

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/02/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

| | |
|---|---|
| 1a Name of plan <u>NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>001</u> |
| | 1c Effective date of plan <u>01/01/1997</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NUVANCE HEALTH</u> <u>100 RESERVE RD</u> <u>DANBURY, CT 06810</u> | 2b Employer Identification Number (EIN) <u>22-2577718</u> |
| | 2c Plan Sponsor's telephone number <u>203-739-8181</u> |
| | 2d Business code (see instructions) <u>621399</u> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|--|-------------------|--|
| SIGN HERE | <u>Filed with authorized/valid electronic signature.</u> | <u>03/22/2023</u> | <u>DANIEL COX</u> |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

| | |
|---|--|
| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor THE NORWALK HOSPITAL PLAN ADVISORY COMMITTEE 34 MAPLE STREET NORWALK, CT 06856 | 3b Administrator's EIN 06-6068853 3c Administrator's telephone number 203-852-3278 |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | 5 312 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) 279 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | |
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
| 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) | |
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **05/02/2022**

| | |
|--|--|
| A Name of plan NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NUVANCE HEALTH | D Employer Identification Number (EIN) 22-2577718 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INS. AND ANNUITY CO

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 06-1050034 | 93629 | 074300 | 0 | 01/01/2022 | 05/02/2022 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|---|----------|--|
| 4 Current value of plan's interest under this contract in the general account at year end..... | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|---|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GUARANTEED INCOME FUND**

b Balance at the end of the previous year **7b** 3895947

| | | | |
|---|--------------|--------|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 240037 | |
| (2) Dividends and credits..... | 7c(2) | 22349 | |
| (3) Interest credited during the year..... | 7c(3) | | |
| (4) Transferred from separate account..... | 7c(4) | | |
| (5) Other (specify below) | 7c(5) | 362454 | |

▶ **LOANS, TRANSFER, EXCH**

(6) Total additions..... **7c(6)** 624840

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 4520787

e Deductions:

| | | | |
|---|--------------|---------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 117368 | |
| (2) Administration charge made by carrier..... | 7e(2) | 1410 | |
| (3) Transferred to separate account..... | 7e(3) | | |
| (4) Other (specify below) | 7e(4) | 4402009 | |

▶ **TRANSFER AND EXCHANGE OUT**

(5) Total deductions..... **7e(5)** 4520787

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

| | | | | |
|---|-----------------|--------------|-----------------|---|
| a Premiums: (1) Amount received | | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | | 9a(4) | 0 |
| b Benefit charges (1) Claims paid..... | | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | | 9b(3) | 0 |
| (4) Claims charged | | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | 9c(1)(A) | | | |
| (B) Administrative service or other fees | 9c(1)(B) | | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | | |
| (D) Other expenses | 9c(1)(D) | | | |
| (E) Taxes | 9c(1)(E) | | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | | |
| (G) Other retention charges..... | 9c(1)(G) | | | |
| (H) Total retention..... | | | 9c(1)(H) | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | | 9d(1) | |
| (2) Claim reserves | | | 9d(2) | |
| (3) Other reserves | | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... | | | 9e | |
| 10 Nonexperience-rated contracts: | | | | |
| a Total premiums or subscription charges paid to carrier | | | 10a | |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | | | 10b | |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/02/2022

| | | |
|--|--|------------|
| A Name of plan <u>NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>NUVANCE HEALTH</u> | D Employer Identification Number (EIN) <u>22-2577718</u> | |

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID INV INST OPS CO

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL RET INS AND ANNUITY CO

06-1050034

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FID INV INST OPS CO

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 64 65 | RECORDKEEPER | 3362 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

STRATEGIC ADVISORS INC

04-2654524

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | ADVISOR | 2148 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| FID INV INST OPS CO | 60 | 0 |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
|---|--|--|
| GS SM/MD CAP GRTH IS 13-5108880 | 0.25% | |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| FID INV INST OPS CO | 60 | 0 |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
|---|--|--|
| BLKRK HI YLD BD INST 301 BELLEVUE PKWY WILMINGTON, DE 19809 | 0.15% | |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| FID INV INST OPS CO | 60 | 0 |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
|--|--|--|
| COHEN & STEERS RLTY 430 W 7TH STREET STE 29432 KANSAS CITY, MO 64105 | 0.40% | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2022 This Form is Open to Public Inspection. |
|---|--|--|

| | | |
|--|--|------------|
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>05/02/2022</u> | | |
| A Name of plan <u>NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NUVANCE HEALTH</u> | D Employer Identification Number (EIN) <u>22-2577718</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | | | |
|---|---|---------------------------------------|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GRP 2020 TARGET DATE RET TR</u> | b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u> | c EIN-PN <u>95-6597294-520</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GRP 2025 TARGET DATE RET TR</u> | b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u> | c EIN-PN <u>95-6597294-525</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GRP 2030 TARGET DATE RET TR</u> | b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u> | c EIN-PN <u>95-6597294-530</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GRP 2035 TARGET DATE RET TR</u> | b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u> | c EIN-PN <u>95-6597294-535</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GRP 2040 TARGET DATE RET TR</u> | b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u> | c EIN-PN <u>95-6597294-540</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GRP 2045 TARGET DATE RET TR</u> | b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u> | c EIN-PN <u>95-6597294-545</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GRP 2050 TARGET DATE RET TR</u> | b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u> | c EIN-PN <u>95-6597294-550</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2055 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 95-6597294-555 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2060 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 95-6597294-560 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2065 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 95-6597294-565 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

Part II Information on Participating Plans (to be completed by DFEs)
 (Complete as many entries as needed to report all participating plans)

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

a Plan name

| | |
|-------------------------------|-----------------|
| b Name of plan sponsor | c EIN-PN |
|-------------------------------|-----------------|

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **05/02/2022**

| | |
|--|--|
| A Name of plan NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN | B Three-digit plan number (PN) ► 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NUVANCE HEALTH | D Employer Identification Number (EIN) 22-2577718 |

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | (a) Beginning of Year | (b) End of Year |
|---|------------------------------|------------------------|
| a Total noninterest-bearing cash..... | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions..... | 1b(1) | |
| (2) Participant contributions..... | 1b(2) | |
| (3) Other..... | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit)..... | 1c(1) | 0 |
| (2) U.S. Government securities..... | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred..... | 1c(3)(A) | |
| (B) All other..... | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred..... | 1c(4)(A) | |
| (B) Common..... | 1c(4)(B) | |
| (5) Partnership/joint venture interests..... | 1c(5) | |
| (6) Real estate (other than employer real property)..... | 1c(6) | |
| (7) Loans (other than to participants)..... | 1c(7) | |
| (8) Participant loans..... | 1c(8) | 0 |
| (9) Value of interest in common/collective trusts..... | 1c(9) | 0 |
| (10) Value of interest in pooled separate accounts..... | 1c(10) | |
| (11) Value of interest in master trust investment accounts..... | 1c(11) | |
| (12) Value of interest in 103-12 investment entities..... | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | 0 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 0 |
| (15) Other..... | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 35094460 | 0 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 35094460 | 0 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 1293293 | |
| (B) Participants..... | 2a(1)(B) | 454004 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 9881 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 1757178 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 9573 | |
| (F) Other..... | 2b(1)(F) | 22449 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 32022 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 52715 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 52715 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -1737227 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -2529053 |
| c Other income | 2c | | -13116 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | -2437481 |
| Expenses | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 449104 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 449104 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 5510 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 5510 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 454614 |
| Net Income and Reconciliation | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -2892095 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan..... | 2l(2) | | 32202365 |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified **(2)** Qualified **(3)** Disclaimer **(4)** Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 **(2)** DOL Regulation 2520.103-12(d) **(3)** neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MARCUM LLP**

(2) EIN: **11-1986323**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. **(2)** It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 4a | | X | |

| | | Yes | No | Amount |
|---|-----------|-----|----|---------|
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | 4d | | X | |
| e Was this plan covered by a fidelity bond?..... | 4e | X | | 2000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?..... | 4h | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | 4i | | X | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)..... | 4j | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| NUVANCE HEALTH 401K | 83-4214573 | 001 |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/02/2022

| | | |
|--|--|------------|
| A Name of plan <u>NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>NUVANCE HEALTH</u> | D Employer Identification Number (EIN) <u>22-2577718</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | |
|---|---|
| 1 | 0 |
|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)..... | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year..... | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

| | |
|----------------|---|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|--|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year..... | 15a | |
| b The corresponding number for the second preceding plan year..... | 15b | |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS

**AS OF MAY 2, 2022 AND DECEMBER 31, 2021
AND FOR THE PERIOD FROM
JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 31, 2021**

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

CONTENTS

Independent Auditors' Report..... 1-3

Financial Statements

Statements of Net Assets Available for Benefits.....4

Statements of Changes in Net Assets Available for Benefits5

Notes to Financial Statements..... 6-15

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Norwalk Hospital Employee Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Norwalk Hospital Employee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of May 2, 2022 and December 31, 2021, and the related statements of changes in net assets available for benefits for the period from January 1, 2022 through May 2, 2022 and for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Norwalk Hospital Employee Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of May 2, 2022 and December 31, 2021, and for the period from January 1, 2022 through May 2, 2022 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Norwalk Hospital Employee Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Norwalk Hospital Employee Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Norwalk Hospital Employee Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Norwalk Hospital Employee Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Marcum LLP

Hartford, CT
March 16, 2023

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 2, 2022 AND DECEMBER 21, 2021

| | May 2, 2022 | December 31, 2021 |
|--|----------------|----------------------|
| Assets | | |
| Investments - at fair value | | |
| Mutual funds | \$ -- | \$ 30,641,596 |
| Cash and cash equivalents | <u>--</u> | <u>356</u> |
| | -- | 30,641,952 |
| Investments - at contract value | | |
| Guaranteed investment contract | <u>--</u> | <u>3,895,947</u> |
| Total Investments | <u>--</u> | <u>34,537,899</u> |
| Receivables | | |
| Notes receivable from participants | -- | 556,561 |
| Participant contributions receivable | -- | 98,103 |
| Employer contributions | <u>--</u> | <u>1,271,293</u> |
| Total Receivables | <u>--</u> | <u>1,925,957</u> |
| Net Assets Available for Benefits | <u>\$ --</u> | <u>\$ 36,463,856</u> |

The accompanying notes are an integral part of these financial statements.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

| | 2022 | 2021 |
|--|-------------|---------------|
| Additions | | |
| Investment Income | | |
| Dividends and interest | \$ 52,710 | \$ 886,910 |
| Net (depreciation) appreciation in fair value of mutual fund investments | (4,256,941) | 6,839,484 |
| Total Investment Income | (4,204,231) | 7,726,394 |
| Interest Income on Notes Receivable from Participants | 9,573 | 38,121 |
| Contributions | | |
| Participant contributions | 355,901 | 2,782,073 |
| Employer contributions | 22,000 | 1,271,293 |
| Rollovers | 9,881 | 92,180 |
| Total Contributions | 387,782 | 4,145,546 |
| Total Net Additions | (3,806,876) | 11,910,061 |
| Deductions from Net Assets | | |
| Benefits paid to participants | 449,105 | 4,046,913 |
| Administrative expenses | 5,510 | 42,992 |
| Total Deductions | 454,615 | 4,089,905 |
| Net (Decrease) Increase | (4,261,491) | 7,820,156 |
| Transfer of Assets to Nuvance Health 401(k) Retirement Savings Plan | 32,202,365 | 64,444,879 |
| Net Assets Available for Benefits - Beginning | 36,463,856 | 93,088,579 |
| Net Assets Available for Benefits - Ending | \$ -- | \$ 36,463,856 |

The accompanying notes are an integral part of these financial statements.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

NOTE 1 – DESCRIPTION OF THE PLAN

GENERAL

The Norwalk Hospital Employee Savings Plan (the Plan), which was previously called the S.W.C. Corporation 401(k) Plan, was originally adopted effective April 1, 1997. The Plan was amended effective January 1, 2011 to allow all eligible employees of Norwalk Hospital Association to become participants. Although the name of the Plan was changed as part of the amendment, S.W.C. Corporation is still the Plan Sponsor. The Plan is a defined contribution plan covering all eligible employees of Norwalk Hospital Association and affiliates (collectively, the Hospital or Employer) excluding Norwalk Healthcare, Inc. who normally work 20 hours or more per week and are age twenty-one or older. Eligibility is achieved when the employee performs their first hour of service and completes and files all forms required by the plan administrator. The Plan is funded by the participants and the Hospital's contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Finance Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

In April 2019, Western Connecticut Health Network (WCHN) (parent of the Hospital) and Health Quest combined to form a new non-profit health system named Nuvance Health. In October 2020, the Nuvance Health Benefits Committee approved the merger of the Plan with the Nuvance Health 401(k) Retirement Savings Plan (formerly, Western Connecticut Health Network 401(k) Retirement Savings Plan) effective May 2, 2022. Effective May 12, 2021, the Plan transferred its assets for terminated and non-union employees of \$64,444,879 to the Nuvance Health 401(k) Retirement Savings Plan. Effective February 25, 2022, all participant and Employer contributions into the Plan ceased and as of that same date, all contributions were remitted to the Nuvance Health 401(k) Retirement Savings Plan. The Plan's remaining assets of \$32,202,365 were transferred to the Nuvance Health 401(k) Retirement Savings Plan on May 2, 2022.

Effective January 1, 2007, the Plan was split into two parts. Part I is for eligible employees (Part I Employees) who have a date of employment on or before December 31, 2006. Part II is for eligible employees (Part II Employees) who have a date of employment or re-employment on January 1, 2007 or thereafter.

Effective October 1, 2013, the Plan was amended to add Part III for eligible employees (Part III Employees) who have a date of employment on or before December 31, 2006 and were eligible non-union employees who are not covered by the collective bargaining agreement between the Employer and the Connecticut Health Care Associates National Union of Healthcare Employees, AFSCME, AFL-CIO.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL (CONTINUED)

Prior to May 2, 2022, the Plan had an automatic enrollment feature whereby once an employee met the eligibility requirements they were automatically enrolled with a 3 percent contribution withheld from their paycheck unless otherwise specified by the participant.

CONTRIBUTIONS

Prior to February 25, 2022, participants in the Plan were allowed to contribute a percentage of their eligible compensation at their discretion as an elective deferral or a voluntary contribution subject to limitations contained in the Internal Revenue Code (the Code or IRC); voluntary contributions were on an after tax basis up to 8% of compensation. The Plan also included Hospital matching contributions.

Effective January 1, 2017, the Plan was amended to discontinue Employer matching contributions for all nurses hired prior to January 1, 2007 (Part I and III Employees). The Hospital's registered nurses hired on January 1, 2007 or later continued to receive Hospital matching contributions (if they contributed) and Hospital auto contributions during 2017.

Effective January 1, 2018, the Hospital amended the Plan to provide core contributions calculated as a uniform 2% of each participant's compensation per plan year. Additionally, the Hospital continued to provide matching contributions equal to a uniform percentage of each participant's deferred compensation based upon a years of service requirement, as outlined in the Plan document.

Prior to May 2, 2022, participants directed employee and Hospital contributions in investment options offered by the Plan. Each participant's account was credited with the participant's and Hospital's contributions and an allocation of Plan earnings. The allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's account.

VESTING

Prior to May 2, 2022, each Part I Employee was 100% vested at all times in all of his or her account. Part II and Part III Employees were 100% vested in their contributions plus earnings thereon. Part II and Part III Employees were subject to a vesting schedule for Employer core contributions and Hospital matching contributions; less than 3 years 0% vested; 3 or more years 100% vested.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 31, 2021

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

VESTING (CONTINUED)

Prior to May 2, 2022, if a participant left the Hospital before becoming fully vested in the Employer's contributions to the Plan, the participant forfeited the non-vested portion of the Employer's contributions after the date he or she incurred five consecutive one-year breaks in service. Such forfeitures were used to reduce Hospital contributions or to pay Plan expenses. There were forfeitures of \$4,192 and \$17,911 during the period from January 1, 2022 through May 2, 2022 and the year ended December 31, 2021, respectively. As of May 2, 2022 and December 31, 2021, forfeited accounts totaled \$0 and \$187,239, respectively. Forfeitures of \$22,000 and \$180,000, respectively, were utilized to reduce Hospital contributions during the period from January 1, 2022 through May 2, 2022 and the year ended December 31, 2021, respectively.

PAYMENT OF BENEFITS

Prior to May 2, 2022, distributions from the Plan were made upon normal retirement, late retirement, disability retirement, termination of employment or death. If a participant's account balance became distributable for any reason other than death and such amount was not required to be distributed in the form of a Qualified Joint and Survivor Annuity, the method of distribution was elected by the participant. A participant may have elected to have the plan administrator apply his entire account toward the purchase of an annuity contract which was nontransferable and was distributed to the participant. The Plan made required minimum distributions in accordance with Treas. Reg. 1.403(b)-6.

Prior to May 2, 2022, a participant could receive a distribution on account of hardship (as defined) from his or her elective deferral account.

NOTES RECEIVABLE FROM PARTICIPANTS

Prior to May 2, 2022, upon application made by an eligible participant, the Plan could have authorized the funding agent to make a loan to the participant for a minimum of \$1,000 (\$5,000 for a loan regarding the purchase of a principal residence). The total loan was limited to the lesser of \$50,000 or one-half the present value of the non-forfeitable accrued benefit of the participant. Loan terms required that repayments (principal and interest) be amortized in level payments, not less frequently than weekly over a period not extending beyond five years from the date of the loan.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS (CONTINUED)

Prior to May 2, 2022, a loan term could have exceeded five years if the loan was used to acquire a dwelling which within a reasonable time will be used as the principal residence of the participant. The loans were secured by no more than one-half of the vested portion of the participant's accounts and bore interest at a rate of prime plus 1 percent. Principal and interest were repaid ratably through payroll deductions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

INVESTMENT VALUATION AND INCOME RECOGNITION

Prior to May 2, 2022, investments, except for the guaranteed investment contract described below, were stated at fair value, as determined by management based on information from the Fidelity Management Trust Company (Fidelity), the Plan's trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements.

Prior to May 2, 2022, the Plan invested in a fully-benefit responsive guaranteed investment contract through Prudential Retirement Insurance and Annuity Company (Prudential Retirement). The guaranteed investment contract account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract was included in the financial statements at contract value, as reported to the Plan by Fidelity. Contract value represented contributions made under contract, plus earnings, less participant withdrawals and administrative expenses. Prior to May 2, 2022, participants could have directed the withdrawal or transfer of all or a portion of their investment at contract value. Unrealized gains/(losses) from the guaranteed investment contract were not included in the statements of changes in net assets available for benefits as the contract was recorded at contract value for purposes of net assets available for benefits.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INVESTMENT VALUATION AND INCOME RECOGNITION (CONTINUED)

Prior to May 2, 2022, purchases and sales of securities were recorded on a trade-date basis. Dividends were recorded on the ex-dividend date. Net (depreciation) appreciation included the Plan's losses and gains on investments bought and sold as well as held during the year.

USE OF ESTIMATES

The preparation of the financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

NOTES RECEIVABLE FROM PARTICIPANTS

Prior to May 2, 2022, notes receivable from participants were stated at their outstanding balances, plus accrued and unpaid interest. Interest income was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when they were incurred. No allowance for credit losses has been recorded as of May 2, 2022 and December 31, 2021. If a participant ceased to make loan repayments and the plan administrator deemed the participant loan to be in default, the participant loan balance was reduced and a benefit payment was recorded.

ADMINISTRATIVE EXPENSES

Prior to May 2, 2022, costs associated with administering the Plan were shared between the Hospital and the participants. The Hospital reserved the right to allocate Plan expenses to a participant's account on a pro rata basis (i.e., proportionate to account balance). Certain expenses of the Plan were paid directly by the Hospital and were excluded from these financial statements. Investment related expenses were included in the net (depreciation) appreciation in fair value of mutual fund investments.

PAYMENT OF BENEFITS

Prior to May 2, 2022, benefits were recorded when paid.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

SUBSEQUENT EVENTS

Events subsequent to May 2, 2022 have been evaluated through March 16, 2023, representing the date the financial statements were available to be issued. No events have occurred requiring recognition or disclosure in the financial statements.

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements, including investments and notes receivable from participants held at May 2, 2022 and December 31, 2021, and net (depreciation) appreciation in fair value of mutual fund investments, dividends and interest and interest income on notes receivable from participants for the period from January 1, 2022 through May 2, 2022 and for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity. This information has not been audited by the Plan's independent auditors.

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under are as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs other than quoted prices included in Level 1, such as quoted prices for markets that are not active or other inputs that are observable or can be corroborated by observable market data.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 31, 2021

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021.

Cash and cash equivalents: Consist of cash and interest bearing deposits with maturities of three months or less. Fair value is based on cost plus accrued interest.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

| | Investment Assets (Fair Value) as of December 31, 2021 | | | |
|---------------------------------|--|--------------|--------------|----------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 30,641,596 | \$ -- | \$ -- | \$ 30,641,596 |
| Cash and cash equivalents | <u>356</u> | <u>--</u> | <u>--</u> | <u>356</u> |
| Total investments at fair value | <u>\$ 30,641,952</u> | <u>\$ --</u> | <u>\$ --</u> | <u>\$ 30,641,952</u> |

TRANSFERS BETWEEN LEVELS

For the period from January 1, 2022 through May 2, 2022 and for the year ended December 31, 2021, there were no transfers in or out of Levels 1, 2 or 3.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 31, 2021

NOTE 5 – INVESTMENT CONTRACT

Prior to May 2, 2022, the Plan had a guaranteed investment contract with Prudential Retirement (the Issuer) who maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Issuer was contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate was based on a formula agreed upon with the Issuer, but could not be less than 1 percent.

Prior to May 2, 2022, the interest rate credited to participants reflected the amortization of realized and unrealized gains and losses in the underlying investment contracts over the duration of the entire portfolio and may not have reflected the actual returns achieved in the portfolio. From time to time, the crediting rate may have been significantly greater or less than current market interest rates. Such interest rates were reviewed on a semi-annual basis for resetting.

Generally, there were not any events that could limit the ability of the Plan to execute transactions at contract value within 90 days.

The guaranteed investment contract did not permit the Issuer to terminate the agreement prior to the scheduled maturity date.

NOTE 6 – INCOME TAX STATUS

The Hospital adopted a volume submitter plan, which received an advisory letter from the Internal Revenue Service (IRS). The volume submitter plan is intended to qualify under IRC Section 401(a). The Plan will not receive a separate determination letter. The Plan is required to operate in conformity with the Code to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than not would not be sustained upon examination by the IRS. The Plan did not take any uncertain tax positions as of May 2, 2022 and December 31, 2021. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods pending or in progress.

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

NOTE 7 – RISKS AND UNCERTAINTIES

Prior to May 2, 2022, the Plan invested in various investment securities. Investment securities were exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the value of investment securities could occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

During the period from January 1, 2022 through May 2, 2022 and the year ended December 31, 2021, the Plan's investments were managed by the trustee, and therefore, these transactions qualify as party-in-interest transactions. Prior to May 2, 2022, the Plan allowed participants to take loans against their account balances, which also qualified as exempt party-in-interest transactions.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as presented in the accompanying financial statements at December 31, 2021 to the Form 5500.

| | <u>2021</u> |
|--|----------------------|
| Net assets available for benefits per financial statements | \$ 36,463,856 |
| Participant contributions receivable | (98,103) |
| Employer contributions receivable | <u>(1,271,293)</u> |
| Net assets available for benefits per Form 5500 | <u>\$ 35,094,460</u> |

NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2022 THROUGH MAY 2, 2022
AND THE YEAR ENDED DECEMBER 21, 2021

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of net decrease as presented in the accompanying financial statements for the period January 1, 2022 to May 2, 2022 to the Form 5500.

| | <u>2022</u> |
|---|-----------------------|
| Net decrease per the statement of changes in net assets available for benefits | \$ (4,261,491) |
| Change in Participant contributions receivable | 98,103 |
| Change in Employer contributions receivable | <u>1,271,293</u> |
| Net decrease per Form 5500 | <u>\$ (2,892,095)</u> |