAN BECAME A DIRECTOR ON JANUARY 1, 2020. PETER CAMPBELL BECAME A DIRECTOR ON JANUARY 1, 2020. PETER HERBERT BECAME A DIRECTOR ON JANUARY 1, 2020. ROBERT CIOFFI WAS A DIRECTOR UNTIL DECEMBER 31, 2019. SHARON ADAMS WAS A KEY EMPLOYEE UNTIL DECEMBER 11, 2019. KERRY EATON BECAME A KEY EMPLOYEE ON DECEMBER 11, 2019. RICHARD ZELKOWITZ, A FORMER DIRECTOR WAS TERMINATED ON MAY 1, 2020. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| 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 |
|-----------------------------------|--|
| FORM 990, PART IX, LINE 11G | HEALTHCARE PROFESSIONALS: PROGRAM SERVICE EXPENSES 56,777,135. MANAGEMENT AND GENERAL EXPENSES 6,805,960. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 63,583,095. PURCHASE SERVICES: PROGRAM SERVICE EXPENSES 27,760,457. MANAGEMENT AND GENERAL EXPENSES 3,327,687. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 31,088,144. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART XI, LINE 9: | INCREASE IN BEN. INT. IN CHARITABLE REMAINDER TRUST 406,768. INCREASE BEN. INTEREST IN NHF-WITH DONOR RESTRICTIONS 6,940,142. INCREASE BEN. INTEREST IN NHF-WITHOUT DONOR RESTRICTIONS 3,848,209. K-1 VALUE CARE ALLIANCE, LLC -427,013. NET ASSET TRANSFER NHA TO WCHN -29,505,000. NORWALK SURGERY CENTER/JOINT VENTURE INCOME 346,541. PENSION RELATED CHANGES OTHER THAN NET PERIODIC -2,174,219. TRANSFER FROM NORWALK HOSPITAL FOUNDATION 190,140. PARTNER INCOME FROM WCHN LLC 1,172. |

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As Filed Data -

DLN: 93493239003491

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) NEW MILFORD MRI LLC 21 ELM STREET NEW MILFORD, CT 06776 27-1877801 | INACTIVE | CT | N/A | N/A | | | | No | | | No | |
| (2) NORWALK SURGERY CENTER LLC 40 CROSS STREET SUITE120 NORWALK, CT 06851 27-2394942 | SURGERY CENTER | CT | NHA | RELATED | 1,129,826 | 10,294,834 | | No | | | No | 66.340 % |
| (3) WCHN INVESTMENTS LLC 24 HOSPITAL AVE DANBURY, CT 06810 47-5523212 | INVESTMENTS | CT | N/A | N/A | 5,155,787 | 89,548,218 | | No | | | No | 32.010 % |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) NUVANCE HEALTH INSURANCE COMPANY LTD 23 LIME TREE BAY PO BOX 105 GRAND CAYMAN CJ 98-0438151 | MALPRCTICE | CJ | N/A | C | | | | Yes | |
| (2) SWC CORPORATION 24 STEVENS STREET NORWALK, CT 06850 22-2577718 | PHARMACY | CT | N/A | C | | | | Yes | |
| (3) VBH INSURANCE CO LTD 62 FORUM LANE 3RD FLOOR GRAND CAYMAN CJ 98-1083868 | MALPRCTICE | CJ | N/A | C | | | | Yes | |
| (4) TACONIC IPA INC 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 22-3007320 | MEDICAL CARE | NY | N/A | C | | | | Yes | |
| (5) VASSAR HQ MED PRACTICE OF CT INC 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 82-1466583 | MEDICAL CARE | NY | N/A | C | | | | 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
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Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

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 |
| 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1745417 | TRANSPORT | NY | 501(C)(3) | 10 | HQ | Yes | |
| 24 HOSPITAL AVENUE DANBURY, CT 06810 23-7425557 | ADMIN CONTRIB | CT | 501(C)(3) | 7 | WCHN | Yes | |
| 24 HOSPITAL AVENUE DANBURY, CT 06810 06-0646597 | ACUTE CARE | CT | 501(C)(3) | 3 | WCHN | Yes | |
| 14 RESEARCH DRIVE SUITE 201A BETHEL, CT 06801 45-5431389 | PHYSICIAN SERVICES | NY | 501(C)(3) | 10 | WCHN | Yes | |
| 2649 SOUTH ROAD SUITE 220 POUGHKEEPSIE, NY 12601 14-1788412 | HOME HEALTH | NY | 501(C)(3) | 10 | HQ | Yes | |
| 2649 SOUTH ROAD SUITE 220 POUGHKEEPSIE, NY 12601 14-1788410 | HOME HEALTH | NY | 501(C)(3) | 10 | 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 14-1678068 | MANAGEMENT | NY | 501(C)(3) | 10 | NUVANCE | Yes | |
| 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 80-0152047 | MEDICAL CARE | NY | 501(C)(3) | 12 TYPE I | HQ | Yes | |
| 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 46-3756713 | MEDICAL CARE | NY | 501(C)(3) | 12 TYPE I | HQ | Yes | |
| PO BOX 5002 RHINEBECK, NY 12572 14-1776208 | FUNDRAISING | NY | 501(C)(3) | 7 | HQ | Yes | |
| PO BOX 5112 RHINEBECK, NY 12572 14-1338467 | HOSPITAL | NY | 501(C)(3) | 3 | HQ | Yes | |
| 6526 SPRINGBROOK AVENUE RHINEBECK, NY 12572 22-3129608 | NURSING HOME | NY | 501(C)(3) | 10 | HQ | Yes | |
| 34 MAPLE STREET NORWALK, CT 06850 22-2577707 | FUNDRAISING | CT | 501(C)(3) | 7 | WCHN | Yes | |
| 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 83-4214573 | SUPPORT | NY | 501(C)(3) | 12 TYPE III-FI | N/A | | No |
| 670 STONELEIGH AVENUE CARMEL, NY 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 14-1736429 | FUNDRAISING | NY | 501(C)(3) | 7 | 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 | |

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|--|-----------------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 56 ASTOR DRIVE RHINEBECK, NY 12572 11-2611902 | LOW INCOME | NY | 501(C)(3) | PF | HQ | Yes | |
| 100 SAW MILL ROAD DANBURY, CT 06810 06-0655138 | HOME HEALTHCARE | CT | 501(C)(3) | 10 | WCHN | Yes | |
| 95 LOCUST AVENUE DANBURY, CT 06801 22-2594968 | OUTPATIENT HEALTHCARE SERVICES | CT | 501(C)(3) | 10 | WCHN | Yes | |
| 24 HOSPITAL AVENUE DANBURY, CT 06801 22-2594977 | PROGRAM DEVELOPMENT | CT | 501(C)(3) | 12 TYPE II | NUVANCE | Yes | |
| 14 RESEARCH DRIVE SUITE 201A BETHEL, CT 06801 06-1137531 | PHYSICIAN SERVICES | CT | 501(C)(3) | 10 | WCHN | Yes | |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---------------------------------|------------------------|--|
| WESTERN CONNECTICUT HEALTH NETWORKINC | P | 289,294,051 | COST |
| WESTERN CONNECTICUT HEALTH NETWORKINC | L | 42,145,516 | COST |
| WESTERN CONNECTICUT HEALTH NETWORKINC | R | 215,853 | COST |
| WESTERN CONNECTICUT HEALTH NETWORKINC | M | 305,616,619 | COST |
| WESTERN CONNECTICUT HEALTH NETWORKINC | R | 26,000,000 | COST |
| WESTERN CONNECTICUT HEALTH NETWORKINC | Q | 375,161 | COST |
| WESTERN CONNECTICUT HEALTH NETWORKINC | K | 2,109,487 | COST |
| DANBURY & NEW MILFORD HOSPITAL FOUNDATION | M | 78,262 | COST |
| DANBURY & NEW MILFORD HOSPITAL FOUNDATION | J | 68,232 | COST |
| NORWALK HOSPITAL FOUNDATION INC | P | 61,732 | COST |
| NORWALK HOSPITAL FOUNDATION INC | L | 5,774,369 | COST |
| NORWALK HOSPITAL FOUNDATION INC | C | 2,246,569 | COST |
| SWC CORPORATION | L | 153,312 | COST |
| SWC CORPORATION | Q | 67,797 | COST |
| NUVANCE HEALTH MEDICAL PRACTICE OF CT INC | P | 1,250,327 | COST |
| NUVANCE HEALTH MEDICAL PRACTICE OF CT INC | Q | 874,899 | COST |
| NUVANCE HEALTH MEDICAL PRACTICE OF CT INC | M | 56,465,915 | COST |
| NUVANCE HEALTH MEDICAL PRACTICE OF CT INC | L | 57,394,092 | COST |
| NUVANCE HEALTH MEDICAL PRACTICE OF CT INC | J | 1,177,867 | COST |
| WESTERN CONNECTICUT HOME CARE INC | Q | 98,797 | COST |
| WESTERN CONNECTICUT HOME CARE INC | L | 98,630 | COST |
| WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES | Q | 50,934 | COST |
| WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES | L | 50,858 | COST |
| HEALTH QUEST SYSTEMS INC | P | 1,010,922 | COST |
| HEALTH QUEST SYSTEMS INC | Q | 487,153 | COST |

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|-------------------------------------|---------------------------------|------------------------|--|
| VASSAR BROTHERS MEDICAL CENTER | R | 25,000,000 | COST |
| SHARON HOSPITAL | Q | 105,302 | COST |
| DANBURY HOSPITAL | P | 23,345,348 | COST |
| DANBURY HOSPITAL | B | 4,361,931 | COST |
| DANBURY HOSPITAL | R | 958,529 | COST |
| DANBURY HOSPITAL | M | 1,356,419 | COST |
| DANBURY HOSPITAL | L | 27,747,659 | COST |
| DANBURY HOSPITAL | O | 95,736 | COST |
| DANBURY HOSPITAL | Q | 590,464 | COST |