

## PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2021****Open to Public Inspection**

<b>A</b> For the 2021 calendar year, or tax year beginning , 2021, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>NORTON HOSPITALS, INC.</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>ACCOUNTING, 224 E BROADWAY, 5TH FLOOR</u> City or town, state or province, country, and ZIP or foreign postal code <u>LOUISVILLE, KY 40202</u>
	<b>D</b> Employer identification number <u>61-0703799</u>
	<b>E</b> Telephone number <u>(502) 629-8263</u>
	<b>G</b> Gross receipts \$ <u>2,538,148,814</u>
	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <u>WWW.NORTONHEALTHCARE.COM</u>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>1969</u> <b>M</b> State of legal domicile: <u>KY</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>NORTON HOSPITALS, INC.'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND FAITH HERITAGE.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<u>23</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<u>22</u>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) . . . . .	<b>5</b>	<u>13,096</u>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<u>417</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<u>1,884,943</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	<u>20,581</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<u>71,255,894</u>	<u>47,917,001</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<u>2,046,868,775</u>	<u>2,479,713,857</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<u>2,000</u>	<u>34,081</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<u>4,583,579</u>	<u>6,458,015</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<u>2,122,710,248</u>	<u>2,534,122,954</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		<u>0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<u>703,130,837</u>	<u>770,870,455</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<u>0</u>	<u>0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<u>1,207,280,791</u>	<u>1,406,250,969</u>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<u>1,910,411,628</u>	<u>2,177,121,424</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<u>212,298,620</u>	<u>357,001,530</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<u>3,193,313,774</u>	<u>3,488,220,444</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<u>336,544,733</u>	<u>274,473,788</u>
		<u>2,856,769,041</u>	<u>3,213,746,656</u>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<u>ADAM KEMPF, CFO</u> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>KIM SCIFRES</u>	Preparer's signature <u>KIM SCIFRES</u>	Date <u>11/10/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01316095</u>
	Firm's name ▶ <u>CROWE LLP</u>	Firm's EIN ▶ <u>35-0921680</u>			
	Firm's address ▶ <u>9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-3902</u>	Phone no. <u>(502) 326-3996</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:  
NORTON HOSPITALS, INC.'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A  
MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND FAITH HERITAGE.
- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,132,398,247 including grants of \$ ) (Revenue \$ 2,482,961,806 )

NORTON HOSPITALS, INC. (NHI) WAS FORMED TO: I) PROVIDE ON A NONPROFIT BASIS, HOSPITAL OR HEALTH  
CARE FACILITIES AND SERVICES FOR THE CARE AND TREATMENT OF ILL AND INJURED PERSONS AND THOSE WHO  
OTHERWISE REQUIRE MEDICAL CARE AND RELATED SERVICES OF THE KIND CUSTOMARILY FURNISHED MOST  
EFFECTIVELY BY HOSPITALS OR HEALTH CARE FACILITIES; II) CONDUCT EDUCATIONAL ACTIVITIES RELATED  
TO RENDERING CARE TO THE SICK AND INJURED; III) PROMOTE AND CONDUCT SCIENTIFIC RESEARCH RELATED  
TO THE CARE OF THE SICK AND INJURED.

NHI HAS A TOTAL OF 1,907 LICENSED BEDS, NORTON HOSPITAL - 605 BEDS; NORTON CHILDREN'S HOSPITAL -  
300 BEDS; NORTON AUDUBON HOSPITAL - 432 BEDS; NORTON WOMEN'S AND CHILDREN'S HOSPITAL - 373 BEDS;  
AND NORTON BROWNSBORO HOSPITAL - 197 BEDS. THESE HOSPITALS OPERATE TWENTY-FOUR (24) HOURS A DAY,  
SEVEN (7) DAYS A WEEK. IN 2021, NHI'S HOSPITALS AND DIAGNOSTIC CENTERS SERVED 68,502 INPATIENTS,  
(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 2,132,398,247

**Part IV Checklist of Required Schedules**

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

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

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

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

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



	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	256
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 13,096		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		✓
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		



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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> 22		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>	✓	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . <b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>	✓	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>	✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>	✓	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . <b>9</b>		✓

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
HELENA SCHULZ, ACCOUNTING, 224 E BROADWAY, 5TH FL, LOUISVILLE, KY 40202, (502) 629-8263

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUSSELL F. COX PRESIDENT & CEO/TRUSTEE	10.0 40.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	2,666,577	216,913
(2) MICHAEL W. GOUGH EXEC VP AND COO	10.0 40.0			<input checked="" type="checkbox"/>				0	1,640,775	153,475
(3) AARON SPALDING, M.D. PHYSICIAN	50.0 0.0					<input checked="" type="checkbox"/>		1,660,810	0	74,058
(4) MICHAEL HAHN, M.D. PHYSICIAN	50.0 0.0					<input checked="" type="checkbox"/>		1,428,728	0	61,899
(5) SHAWN GLISSON, M.D. PHYSICIAN	50.0 0.0					<input checked="" type="checkbox"/>		1,413,086	0	51,389
(6) JOSEPH MALY, M.D. PHYSICIAN	50.0 0.0					<input checked="" type="checkbox"/>		1,209,010	0	57,741
(7) DON STEVENS, M.D. PHYSICIAN	50.0 0.0					<input checked="" type="checkbox"/>		1,132,249	0	52,353
(8) ADAM KEMPF SR VP, CFO/TREASURER	10.0 40.0			<input checked="" type="checkbox"/>				0	936,741	161,352
(9) JOSEPH FLYNN, D.O. CAO NMG - PHYSICIAN -IN-CHIEF NCI	50.0 0.0				<input checked="" type="checkbox"/>			936,991	0	148,695
(10) ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	10.0 40.0			<input checked="" type="checkbox"/>				0	867,301	134,830
(11) MATTHEW AYERS HOSPITAL CAO	50.0 0.0				<input checked="" type="checkbox"/>			557,816	0	102,007
(12) CHARLOTTE IPSAN HOSPITAL CAO	50.0 0.0				<input checked="" type="checkbox"/>			528,088	0	105,405
(13) EMMETT RAMSER HOSPITAL CAO	49.0 1.0				<input checked="" type="checkbox"/>			483,485	0	107,768
(14) ANDREW STRAUSBAUGH HOSPITAL CAO	50.0 0.0				<input checked="" type="checkbox"/>			481,585	0	95,723

Form **990** (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RANDY HAMILTON HOSPITAL CAO	50.0 0.0				✓			451,592	0	78,464
(16) BRENDAN CANAVAN TRUSTEE	1.0 2.5	✓						0	1,600	0
(17) CRAIG D. GRANT TRUSTEE (PARTIAL YEAR)	1.0 4.5	✓						0	1,600	0
(18) EDIE NIXON CHAIR	1.0 14.5	✓						0	1,600	0
(19) ERWIN ROBERTS TRUSTEE	1.0 2.5	✓						0	1,600	0
(20) G. HUNT ROUNSAVALL, SR. TRUSTEE	1.0 5.5	✓						0	1,600	0
(21) GAIL LYTTLE TRUSTEE	1.0 2.5	✓						0	1,600	0
(22) GREGORY E. MAYES TRUSTEE	1.0 6.5	✓						0	1,600	0
(23) JAMES L. SUBLETT, M.D. TRUSTEE	1.0 2.5	✓						0	1,600	0
(24) JUDGE DENISE CLAYTON TRUSTEE	1.0 2.5	✓						0	1,600	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								10,283,441	6,125,794	1,602,072
<b>c Total from continuation sheets to Part VII, Section A</b>								0	6,400	0
<b>d Total (add lines 1b and 1c)</b>								10,283,441	6,132,194	1,602,072
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								725		

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

**Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
MESSER CONSTRUCTION CO., 11001 PLANTSIDE DR., LOUISVILLE, KY 40299	CONSTRUCTION	24,838,859
AMN HEALTHCARE, INC. , 2735 COLLECTION CENTER DR., CHICAGO, IL 60693	NURSE STAFFING SERVICES	20,796,149
MEDICAL SOLUTIONS, LLC, P. O. BOX 310737, DES MOINES, IA 50331-0737	CONTACT LABOR	14,464,756
NORTHSTAR ANESTHESIA O KY II PLLC, 6225 N STATE HWY 161, SUITE 200, IRVING, TX 75038	ANESTHESIA SERVICES	12,549,883
WEHR CONSTRUCTORS, INC., 2517 PLANTSIDE DR., LOUISVILLE, KY 40299	CONSTRUCTION	8,284,674
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		144



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	9,306,426			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	38,610,575			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 409,839			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		47,917,001			
	<b>Program Service Revenue</b>		Business Code				
<b>2a</b>	NET PATIENT REVENUE	621110	2,479,336,643	2,477,451,700	1,884,943		
<b>b</b>	HEALTHCARE EDUCATION	624190	377,214	377,214			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>	All other program service revenue . . . . .		0	0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		2,479,713,857				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	1,043,997			
	<b>b</b>	Less: rental expenses	(ii) Personal	1,132,993			
	<b>c</b>	Rental income or (loss)		(88,996)	0		
	<b>d</b>	Net rental income or (loss) . . . . .		(88,996)		(88,996)	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	2,926,948			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	(ii) Other	2,892,867			
	<b>c</b>	Gain or (loss) . . . . .		34,081	0		
	<b>d</b>	Net gain or (loss) . . . . .		34,081		34,081	
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
	<b>b</b>	Less: cost of goods sold . . . . .					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code					
	<b>11a</b>	PURCHASING CO-OP INC	561499	3,601,272	3,601,272		
	<b>b</b>	PARKING INCOME	812930	1,414,119		1,414,119	
	<b>c</b>	AFFILIATION AGREEMENT	621990	642,768	642,768		
	<b>d</b>	All other revenue . . . . .	900099	888,852	888,852	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		6,547,011			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		2,534,122,954	2,482,961,806	1,884,943	1,359,204	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,678,208	2,678,208		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	321,430	321,430		
<b>7</b> Other salaries and wages . . . . .	614,452,756	614,452,756		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	32,123,400	32,123,400		
<b>9</b> Other employee benefits . . . . .	78,951,163	78,951,163		
<b>10</b> Payroll taxes . . . . .	42,343,498	42,343,498		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	233,462,503	233,462,503	0	0
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	9,980,897	9,980,897		
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	24,785,601	24,785,601		
<b>17</b> Travel . . . . .	1,123,300	1,123,300		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	45,527,091	45,527,091		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	85,334,570	85,334,570		
<b>23</b> Insurance . . . . .	11,841,136	11,841,136		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> MEDICAL SUPPLIES . . . . .	623,336,813	623,336,813		
<b>b</b> ALLOCATED SUPPORT . . . . .	279,519,855	234,796,678	44,723,177	
<b>c</b> PROVIDER TAX . . . . .	67,100,806	67,100,806		
<b>d</b> REPAIRS & MAINTENANCE . . . . .	19,275,690	19,275,690		
<b>e</b> All other expenses . . . . .	4,962,707	4,962,707	0	0
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	2,177,121,424	2,132,398,247	44,723,177	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,000	<b>1</b>	11,339
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	223,213,275	<b>4</b>	262,209,653
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	59,958,395	<b>8</b>	69,170,691
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,440,301	<b>9</b>	3,454,993
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,122,306,769		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,172,250,255	910,012,798	<b>10c</b> 950,056,514
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	7,445,984	<b>14</b>	7,445,984
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,991,234,021	<b>15</b>	2,195,871,270
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,193,313,774	<b>16</b>	3,488,220,444	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	154,961,988	<b>17</b>	242,492,154
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	181,582,745	<b>25</b>	31,981,634
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	336,544,733	<b>26</b>	274,473,788
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,850,901,241	<b>27</b>	3,209,220,477
	<b>28</b> Net assets with donor restrictions . . . . .	5,867,800	<b>28</b>	4,526,179
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	2,856,769,041	<b>32</b>	3,213,746,656
<b>33</b> Total liabilities and net assets/fund balances . . . . .	3,193,313,774	<b>33</b>	3,488,220,444	

Form **990** (2021)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,534,122,954
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,177,121,424
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	357,001,530
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,856,769,041
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	100,000
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(123,915)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,213,746,656

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

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

Form **990** (2021)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARIA HAMPTON ----- TRUSTEE	1.0 ----- 3.5	✓						0	1,600	0
(26) MARIA L. BOUVETTE ----- TRUSTEE	1.0 ----- 2.5	✓						0	1,600	0
(27) RICHARD R. IVEY ----- TRUSTEE	1.0 ----- 2.5	✓						0	1,600	0
(28) RONALD LEHOCKY, M.D. ----- TRUSTEE	1.0 ----- 4.5	✓						0	1,600	0
(29) BARRY PENNYBAKER ----- TRUSTEE	1.0 ----- 2.5	✓						0	0	0
(30) DONALD H. ROBINSON ----- TRUSTEE	1.0 ----- 5.5	✓						0	0	0
(31) GARY L. STEWART ----- VICE-CHAIR	1.0 ----- 7.5	✓						0	0	0
(32) LEE K. GARLOVE ----- TRUSTEE	1.0 ----- 3.5	✓						0	0	0
(33) MARTHA K. HEYBURN, M.D. ----- TRUSTEE	1.0 ----- 2.5	✓						0	0	0
(34) REV WILLIAM J. SCHULTZ ----- TRUSTEE	1.0 ----- 4.5	✓						0	0	0
(35) RICHARD S. WOLF, M.D. ----- CHAIR EMERITUS	1.0 ----- 2.5	✓						0	0	0
(36) RICK GUILLAUME ----- CHAIR EMERITUS	1.0 ----- 3.5	✓						0	0	0
(37) RITA HUDSON SHOURDS, EDD ----- TRUSTEE	1.0 ----- 2.5	✓						0	0	0
(38) SUE DAVIS, EDD, RN ----- TRUSTEE	1.0 ----- 2.5	✓						0	0	0



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

NORTON HOSPITALS, INC.

Employer identification number

61-0703799

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

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

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

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

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

Cat. No. 11285F

Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2021.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2020.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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



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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . .			
<b>b</b> Excess from 2018 . . .			
<b>c</b> Excess from 2019 . . .			
<b>d</b> Excess from 2020 . . .			
<b>e</b> Excess from 2021 . . .			

Schedule A (Form 990) 2021

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**Name of the organization  
**NORTON HOSPITALS, INC.**Employer identification number  
**61-0703799****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization

NORTON HOSPITALS, INC.

Employer identification number

61-0703799

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,023,424	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,383,002	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

61-0703799

## Part II

(a) No.  
from  
Part I



Name of organization

NORTON HOSPITALS, INC.

Employer identification number

61-0703799

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

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

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

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization <b>NORTON HOSPITALS, INC.</b>	Employer identification number <b>61-0703799</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990) 2021

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .														

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		52,742
<b>j</b> Total. Add lines 1c through 1i			52,742
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

SEE NEXT PAGE

**Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	NORTON HOSPITALS, INC. PAYS DUES TO THE KENTUCKY HOSPITAL ASSOCIATION. A PORTION OF THOSE DUES IN THE AMOUNT OF \$52,742 WAS SPENT BY THE KENTUCKY HOSPITAL ASSOCIATION ON LOBBYING.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

NORTON HOSPITALS, INC.

Employer identification number

61-0703799

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

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

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange program  
**e** ☐ Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	27,056,341	24,411,014	18,881,092	20,691,046	18,843,030
<b>b</b> Contributions	488,087	898,799	2,971,598	127,680	30,621
<b>c</b> Net investment earnings, gains, and losses	4,112,120	2,852,846	3,518,035	(1,053,047)	2,617,227
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	1,040,848	1,106,318	959,711	884,587	799,832
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	30,615,700	27,056,341	24,411,014	18,881,092	20,691,046

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

- a** Board designated or quasi-endowment  0.00 %  
**b** Permanent endowment  100.00 %  
**c** Term endowment  0.00 %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations	<b>3a(i)</b>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<b>3a(ii)</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	<input checked="" type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		25,560,360		25,560,360
<b>b</b> Buildings		1,113,073,075	499,587,646	613,485,429
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		801,956,081	663,424,316	138,531,765
<b>e</b> Other		181,717,253	9,238,293	172,478,960
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				950,056,514

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM AFFILIATE	2,164,221,813
(2) MISCELLANEOUS RECEIVABLES	2,046,512
(3) RIGHT OF USE ASSETS	8,664,416
(4) DUE FROM THIRD PARTY PAYORS	20,938,529
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	2,195,871,270

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	9,063,983
(3) LEASE LIABILITIES	8,664,416
(4) CONTRACT LIABILITIES	14,253,235
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	31,981,634

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

[SEE STATEMENT](#)

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE CHILDREN'S HOSPITAL FOUNDATION, INC. AND NORTON HEALTHCARE FOUNDATION, INC. UTILIZE INCOME GENERATED FROM ENDOWMENT FUNDS TO SUPPORT VARIOUS PROGRAMS, SERVICES AND CAPITAL PROJECTS FOR THE BENEFIT OF NORTON HOSPITALS, INC.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

NORTON HOSPITALS, INC.

Employer identification number

61

0703799

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

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			14,127,649	461,781	13,665,868	0.63
<b>b</b> Medicaid (from Worksheet 3, column a)			571,130,085	662,263,096	0	0.00
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			117,027	0	117,027	0.01
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	585,374,761	662,724,877	13,782,895	0.63
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			14,398,542	2,585,600	11,812,942	0.54
<b>f</b> Health professions education (from Worksheet 5) . . . . .			90,938,560	12,798,789	78,139,771	3.59
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			0	0	0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .			3,981,140	0	3,981,140	0.18
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			4,183,821	0	4,183,821	0.19
<b>j Total.</b> Other Benefits . . . . .	0	0	113,502,063	15,384,389	98,117,674	4.51
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	698,876,824	678,109,266	111,900,569	5.14

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

Cat. No. 50192T

Schedule H (Form 990) 2021

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support			785,551		785,551	0.04
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy			625,310		625,310	0.03
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	1,410,861	0	1,410,861	0.06

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

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	0	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	1,097,222	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	386,669,198
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	443,222,833
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(56,553,635)
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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



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

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

How many hospital facilities did the organization operate during the tax year? 5

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> NORTON HOSPITAL 200 E CHESTNUT ST, LOUISVILLE, KY 40202 <a href="https://nortonhealthcare.com/location/hospitals/norton-hospital/">HTTPS://NORTONHEALTHCARE.COM/LOCATION/HOSPITALS/NORTON-HOSPITAL/</a> STATE LICENSE NO. : 100234	✓	✓		✓			✓			A
<b>2</b> NORTON CHILDREN'S HOSPITAL 231 E CHESTNUT ST, LOUISVILLE, KY 40202 <a href="http://www.nortonchildrens.com/">HTTP://WWW.NORTONCHILDRENS.COM/</a> STATE LICENSE NO. : 100234	✓	✓	✓	✓			✓			A
<b>3</b> NORTON WOMEN'S AND CHILDREN'S HOSPITAL 4001 DUTCHMANS LANE, LOUISVILLE, KY 40207 <a href="https://nortonhealthcare.com/location/hospitals/norton-womens-and-childrens-hospital/">HTTPS://NORTONHEALTHCARE.COM/LOCATION/HOSPITALS/NORTON-WOMENS-AND-CHILDRENS-HOSPITAL/</a> STATE LICENSE NO. : 100255	✓	✓		✓			✓			A
<b>4</b> NORTON AUDUBON HOSPITAL ONE AUDUBON PLAZA DRIVE, LOUISVILLE, KY 40217 <a href="https://nortonhealthcare.com/location/hospitals/norton-audubon-hospital/">HTTPS://NORTONHEALTHCARE.COM/LOCATION/HOSPITALS/NORTON-AUDUBON-HOSPITAL/</a> STATE LICENSE NO. : 100252	✓	✓		✓			✓			A
<b>5</b> NORTON BROWNSBORO HOSPITAL 4950 NORTON HEALTHCARE BLVD, LOUISVILLE, KY 40241 <a href="https://nortonhealthcare.com/location/hospitals/norton-brownsboro-hospital/">HTTPS://NORTONHEALTHCARE.COM/LOCATION/HOSPITALS/NORTON-BROWNSBORO-HOSPITAL/</a> STATE LICENSE NO. : 100475	✓	✓					✓			A
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

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

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

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>    </u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group A

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group A

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.		

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# Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: NORTON HOSPITALS, INC. OWNS AND OPERATES FIVE HOSPITALS LOCATED IN LOUISVILLE, JEFFERSON COUNTY, KENTUCKY. THE HOSPITALS ARE: - NORTON HOSPITAL - NORTON CHILDREN'S HOSPITAL - NORTON WOMEN'S AND CHILDREN'S HOSPITAL - NORTON AUDUBON HOSPITAL - NORTON BROWNSBORO HOSPITAL</p>
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	<p>FACILITY NAME: OTHER ORGANIZATIONS</p> <p>DESCRIPTION: NORTON COLLABORATED WITH THE LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS (LMDPHW) AND A VARIETY OF PARTNERS RANGING FROM OTHER LOCAL HEALTH SYSTEMS TO THE JEFFERSON COUNTY PUBLIC SCHOOL SYSTEM AND OTHER COMMUNITY ORGANIZATIONS. ALL OF THESE ORGANIZATIONS WORKED TOGETHER TO ENSURE A COORDINATED APPROACH TO GATHERING INITIAL PRIMARY DATA. THROUGH THIS COLLABORATION, A COMMUNITY HEALTH SURVEY WAS CONDUCTED USING BOTH ONLINE AND PAPER SURVEY METHODOLOGIES. AFTER THE CONCLUSION OF THE SURVEY, A FEW SPECIFIC UNDER-REPRESENTED POPULATIONS IN THE SURVEY RESULTS WERE FOUND. TO ENSURE THAT THE OPINIONS AND PERSPECTIVES OF THESE GROUPS WERE ADEQUATELY REPRESENTED, EIGHT TARGETED FOCUS GROUPS WERE HELD. COMMUNITY INPUT ALSO WAS OBTAINED THROUGH KEY STAKEHOLDER INTERVIEWS OF 43 COMMUNITY LEADERS AND HEALTH CARE PROVIDERS. TO ENSURE THE MEDICALLY UNDERSERVED WERE REPRESENTED IN THIS CHNA, INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES FROM LMDPHW, JEFFERSON COUNTY PUBLIC SCHOOLS AND HEALTH CARE ORGANIZATIONS SERVING NEIGHBORHOODS WHERE MEDIAN HOUSEHOLD INCOMES ARE VERY LOW, AS WELL AS AGENCIES PROVIDING SERVICES RELATED TO MENTAL HEALTH, DOMESTIC VIOLENCE AND RECENT IMMIGRATION TO THE UNITED STATES.</p>
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="https://nortonhealthcare.com/about-us/community-health-needs-assessment/">https://nortonhealthcare.com/about-us/community-health-needs-assessment/</a>
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	<a href="https://nortonhealthcare.com/about-us/community-health-needs-assessment/">https://nortonhealthcare.com/about-us/community-health-needs-assessment/</a>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: DRUG USE</p> <p>IN 2019 THE KENTUCKY POISON CONTROL CENTER OF NORTON CHILDREN'S HOSPITAL LAUNCHED A 24/7 SUPPORT HOTLINE FOR HEALTH CARE PROVIDERS, PATIENTS AND FIRST RESPONDERS ON OPIOID-RELATED ISSUES. THE KENTUCKY OPIOID ASSISTANCE &amp; RESOURCE HOTLINE - (800) 854-6813 - IS STAFFED BY TOXICOLOGY-CERTIFIED NURSES AND PHARMACISTS. FOR THE COMMUNITY, THE HOTLINE OFFERS ADVICE ON SAFE MEDICATION DISPOSAL, WHERE TO GET NALOXONE AND HOW TO USE IT. STAFF ALSO CAN DIRECTLY CONNECT USERS AND THEIR FAMILIES TO OPERATION UNITE FOR SUBSTANCE USE DISORDER TREATMENT AND ASSIST DISPLACED PATIENTS OF PAIN CLINICS THAT SUDDENLY CLOSE.</p> <p>THE NORTON MATERNAL OPIATE AND SUBSTANCE TREATMENT (MOST) PROGRAM WAS CREATED TO HELP PREGNANT WOMEN BREAK THE CYCLE OF ADDICTION. THE MOST PROGRAM OFFERS KNOWLEDGEABLE, SUPPORTIVE STAFF MEMBERS WHO ARE SKILLED IN CARING FOR PREGNANT WOMEN WITH SUBSTANCE USE DISORDERS AND FOR THEIR BABIES. IN 2021, 101 WOMEN ENROLLED IN THE PROGRAM AND 78% DELIVERED THEIR BABIES FULL TERM. NORTON HOSPITALS, INC. (NHI) IS WORKING TO EXPAND THIS ADDICTION RECOVERY PROGRAM THROUGH USE OF NURSE PRACTITIONERS/NAVIGATORS.</p> <p>IN 2018 NHI CREATED AN OPIOID STEWARDSHIP PROGRAM TO DEVELOP PROTOCOLS FOR OPIOID USE AND DISPOSAL IN BOTH THE HOSPITAL AND AMBULATORY SETTING, AND TO PROMOTE ALTERNATIVE PAIN MANAGEMENT METHODS TO REDUCE THE NUMBER OF OPIOIDS IN THE COMMUNITY. THE PROGRAM FOCUSES ON CHANGING PRESCRIPTION PRACTICES BASED ON RECOMMENDATIONS MADE BY THE JOINT COMMISSION, A HEALTH CARE ACCREDITATION ORGANIZATION.</p> <p>OBESITY</p> <p>NHI OFFERS FREE HEALTHY LIVING WELLNESS GROUP VIRTUAL CLASSES LED BY CERTIFIED HEALTH COACHES, FOR PARENTS OF CHILDREN AGES 8 TO 17. THIS CLASS SERIES IS AIMED AT SUPPORTING FAMILIES ON THEIR WELLNESS JOURNEYS THROUGH HELPING THEM REACH THEIR WELLNESS GOALS IN AN ENGAGING AND SUPPORTIVE VIRTUAL GROUP SETTING. NORTON CHILDREN'S PREVENTION &amp; WELLNESS TEAM ALSO OFFERS GROWING COOKS, A TWO-WEEK VIRTUAL COOKING CLASS FOR TEENS AGE 13-18 THEY CAN TAKE FROM HOME. EACH FAMILY RECEIVES A GIFT CARD TO OFFSET GROCERY COSTS.</p> <p>THE NORTON HEALTH &amp; WELLNESS CENTER OFFERS FREE WEIGHT MANAGEMENT SEMINARS TO THE COMMUNITY IN EITHER AN IN-PERSON OR ONLINE SETTING. SERVICES INCLUDE EDUCATIONAL SEMINARS, SUPPORT GROUPS, AND A DEMONSTRATION KITCHEN.</p> <p>NHI CONTINUES TO OFFER FREE HEALTH SCREENINGS AND EDUCATION TO THE COMMUNITY THROUGH USE OF OUR MOBILE PREVENTION UNIT, AS WELL AS THROUGH VARIOUS COMMUNITY EVENTS AND HEALTH FAIRS. IN 2021, THERE WERE OVER 500 FREE SCREENINGS PERFORMED IN THE COMMUNITY.. THROUGH A PARTNERSHIP WITH MORE THAN 200 COMMUNITY ORGANIZATIONS, THE NORTON HEALTHCARE MOBILE PREVENTION CENTER CONNECTS PEOPLE TO WELLNESS AT MULTIPLE STOPS EVERY WEEK. MANY OF THE SCREENINGS ARE PROVIDED AT LOW COST OR NO COST, AND OTHERS TYPICALLY ARE COVERED BY INSURANCE.</p> <p>SMOKING/TOBACCO USE</p> <p>NORTON HEALTHCARE PREVENTION &amp; WELLNESS OFFERS A COMPREHENSIVE TOBACCO CESSATION PROGRAM TO HELP THOSE IN THE COMMUNITY STRUGGLING WITH TOBACCO ADDICTION. CLASSES MEET FOR EIGHT 60- TO 90-MINUTE SESSIONS OVER SEVEN WEEKS. CLASSES FOLLOW THE AMERICAN LUNG ASSOCIATION FREEDOM FROM SMOKING PROGRAM, PROVEN TO BE EFFECTIVE FOR MILLIONS OF SMOKERS.</p> <p>THE COMPREHENSIVE LUNG CENTER AT NORTON CANCER INSTITUTE IS A SCREENING CENTER OF EXCELLENCE, AS DESIGNATED BY THE LUNG CANCER ALLIANCE. LED BY A TEAM OF LUNG SPECIALISTS, THE CENTER COMBINES FOUR COMPREHENSIVE COMPONENTS - PREVENTION, SCREENING, DIAGNOSIS AND TREATMENT - TO ENSURE EACH PATIENT HAS ACCESS TO STATE-OF-THE-ART LUNG CANCER SCREENING, SAME-DAY FOLLOW-UP APPOINTMENTS AND FAST-TRACK TREATMENT AND SUPPORT SERVICES. THE COMPREHENSIVE LUNG CENTER ALLOWS PATIENTS TO SEE AN ONCOLOGIST, SURGEON, RADIATION ONCOLOGIST, COUNSELOR, NUTRITIONIST AND OTHER MEMBERS OF THE CARE TEAM ALL IN ONE VISIT.</p> <p>NHI HAS ESTABLISHED A NO SMOKING POLICY ON ALL CAMPUSES TO ELIMINATE EXPOSURE TO TOBACCO SMOKE FOR OUR PATIENTS AND FAMILIES. NHI HAS MULTIPLE PULMONOLOGISTS ON STAFF AND OFFERS A BROAD RANGE OF ACUTE CARE SERVICES AS WELL AS RESPIRATORY THERAPY AT ALL NHI AND AMBULATORY FACILITIES.</p> <p>MENTAL HEALTH</p> <p>NHI IMPLEMENTED THE COLUMBIA-SUICIDE SEVERITY RATING SCALE IN APRIL 2019. THIS IS A QUESTIONNAIRE WHICH IS USED TO ASSESS SUICIDE RISKS FOR PATIENTS AT ALL ACCESS POINTS, INCLUDING THE EMERGENCY ROOM AND AMBULATORY SETTING. THE TOOL IS USED TO ASSESS PATIENT RISK AND ENSURE REFERRAL TO APPROPRIATE RESOURCES FOR TREATMENT. FROM 2019 TO 2021 THE NUMBER OF SUICIDE SCREENINGS COMPLETED AT NORTON HEALTHCARE INCREASED BY 54%.</p> <p>HEALTH EDUCATORS FROM NORTON CHILDREN'S PREVENTION &amp; WELLNESS TEAM PARTNER WITH LOCAL MIDDLE/HIGH SCHOOLS TO OFFER PEER-TO-PEER EDUCATION AND AWARENESS ABOUT MENTAL HEALTH CONCERNS. WORKSHOPS ARE OFFERED IN SCHOOL HEALTH AND PHYSICAL EDUCATION CLASSROOMS, AT AFTER-SCHOOL EVENTS AND SUMMER PROGRAMS. WORKSHOPS PROVIDE PEER EDUCATION TO SUPPORT YOUNG PEOPLE IN DEVELOPING POSITIVE GROUP NORMS AND MAKING HEALTHY DECISIONS. THIS SERIES TEACHES STUDENTS HOW TO REDUCE STRESS AND EMPOWERS STUDENTS TO BECOME VOICES IN THEIR SCHOOLS AND TO ENCOURAGE HEALTHY BEHAVIORS AND DECISION-MAKING.</p>



Return Reference - Identifier	Explanation
	<p>NORTON CHILDREN'S HOSPITAL OFFERS INPATIENT PSYCHIATRIC CARE FOR CHILDREN AGES 2 TO 17 THROUGH THE ACKERLY CHILD PSYCHIATRIC UNIT. THEIR MISSION IS TO HELP CHILDREN AND FAMILIES REACH THEIR FULLEST POTENTIAL IN A NURTURING AND SAFE ENVIRONMENT. THEY ARE EQUIPPED TO SERVE PATIENTS WITH DEVELOPMENTAL DISABILITIES AND AUTISM, AND EXTEND CARE REGARDLESS OF A FAMILY'S BACKGROUND OR ABILITY TO PAY. IN THE AMBULATORY SETTING, NORTON CHILDREN'S MEDICAL GROUP PSYCHIATRY &amp; PSYCHOLOGY OFFERS CHILD AND ADOLESCENT PSYCHIATRY SERVICES.</p> <p>IN 2019, NHI ESTABLISHED THE NORTON BEHAVIORAL HEALTH PRACTICE, WITH THE GOAL OF PROVIDING CLINICALLY INTEGRATED FAMILY AND PATIENT-CENTERED MENTAL HEALTH CARE. THE PRACTICE OFFERS TELEMEDICINE VISITS IN PRIMARY CARE LOCATIONS TO IMPROVE ACCESS AND HELP OVERCOME THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH FACILITIES. THE PRACTICE CARED FOR ALMOST 3,000 UNIQUE PATIENTS IN 2021.</p> <p>NORTON WOMEN'S MENTAL HEALTH SERVICES PROVIDES OUTPATIENT WOMEN'S MENTAL HEALTH SERVICES ON THE NORTON - ST. MATTHEWS CAMPUS. THEY ARE COMMITTED TO PROVIDING QUALITY MENTAL HEALTH CARE TO WOMEN ACROSS THEIR LIFESPAN.</p> <p>THE NORTON CANCER INSTITUTE BEHAVIORAL ONCOLOGY PROGRAM IS STAFFED BY A TEAM TRAINED AND EQUIPPED TO CARE FOR THE EMOTIONAL AND MENTAL HEALTH NEEDS OF PATIENTS AND THEIR FAMILIES. NORTON CANCER INSTITUTE IS ONE OF FEW ONCOLOGY PROGRAMS NATIONWIDE OFFERING A ROBUST PROGRAM FOR MENTAL AND EMOTIONAL HEALTH NEEDS.</p> <p>NORTON CHILDREN'S BEHAVIORAL &amp; MENTAL HEALTH, AFFILIATED WITH THE U OF L SCHOOL OF MEDICINE, PROVIDES OUTPATIENT AND INPATIENT MENTAL HEALTH CARE FOR CHILDREN AGES 2 TO 21. PATIENTS AND THEIR FAMILIES HAVE ACCESS TO CHILD PSYCHIATRIC AND PSYCHOLOGICAL EVALUATION AND TREATMENTS. SERVICES INCLUDE MEDICATION THERAPY AND A BROAD RANGE OF INDIVIDUAL, GROUP, AND FAMILY THERAPIES. A SOCIAL WORKER IS ON CALL TO ASSIST WITH ADDRESSING BARRIERS TO CARE.</p> <p>CARE COORDINATION</p> <p>NHI, IN PARTNERSHIP WITH THE UNITED WAY, IS PARTICIPATING IN THE UNITED COMMUNITY INITIATIVE. UNITED COMMUNITY SEEKS TO LINK HEALTH CARE SERVICES AND SOCIAL SERVICES VIA A DATABASE PLATFORM CALLED UNITE US. NHI CAN REFER PATIENTS WITH SOCIOECONOMIC NEEDS TO APPROPRIATE RESOURCES USING THIS DATABASE PLATFORM. THE DATABASE IS INTEGRATED INTO THE PATIENT'S ELECTRONIC MEDICAL RECORD SO THAT PROVIDERS CAN SEE PATIENT REFERRALS TO SOCIAL SERVICES AS WELL AS THE OUTCOME OF THOSE REFERRALS.</p> <p>NHI HAS ESTABLISHED A SOCIAL SERVICES ASSESSMENT TOOL TO STREAMLINE THE SCREENING AND DOCUMENTATION OF SOCIAL NEEDS FOR PATIENTS. THE ASSESSMENT IS INTEGRATED IN THE ELECTRONIC MEDICAL RECORD AND UTILIZED BY SOCIAL WORKERS TO IDENTIFY AND DOCUMENT SOCIAL NEEDS AND TO REFER PATIENTS TO APPROPRIATE SOCIAL SERVICES RESOURCES USING THE UNITE US DATABASE PLATFORM.</p> <p>IN 2019, NHI LAUNCHED THE NORTON BABY APP TO STREAMLINE CARE FOR OBSTETRICS PATIENTS FROM PREGNANCY PLANNING, TO EXPECTING A NEW BABY, TO THE NEW PARENT STAGE. THE APP IS A ONE-STOP-SHOP FOR EXPECTANT MOTHERS AND PROVIDES HEALTH METRICS MONITORING, APPOINTMENT TRACKING, CHECKLISTS, HEALTH TIPS, AND MORE. IN 2021, 5,700 PATIENTS UTILIZED THE NORTON BABY APP.</p> <p>NORTON WOMEN'S CARE LAUNCHED A NEW DOULA PROGRAM IN 2021 THAT AIMS TO IMPROVE THE LONG-TERM HEALTH OF NEW MOTHERS IN UNDERSERVED AREAS OF THE COMMUNITY. THIS NEW PROGRAM WILL INCLUDE SEVERAL HOME VISITS THROUGHOUT THE PATIENT'S PREGNANCY AND THE PERIOD AFTER DELIVERY. PATIENTS MUST LIVE IN SPECIFIC UNDERSERVED NEIGHBORHOODS TO BE ELIGIBLE, AND WILL RECEIVE ADDITIONAL PRENATAL CARE THROUGH NORTON OB/GYN PRACTICES.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: ACCESS TO CARE</p> <p>IN 2020 NORTON HEALTHCARE CREATED THE INSTITUTE FOR HEALTH EQUITY AS ONE OF FIVE INITIATIVES TO ADDRESS INEQUALITIES WITHIN THE COMMUNITY. THE PRIMARY FOCUS OF THE INSTITUTE IS TO IDENTIFY AND REMOVE OBSTACLES THAT PREVENT PEOPLE IN UNDERSERVED AREAS FROM RECEIVING THE HEALTH CARE THEY DESERVE, AS WELL AS TO ELIMINATE DISPARITIES IN CARE. IN 2021 THE INSTITUTE MOVED INTO THE VILLAGE @ WEST JEFFERSON, AN OFFICE BUILDING AT THE SOUTHEAST CORNER OF 12TH AND JEFFERSON STREETS, IN THE RUSSELL NEIGHBORHOOD OF LOUISVILLE. NHI IS POSITIONING THE INSTITUTE FOR HEALTH EQUITY TO SERVE AS A CENTRAL HUB FOR COMMUNITY-BASED ORGANIZATIONS AND RESOURCES TO COME TOGETHER TO ADDRESS FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES, INCLUDING HOUSING, HEALTHY FOOD OPTIONS, TRANSPORTATION AND CHILD CARE. THE 3,751-SQUARE-FOOT SPACE WAS BUILT TO ACCOMMODATE STAFF MEMBERS, COMMUNITY MEETING SPACE, CONSULTATION ROOMS FOR SOCIAL WORK AND MENTAL HEALTH CONSULTATIONS, AND A TELEHEALTH ROOM WHERE PATIENTS CAN HAVE ONE-ON-ONE APPOINTMENTS WITH MEDICAL PROVIDERS THROUGH VIDEOCONFERENCING TECHNOLOGY. THE SPACE ALSO HAS EDUCATIONAL RESOURCES FOR HEALTH AND WELL-BEING.</p> <p>GOODWILL INDUSTRIES OF KENTUCKY AND NORTON HEALTHCARE BROKE GROUND IN 2022 ON THE NORTON HEALTHCARE GOODWILL OPPORTUNITY CAMPUS AT 28TH STREET AND BROADWAY THAT WILL INCLUDE A 120,000 SQUARE-FOOT OPPORTUNITY CENTER AND THE FIRST HOSPITAL IN THE MOST UNDERSERVED PART OF THE COMMUNITY. TOGETHER, BOTH ORGANIZATIONS ARE INVESTING MORE THAN \$100 MILLION TO TRANSFORM A 20-ACRE BROWNFIELD SITE IN THE PARKLAND NEIGHBORHOOD INTO AN "OPPORTUNITY CAMPUS" THAT WILL HOUSE GOODWILL'S HEADQUARTERS OPERATION, A FULL-SERVICE HOSPITAL AND A COLLECTION OF LOCAL SOCIAL-SERVICE AGENCIES THAT WILL WORK TOGETHER TO SERVE AN ESTIMATED 50,000 PEOPLE EVERY YEAR. WEST LOUISVILLE IS A NINE-NEIGHBORHOOD COMMUNITY WHERE THE MEDIAN HOUSEHOLD INCOME IS \$21,000. THE AREA HAS ENDURED YEARS OF DISINVESTMENT THAT HAS LEFT MANY OF ITS 65,000 RESIDENTS WITH LIMITED EMPLOYMENT AND SELF-SUFFICIENCY RESOURCES.</p> <p>NORTON COMMUNITY MEDICAL ASSOCIATES - LA CLINICA PRESTON, NORTON HEALTHCARE'S FIRST 100% BILINGUAL PRACTICE, OPENED IN 2021 IN OKOLONA WITH STAFF AND PROVIDERS WHO UNDERSTAND THE UNIQUE CONCERNS OF LOUISVILLE'S LATINX COMMUNITY AND FAMILIES. THOUGH TRANSLATION SERVICES HAVE ALWAYS BEEN AVAILABLE AT NORTON HEALTHCARE FACILITIES, AN OFFICE EQUIPPED WITH TRUSTED EMPLOYEES WHO BRIDGE LANGUAGE AND CULTURE GAPS IS A WAY TO IMPROVE CARE FOR THE GROWING LATINX COMMUNITY.</p> <p>IN 2019 THE LOUISVILLE URBAN LEAGUE AND NORTON HEALTHCARE ANNOUNCED NORTON'S SUPPORT OF THE WEST END MULTI-USE SPORTS AND LEARNING COMPLEX. NORTON HEALTHCARE CONTRIBUTED \$5 MILLION TO THE PROJECT THROUGH A \$3 MILLION GRANT AND AN ADDITIONAL CHALLENGE GRANT OF \$2 MILLION IN MATCHING FUNDS. THE FACILITY IS NAMED THE NORTON SPORTS HEALTH ATHLETICS &amp; LEARNING COMPLEX AND OFFICIALLY OPENED IN FEBRUARY 2021.</p> <p>THE KEY TO ENSURING HEALTH EQUITY IS INCREASING ACCESS TO CARE IN LOUISVILLE'S UNDERSERVED AREAS. NORTON EXPANDED ACCESS IN UNDERSERVED AREAS THROUGH THE OPENING OF A NEW PRIMARY CARE PRACTICE IN THE WEST END, INCLUDING A COVID-19 TESTING AND VACCINATION CENTER AT THAT LOCATION. NORTON ALSO PURCHASED A SECOND MOBILE UNIT, MAKING IT EASIER FOR THE COMMUNITY TO ACCESS PREVENTIVE SERVICES SUCH AS MAMMOGRAMS, WELL-WOMAN EXAMS AND COLON CANCER SCREENINGS. ADDITIONAL SITE OPENINGS ARE PLANNED IN WEST AND SOUTH LOUISVILLE TO FURTHER EXPAND ACCESS TO CARE.</p>
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: OTHER ELIGIBILITY CRITERIA IN ADDITION TO THE CRITERIA ANSWERED ABOVE WOULD INCLUDE AS DESCRIBED IN THE FINANCIAL ASSISTANCE POLICY:</p> <p>*THE PATIENT DOES NOT QUALIFY FOR SUBSIDIZED COVERAGE OF GOVERNMENT ASSISTANCE SUCH AS DISPROPORTIONATE SHARE HOSPITAL, CHILDREN'S HEALTH INSURANCE PROGRAM, MEDICAID, MEDICAID MANAGED CARE ORGANIZATION, OR HOOSIER HEALTHCARE.</p> <p>*TO BE ELIGIBLE FOR ASSISTANCE FOR NON-EMERGENT MEDICALLY NECESSARY CARE, A PATIENT (OR THAT PATIENT'S GUARANTOR) MUST BE A RESIDENT OF KENTUCKY, INDIANA, TENNESSEE, OHIO, OR ILLINOIS. THIS RESIDENCY REQUIREMENT DOES NOT APPLY TO EMERGENCY CARE.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	WWW.NORTONHEALTHCARE.COM/FAP
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	WWW.NORTONHEALTHCARE.COM/FAP
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	WWW.NORTONHEALTHCARE.COM/FAP

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: ALL HOSPITALS  DESCRIPTION: SEE RESPONSE TO PART VI, LINE 3; PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE.

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2021

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE	NORTON HOSPITALS, INC. HAS A POLICY WHERE WE DISCOUNT CHARGES FOR ALL SELF-PAY PATIENTS WITH NO INSURANCE COVERAGE REGARDLESS OF INCOME QUALIFICATIONS. BECAUSE OF THIS POLICY, WE RESPONDED "NO" TO LINE 3B IN THAT WE DO NOT UTILIZE FEDERAL POVERTY GUIDELINES FOR PROVIDING DISCOUNTED CARE.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	NORTON HEALTHCARE, INC.
SCHEDULE H, PART I, LINE 6B - COMMUNITY BENEFIT REPORT	THE ANNUAL COMMUNITY BENEFIT INITIATIVE REPORT IS FOR ALL FIVE HOSPITALS IN NORTON HOSPITALS, INC.'S (NHI) AND IS CONTAINED IN THE REPORT PREPARED BY NHI'S PARENT CORPORATION, NORTON HEALTHCARE, INC.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COSTING METHODOLOGY USED TO CALCULATE THE COMMUNITY BENEFIT EXPENSES WAS TO CALCULATE THE COST BY HOSPITAL LOCATION (FIVE SEPARATE LOCATIONS UNDER ONE MEDICARE PROVIDER NUMBER). THE COST WAS DETERMINED BASED ON A SPECIFIC LOCATION COST TO CHARGE RATIO. THE COST USED IN THE CALCULATOR WAS REDUCED BY PROVIDER TAXES, GRADUATE MEDICAL EDUCATION EXPENSES, AND OTHER COSTS. THE ADJUSTED COST TO CHARGE RATIO WAS THEN MULTIPLIED TIMES THE GROSS CHARGES FOR QUALIFIED FINANCIAL ASSISTANCE CHARGES, MEDICAID, AND THE STATE DISPROPORTIONATE PROGRAM (OTHER MEANS TESTED GOVERNMENT PROGRAM) TO OBTAIN THE SPECIFIC COMMUNITY BENEFIT EXPENSE.
SCHEDULE H, PART I, LINE 7F - BAD DEBT	IN ACCORDANCE WITH ACCOUNTING GUIDANCE, BAD DEBT IS NOT PRESENTED AS AN EXPENSE, BUT IS INCLUDED AS A REDUCTION IN NET PATIENT SERVICE REVENUE.
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	NORTON HOSPITALS, INC. (NHI) SUPPORTED OVER 300 COMMUNITY ORGANIZATIONS WITH LEADERSHIP SUPPORT WHICH INCLUDED OVER 209,000 HOURS AND OVER \$1.1 MILLION IN SALARIES. NHI REPRESENTATIVES SERVED ON A VARIETY OF NONPROFITS AND GOVERNMENT AGENCIES THAT HELPED IMPROVE ACCESS TO HEALTH SERVICES, ENHANCED THE HEALTH OF THE COMMUNITY, ADVANCED MEDICAL AND HEALTH CARE KNOWLEDGE, AND RELIEVED OR REDUCED THE BURDEN OF GOVERNMENT OR COMMUNITY EFFORT. NHI'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND HONORS OUR FAITH HERITAGE. OUR COMMUNITY BENEFIT INITIATIVE ALIGNS WITH OUR MISSION TO PROMOTE THE HEALTH OF THE COMMUNITY THROUGH SERVICE ON LOCAL BOARDS, ADVISORY COUNCILS AND VOLUNTEERING. NHI EMPLOYEES REPRESENT NHI ON MANY COMMUNITY BOARD POSITIONS THAT HELP TO ENHANCE THE COMMUNITY INCLUDING THE AMERICAN RED CROSS, GREATER LOUISVILLE INC. BOARD, KENTUCKY NURSES ASSOCIATION, HABITAT FOR HUMANITY, METRO UNITED WAY, THE AMERICAN HEART ASSOCIATION, THE RONALD MCDONALD HOUSE, AND MANY MORE. NHI HAS A RICH CULTURAL HISTORY OF PROVIDING COMMUNITY SUPPORT AND NHI EMPLOYEES ARE PASSIONATE ABOUT SERVING OTHERS AND PROMOTING THE HEALTH OF OUR COMMUNITY.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	IN ACCORDANCE WITH ACCOUNTING GUIDANCE, BAD DEBT IS NOT PRESENTED AS AN EXPENSE, BUT IS INCLUDED AS A REDUCTION IN NET PATIENT SERVICE REVENUE.
SCHEDULE H, PART III, LINE 3 - BAD DEBT EXPENSE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY	FOR FINANCIAL STATEMENT PURPOSES, NORTON HEALTHCARE HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE. THE AMOUNT REPORTED ON PART III, LINE 3 IS THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORTON HOSPITAL'S FINANCIAL ASSISTANCE POLICY ON A GROSS BASIS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	<p>THE METHOD USED TO DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER OUR FINANCIAL ASSISTANCE POLICY IS BASED ON OUR OUTSIDE VENDOR'S EXPERIENCE WITH QUALIFYING ACCOUNTS AS FINANCIAL ASSISTANCE.</p> <p>MEDASSIST FIRSTSOURCE, OUR OUTSIDE VENDOR, SCREENS ALL SELF-PAY ACCOUNTS AND BASED ON AN INITIAL SCREENING, WILL CLASSIFY THE ACCOUNT AS PROBABLE FINANCIAL ASSISTANCE. IF THE ACCOUNTS APPEAR TO MEET NORTON HOSPITALS, INC.'S (NHI) FINANCIAL ASSISTANCE PROGRAM GUIDELINES, THESE ACCOUNTS ARE THEN REQUIRED TO SUBMIT THE NECESSARY DOCUMENTATION TO ULTIMATELY BE CLASSIFIED AS A FINANCIAL ASSISTANCE ACCOUNT. BASED ON ALL ACCOUNTS THAT ARE CLASSIFIED AS PROBABLE FINANCIAL ASSISTANCE BY MEDASSIST FIRSTSOURCE AND THEIR EXPERIENCE WITH GETTING ACCOUNTS QUALIFIED AS FINANCIAL ASSISTANCE, IT IS ESTIMATED THAT 55% OF THOSE ACCOUNTS CLASSIFIED AS PROBABLE FINANCIAL ASSISTANCE AND WHICH DO NOT SUBMIT THE REQUIRED DOCUMENTATION WOULD QUALIFY AS A NHI FINANCIAL ASSISTANCE ACCOUNT. THE ESTIMATED COST OF ACCOUNTS THAT ARE ESTIMATED TO QUALIFY FOR OUR FINANCIAL ASSISTANCE PROGRAMS IS CALCULATED BASED ON GROSS CHARGES FOR ACCOUNTS FOR THE YEAR THAT ARE PROBABLE BUT DO NOT SUBMIT THE NECESSARY DOCUMENTATION MULTIPLIED TIMES OUR COST TO CHARGE RATIO TIMES THE 55% ESTIMATED CONVERSION FACTOR.</p>
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	<p>IN ACCORDANCE WITH ACCOUNTING GUIDANCE, BAD DEBT IS NO LONGER AN EXPENSE, BUT IS INCLUDED AS A REDUCTION IN NET PATIENT SERVICE REVENUE. THE FOLLOWING PARAGRAPH PER THE AUDITED FINANCIAL STATEMENTS (PAGE 19, FIRST PARAGRAPH) DISCUSSES THE HANDLING OF PATIENT DEDUCTIBLE AND COINSURANCE NOT PAID BY PATIENTS: "GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR PATIENT RESPONSIBILITY BALANCES, INCLUDING DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE CORPORATION ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY EXPLICIT PRICE CONCESSIONS, DISCOUNTS, AND /OR IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF CHANGE. ADJUSTMENTS ARISING FROM A CHANGE IN THE TRANSACTION PRICE WERE NOT SIGNIFICANT IN 2021 AND 2020."</p>
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	<p>THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COST WAS BASED ON THE MEDICARE PRINCIPLES USED IN COMPLETING THE MEDICARE COST REPORT. ALL COST REPORTED CAME FROM THE MEDICARE COST REPORT.</p> <p>NORTON HOSPITALS, INC. (NHI) ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. NHI BELIEVES THAT ANY MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT TYPICALLY FULLY COMPENSATE NHI FOR THE COST OF PROVIDING HOSPITAL CARE TO MEDICARE BENEFICIARIES.</p>
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	<p>AFTER THE PATIENT'S INITIAL SCREENING FOR FINANCIAL ASSISTANCE, IF IT IS BELIEVED THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE; NORTON HOSPITALS INC. WILL NOT START COLLECTION EFFORTS PENDING THE PATIENT SUBMITTING THE NECESSARY INFORMATION TO DOCUMENT MEETING THE FINANCIAL ASSISTANCE QUALIFICATIONS. IF THE PATIENT SUBMITS THE NECESSARY DOCUMENTATION WITHIN A REASONABLE TIME PERIOD, THEN THERE WILL NOT BE ANY COLLECTION EFFORTS MADE TO COLLECT ANY AMOUNT FROM THE PATIENT. THE PATIENT WILL RECEIVE A STATEMENT/BILL REFLECTING THE AMOUNT DUE THROUGH THE FINANCIAL ASSISTANCE APPLICATION PROCESS PENDING THE PATIENT'S FINANCIAL ASSISTANCE APPLICATION. BUT THERE WILL BE NO COLLECTION EFFORTS. ONLY AFTER AN ATTEMPT IS MADE TO CONTACT THE PATIENT TO OBTAIN THE NECESSARY DOCUMENTATION FOR COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND THE PATIENT NOT RESPONDING WILL COLLECTION EFFORTS BEGIN. THERE IS ONGOING EFFORT THROUGHOUT THE COLLECTION PROCESS TO SCREEN FOR MEDICAID ELIGIBILITY, DISPROPORTIONATE SHARE HOSPITAL, AND THE NEED FOR PROVIDING FINANCIAL ASSISTANCE APPLICATIONS TO PATIENTS. WHEN A PATIENT IS APPROVED FOR FINANCIAL ASSISTANCE, THEIR ACCOUNT BALANCE IS WRITTEN OFF.</p>
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>NEEDS ASSESSMENT</p> <p>NORTON HOSPITALS, INC (NHI) REGULARLY AND CONSISTENTLY EVALUATES WORKFORCE AND COMMUNITY HEALTH CARE NEEDS THROUGH PARTNERSHIPS WITH LOCAL HEALTH DEPARTMENTS, EMERGENCY MEDICAL SERVICES, LOCAL AND STATE UNIVERSITIES, AND KENTUCKIANA WORKS, THE WORKFORCE INVESTMENT BOARD FOR THE SEVEN COUNTY REGION SURROUNDING LOUISVILLE. PARTNERSHIPS WITH THESE ORGANIZATIONS, ALONG WITH NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION AND OTHERS, ALSO PROVIDE NHI IMPORTANT STATISTICS AND DATA TO USE IN EVALUATING COMMUNITY ACCESS TO HEALTH CARE SERVICES AND HEALTH CARE DISPARITIES. ADDITIONALLY, NHI ACCESSES DATA FROM ORGANIZATIONS SUCH AS THE CENTER FOR DISEASE CONTROL AND THE UNITED STATES CENSUS BUREAU TO ASSESS AREAS OF GREATEST ANTICIPATED POPULATION GROWTH AND LOW-INCOME AREAS, BOTH OF WHICH MAY BE IN GREATEST NEED FOR PREVENTION EDUCATION, FREE SCREENINGS AND ACCESS TO HEALTH CARE.</p> <p>NORTON HEALTHCARE, INC. (NHC), THE PARENT COMPANY OF NHI, CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR ALL FIVE HOSPITALS. THE CHNA DEFINED THE PATIENT SERVICE AREA BY PATIENT ORIGIN FOR INPATIENT STAYS, DEMOGRAPHIC, SOCIOECONOMIC, POPULATION, AND OTHER HEALTH RELATED INDICATORS UTILIZED TO PROVIDE INFORMATION ON THE HEALTH STATUS OF THE COMMUNITY. COMMUNITY INPUT WAS PROVIDED THROUGH PROVIDER AND COMMUNITY INTERVIEWS, TARGETED FOCUS GROUPS AND A COMMUNITY HEALTH SURVEY IN PARTNERSHIP WITH THE LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS. HEALTH NEEDS WERE PRIORITIZED AND ADDRESSED BASED ON HEALTH STATUS FINDINGS AND THE COMMUNITY INPUT. THE CHNA IS A COMPONENT OF THE ORGANIZATIONS STRATEGIC PLANNING PROCESS AS RESOURCES ARE NECESSARY TO IMPLEMENT STRATEGIES OUTLINED FOR PRIORITIES IDENTIFIED. THE NHC BOARD OF TRUSTEES AS WELL AS THE LEADERSHIP OF NHC AND HOSPITAL CHIEF ADMINISTRATIVE OFFICERS HAVE APPROVED THE ASSESSMENT AND IMPLEMENTATION PLAN.</p>



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SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>SIGNAGE IS POSTED IN ALL NORTON HEALTHCARE, INC. (NHC) HOSPITAL FACILITIES, INCLUDING THE ADMISSION AREA AND EMERGENCY ROOM, PROVIDING INFORMATION ON THE ABILITY TO APPLY FOR FINANCIAL ASSISTANCE AND TO SEEK HELP IN PAYING YOUR BILL. THE SIGNAGE IS TRANSLATED IN FIVE LANGUAGES AND ALL LANGUAGES ARE CONTAINED ON THE SAME POSTER. THE LANGUAGES ARE: ENGLISH, SPANISH, VIETNAMESE, CROATIAN, AND ARABIC. AT THE TIME OF REGISTRATION, THE PATIENT ACCESS/REGISTRATION DEPARTMENT DISCUSSES WITH THE PATIENT THE FINANCIAL ASSISTANCE/CHARITY OPTIONS, GUIDELINES, AND PROVIDES ASSISTANCE AS NEEDED IN FILLING OUT A FINANCIAL ASSISTANCE APPLICATION AND ANSWERING QUESTIONS. THE PATIENT MAY ALSO BE REFERRED TO THE NHC ELIGIBILITY VENDOR FOR ASSISTANCE AT NO COST TO THE PATIENT/GUARANTOR. ADDITIONAL QUESTIONS FROM THE PATIENT/GUARANTOR CAN BE FACILITATED THROUGH THE NHC SINGLE BILLING OFFICE (SBO) AREA, CUSTOMER SERVICE, AND NHC VENDORS. NHC HAS CREATED A NUMBER OF DIFFERENT OPTIONS FOR THE PATIENT/GUARANTOR TO SUPPLY THE INFORMATION/APPLICATION FOR FINANCIAL ASSISTANCE TO NHC. THOSE VARIOUS METHODS OF DELIVERY INCLUDE: IN PERSON, BY MAIL, BY FAX, ON-LINE APPLICATION SUBMISSION VIA THE WEBSITE, AND BY SPECIFIC EMAIL ADDRESS. THESE VARIOUS OPTIONS ARE PUBLICIZED AND MADE KNOWN TO THE PATIENT. IN 2021 STATEMENTS MAILED TO THE GUARANTORS BY NORTON HOSPITALS, INC. (NHI) CONTAINED INFORMATION TO START THE FINANCIAL ASSISTANCE APPLICATION PROCESS.</p> <p>NHI EMPLOYS AN OUTSIDE ELIGIBILITY VENDOR, MEDASSIST FIRSTSOURCE. ALL SELF-PAY ACCOUNTS FOR THE FACILITIES ARE PLACED FOR ELIGIBILITY SCREENING WITH MEDASSIST FIRSTSOURCE. THEY SCREEN FOR NHC FINANCIAL ASSISTANCE, MEDICAID, MEDICAID MANAGED CARE ORGANIZATIONS, PRESUMPTIVE ELIGIBILITY, AND DISPROPORTIONATE SHARE HOSPITAL/KENTUCKY CHILDREN'S HEALTH INSURANCE PROGRAM (DSH/KCHIP). IN ADDITION, THEY MAY PROVIDE EDUCATION AND REFERRAL ASSISTANCE TO THE APPROPRIATE COUNTY/STATE DEPARTMENTS FOR FOOD STAMPS, RENT ASSISTANCE, HEATING ASSISTANCE, ETC. THE PROCESS OF COMPLETING THE APPLICATION IS OFTEN PERFORMED BY MEDASSIST FIRSTSOURCE. THEY PROTECT FILING DEADLINES BY SUBMITTING THE APPROPRIATE FORMS TO THE STATE/COUNTY. THEY FOLLOW UP TO SECURE PROOF OF INCOME DOCUMENTS FOR NORTON FINANCIAL ASSISTANCE AND FOLLOW UP WITH A STATE CASEWORKER AS NEEDED. MEDASSIST FIRSTSOURCE ALSO MAKES OUTSIDE FIELD CALLS OR HOME VISITS TO THE PATIENTS TO SECURE THE NEEDED INFORMATION FOR ELIGIBILITY ASSISTANCE IF THE PATIENT IS HOMEBOUND. ADDITIONALLY, MEDASSIST FIRSTSOURCE MAY PROVIDE ASSISTANCE WITH PATIENT TRANSPORTATION NEEDS SO THAT THE PATIENT CAN MAKE THEIR SCHEDULED APPOINTMENTS WITH THEIR CASEWORKER. ALL OF THE SERVICES PROVIDED BY MEDASSIST FIRSTSOURCE ELIGIBILITY ARE AT NO COST TO THE PATIENT. COST TO THE HOSPITALS FOR THESE ELIGIBILITY AND ENROLLMENT SERVICES WAS IN EXCESS OF \$6,900,000 IN 2021.</p> <p>NHI HAS A STAFF OF OVER 11 FULL-TIME EMPLOYEES INCLUDING A SUPERVISOR THAT ARE DEDICATED TO PERFORMING THE FOLLOWING FUNCTIONS: PROCESSING, REVIEWING, AND APPROVING THE HUNDREDS OF FINANCIAL ASSISTANCE APPLICATIONS RECEIVED EACH WEEK. ADDITIONALLY, SOME OF THOSE EMPLOYEES MAKE OUT-BOUND CALLS TO SOLICIT FINANCIAL ASSISTANCE INFORMATION NEEDED TO PROCESS THE PATIENT'S APPLICATION.</p> <p>FINANCIAL ASSISTANCE FOR NORTON FINANCIAL ASSISTANCE IS NOT LIMITED TO THE SELF-PAY POPULATION. EVEN PATIENTS WITH INSURANCE COVERAGE ARE ENCOURAGED TO APPLY FOR ASSISTANCE SO THEIR DEDUCTIBLE, CO-PAYMENTS, AND CO-INSURANCE AMOUNTS ARE COVERED UNDER THE VARIOUS ASSISTANCE PROGRAMS.</p> <p>FINANCIAL COUNSELORS/SOCIAL WORKERS AT THE FACILITIES ARE EDUCATED AND TRAINED TO ASSIST WITH COUNSELING PATIENTS TO DETERMINE AND EXPLAIN OUR FINANCIAL ASSISTANCE PROGRAMS. THEY CONTINUE TO RECEIVE ON-GOING EDUCATION THROUGHOUT THE ENTIRE YEAR REGARDING ELIGIBILITY CHANGES AND ADDITIONS FOR NORTON FINANCIAL ASSISTANCE, DSH/KCHIP, MEDICAID, MEDICAID MANAGED CARE ORGANIZATION, PRESUMPTIVE ELIGIBILITY, ETC.</p> <p>AS THE FOUNDATION OFFICE RECEIVES INQUIRIES DIRECTED TO THEIR OFFICES, THEY REFER THESE INDIVIDUALS TO PATIENT FINANCIAL SERVICES (PFS) TO SCREEN FOR POSSIBLE NORTON FINANCIAL ASSISTANCE OR THE NORTON CHILDREN'S HOSPITAL FOUNDATION, INC. (NCHF) FUNDING.</p> <p>IF A CHILD'S ACCOUNT DOES NOT QUALIFY FOR NORTON FINANCIAL ASSISTANCE, THAT ACCOUNT IS REFERRED TO MANAGEMENT OF PFS FOR CONSIDERATION FOR SPECIAL FUNDING THROUGH NCHF AS WELL AS OTHER PROGRAMS.</p> <p>THE CHARITY APPLICATION WAS PROVIDED ON THE BACK OF THE SBO STATEMENT. NHI ENSURES THAT ALL PATIENTS WERE MADE AWARE OF FINANCIAL ASSISTANCE REGARDLESS OF WHERE THE PATIENT'S ACCOUNT MAY HAVE BEEN IN THE COLLECTION CYCLE. EVEN IF THE PATIENT/GUARANTOR HAD NOT PREVIOUSLY AVAILED THEMSELVES OF THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE AND DECIDED THEY WILL NOW COOPERATE, THEN ALLOWED THE PATIENT/GUARANTOR TO APPLY AND APPROVED IF THEY MET THE QUALIFICATIONS.</p> <p>FINANCIAL ASSISTANCE NOTIFICATIONS AND APPLICATIONS WERE MADE AVAILABLE TO THE PATIENT/GUARANTOR VIA TELEPHONE, FACE TO FACE MEETINGS, WEBSITE, MAIL, ELECTRONICALLY, ETC.</p> <p>PRIMARY COLLECTION AGENCIES CHOSEN BY NHI INCLUDE WITH THEIR INITIAL PLACEMENT LETTER AN INSERT OF A COPY OF A FINANCIAL ASSISTANCE APPLICATION FOR THE GUARANTOR TO COMPLETE.</p> <p>CALLS RESULTING FROM NOTIFICATION CORRESPONDENCE SENT BY THE COLLECTION AGENCIES MAY BE ROUTED TO SPANISH-SPEAKING CUSTOMER SERVICE REPRESENTATIVES OR PATIENT/GUARANTORS MAY ALSO REQUEST AN INTERPRETER SERVICE TO ASSIST IN FACILITATING INFORMATION REGARDING FINANCIAL ASSISTANCE.</p> <p>NHI HAS TRANSLATED THE FULL FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND THE PLAIN LANGUAGE SUMMARY INTO FIVE LANGUAGES: ENGLISH, SPANISH, VIETNAMESE, CROATIAN, AND ARABIC.</p> <p>NHI'S CUSTOMER SERVICE DEPARTMENT ROUTINELY INSTRUCTS AND SCREENS PATIENTS IN THE PROTOCOL REGARDING FINANCIAL ASSISTANCE THROUGH THE NORTON FINANCIAL ASSISTANCE PROGRAM.</p> <p>SINCE 2007, NHI HAS OFFERED AT THE TIME OF FINAL BILLING ALL TRUE HOSPITAL SELF-PAY PATIENTS A</p>



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	<p>SIGNIFICANT DISCOUNT OFF OF THE TOTAL CHARGES THAT WERE REFLECTED ON THEIR MONTHLY STATEMENTS AND THE AMOUNT DUE.</p> <p>CONTRACTED COLLECTION AGENCIES ARE REQUIRED TO SOLICIT FINANCIAL ASSISTANCE APPLICATIONS WHEN THE PATIENT/GUARANTOR INDICATES "CANNOT PAY".</p> <p>THE STATEMENT PROVIDED BY NHI IN 2021 INCLUDED THE LINK TO THE NHC WEBSITE TO ALLOW THE PATIENT/GUARANTOR TO LEARN MORE ABOUT FINANCIAL ASSISTANCE. THE STATEMENT CONTAINED THE FINANCIAL ASSISTANCE APPLICATION ON THE BACK OF THE STATEMENT SO THE GUARANTOR COULD APPLY USING THE ACTUAL NHI STATEMENT AND COULD THEN MAIL, FAX, BRING THE APPLICATION DIRECTLY TO THE FACILITIES, OR EMAIL THE FORM TO PFS. THE STATEMENT INCLUDED A PHONE NUMBER TO CALL TO LEARN MORE ABOUT THE APPLICATION PROCESS AND DISCUSS FINANCIAL ASSISTANCE OPTIONS.</p>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>PRIMARY SERVICE AREA</p> <p>NORTON HOSPITALS INC.'S (NHI) PRIMARY SERVICE AREA POPULATION IS OVER 1.5 MILLION AND EXPECTED TO INCREASE 3% BETWEEN 2022 AND 2027. IN 2016, THE PRIMARY SERVICE AREA INCREASED FROM A 7 COUNTY AREA TO AN AREA INCLUSIVE OF 16 COUNTIES, 5 OF WHICH ARE LOCATED ALONG THE OHIO RIVER BORDER IN KENTUCKY, 4 BORDER THE RIVER IN INDIANA, AND INCLUDES 5 ADDITIONAL KENTUCKY COUNTIES AND 2 ADDITIONAL INDIANA COUNTIES THAT DO NOT BORDER THE OHIO RIVER. 94% OF NHI'S PATIENTS ARE DERIVED FROM THIS SERVICE AREA. APPROXIMATELY 30% OF THE POPULATION IS OVER 55 YEARS OLD; COMPARED TO 30% IN THE USA. THIS PORTION OF THE POPULATION TENDS TO USE ADDITIONAL HEALTHCARE SERVICES. THE PEDIATRIC POPULATION IN 2022 WAS ESTIMATED AT 340,858 AND IS EXPECTED TO INCREASE TO 342,717 WITHIN 5 YEARS AND REPRESENTS 22% OF THE POPULATION. THE NUMBER OF HOUSEHOLDS IN THE PRIMARY SERVICE AREA WAS ESTIMATED AT 618,461 IN 2022 AND IS EXPECTED TO INCREASE 2.8% BY 2027. CURRENTLY 9% OF THE ADULT POPULATION DOES NOT HAVE A HIGH SCHOOL DEGREE AND 14.9% OF THE HOUSEHOLD INCOME IS LESS THAN \$25,000 A YEAR; THE MEDIAN HOUSEHOLD INCOME IS \$69,108 COMPARED TO \$67,521 FOR THE UNITED STATES. NHI TREATS 43% OF THE ADULT INPATIENT CASES IN THE COMMUNITY AND ITS PAYOR MIX IS 50% MEDICARE, 27% MEDICAID/PASSPORT AND 2% SELF PAY. THE LARGEST COUNTY IN THE SERVICE AREA IS JEFFERSON COUNTY AND ITS MAY 2022 PRELIMINARY NON-SEASONALLY ADJUSTED UNEMPLOYMENT RATE WAS 4.1% COMPARED TO 3.8% FOR KENTUCKY AND 3.4% FOR THE UNITED STATES.</p> <p>NHI'S PRIMARY SERVICE AREA HAS ADEQUATE ACCESS TO HOSPITAL CARE, WITH OVER 3,400 INPATIENT SHORT-TERM ACUTE CARE BEDS IN JEFFERSON COUNTY ALONE, 1,716 (52%) OF WHICH ARE PART OF THE NORTON HEALTHCARE SYSTEM. REVIEW OF OCCUPANCY RATES FOR EACH HOSPITAL INDICATES THAT THE INPATIENT NEED IS CURRENTLY BEING MET. THROUGH A CERTIFICATE OF NEED (CON) PROCESS, KENTUCKY HAS A STATE HEALTH PLAN THAT REGULATES HEALTH SERVICES PROVIDED. THE CON PROCESS ESTABLISHES CRITERIA BASED ON COMMUNITY NEED IN AN ATTEMPT TO ENSURE THAT UNNECESSARY DUPLICATION OF SERVICES DOES NOT OCCUR.</p> <p>IN JEFFERSON COUNTY 13.7% OF THE COMMUNITY IS BELOW THE FEDERAL POVERTY GUIDELINES AS COMPARED TO 16.6% OF THE POPULATION BELOW THE FEDERAL POVERTY IN KENTUCKY. POVERTY IS A KEY DRIVER OF HEALTH STATUS AND CREATES BARRIERS TO ACCESS, INCLUDING HEALTH SERVICES, HEALTHY FOOD CHOICES AND OTHER FACTORS THAT CONTRIBUTE TO POOR HEALTH. CERTAIN SEGMENTS OF THE COMMUNITIES SERVED BY NORTON HAVE EXTREME POVERTY. THE CENTRAL AND WEST SEGMENTS OF JEFFERSON COUNTY HAVE POVERTY RATES TWICE THAT OF THE KENTUCKY AND NATIONAL RATES.</p> <p>FOUR AREAS WITHIN JEFFERSON COUNTY HAVE BEEN DESIGNATED AS MEDICALLY UNDERSERVED AREAS BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THE HRSA IS THE PRIMARY FEDERAL AGENCY FOR IMPROVING HEALTH CARE FOR PEOPLE WHO ARE ECONOMICALLY AND MEDICALLY VULNERABLE. IT WORKS WITH STATE PARTNERS TO DETERMINE AREAS WITH TOO FEW PRIMARY CARE, DENTAL AND MENTAL HEALTH PROVIDERS AND SERVICES. THERE ARE LIMITED FEDERAL RESOURCES, SO THE DESIGNATION HELPS TO PRIORITIZE AND FOCUS RESOURCES TO AREAS WITH THIS DESIGNATION.</p> <p>SECONDARY SERVICE AREA</p> <p>NHI'S SECONDARY SERVICE AREA DECREASED FROM 26 COUNTIES TO 17 COUNTIES IN 2016 AS MANY COUNTIES ARE NOW INCLUDED IN THE PRIMARY SERVICE AREA. NHI'S SECONDARY SERVICE AREA POPULATION WAS 434,173 IN 2022 AND IS EXPECTED TO INCREASE 4% BETWEEN 2022 AND 2027. THE SECONDARY SERVICE AREA SPREADS ACROSS 15 KENTUCKY COUNTIES AND 2 INDIANA COUNTIES. THE 55+ AGE COHORT REPRESENTS 30% OF THE SECONDARY SERVICE AREA POPULATION AND IS EQUAL TO 55+ PERCENTAGE IN THE UNITED STATES. THE PEDIATRIC POPULATION IN 2022 WAS ESTIMATED AT 98,116 AND EXPECTED TO INCREASE TO 100,809 BY 2027. ALTHOUGH THE PEDIATRIC POPULATION IS EXPECTED TO REMAIN RELATIVELY FLAT (3% GROWTH), THERE IS A NEED FOR CHILDREN TO HAVE APPROPRIATE ACCESS TO CARE IN THE RURAL AREAS OF KENTUCKY. THE NUMBER OF HOUSEHOLDS IN THE SECONDARY SERVICE AREA WAS ESTIMATED AT 172,614 IN 2022 AND IS EXPECTED TO INCREASE 3.3% BY 2027. ALMOST 45,000 ADULTS IN THIS SERVICE AREA DO NOT HAVE A HIGH SCHOOL EDUCATION AND THE AVERAGE HOUSEHOLD INCOME IS UNDER \$25,000 FOR 21.5% OF THE POPULATION. THE MEDIAN HOUSEHOLD INCOME IS \$51,664, 5% LESS THAN KENTUCKY AND 25% LESS THAN THE PRIMARY SERVICE AREA AVERAGE HOUSEHOLD INCOME.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>NORTON HEALTHCARE INC. IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KENTUCKY, IN 2021, NORTON HEALTHCARE, THROUGH ITS AFFILIATE, NORTON HOSPITALS INC. (NHI), HAD A TOTAL OF 1,907 LICENSED BEDS: NORTON AUDUBON HOSPITAL, 432 BEDS; NORTON BROWNSBORO HOSPITAL, 197 BEDS; NORTON CHILDREN'S HOSPITAL, 300 BEDS; NORTON HOSPITAL, 605 BEDS; AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL, 373 BEDS. THESE FIVE HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK.</p> <p>IN 2021, NORTON HEALTHCARE, THROUGH ITS AFFILIATE, COMMUNITY MEDICAL ASSOCIATES INC., HAD APPROXIMATELY 3.1 MILLION PATIENT ENCOUNTERS. NORTON HEALTHCARE'S HOSPITALS, DIAGNOSTIC CENTERS AND NORTON CANCER INSTITUTE SERVED 68,502 INPATIENTS AND 646,869 OUTPATIENTS, AND SAW 235,728 EMERGENCY ROOM VISITS. IN ADDITION, NORTON HEALTHCARE HOSPITALS' OPERATING ROOMS CARED FOR 16,312 INPATIENT SURGICAL PATIENTS AND 39,433 OUTPATIENT SURGICAL PATIENTS. ADDITIONALLY, 8,300 BABIES WERE DELIVERED AT NORTON HEALTHCARE BIRTHING FACILITIES AT NORTON HOSPITAL AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL. NHI EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS IN THE COMMUNITY WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF BY SPECIALTY.</p> <p>AS PART OF OUR COMMITMENT TO IMPROVING THE HEALTH OF OUR COMMUNITY, NORTON HEALTHCARE PROVIDES FUNDING FOR A WIDE ARRAY OF LIFESAVING AND LIFE-ENHANCING SERVICES THAT BENEFIT THE COMMUNITIES WE SERVE. IN 2021, UNDER ITS CHARITY CARE PROGRAM, NORTON HEALTHCARE PROVIDED FREE CARE TO 7,291 PATIENTS, AT A COST OF \$14.2 MILLION. ALSO, NORTON HEALTHCARE GRANTS A DISCOUNT FROM BILLED CHARGES TO ANY PATIENTS WHO HAVE NO ACCESS TO PRIVATE HEALTH INSURANCE OR DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE. UNDER THIS PROGRAM, 7,498 PATIENTS WERE PROVIDED CARE AT DISCOUNTED RATES. OTHER CONTRIBUTIONS TO THE COMMUNITY WAS EDUCATIONAL SUPPORT OF \$77.4 MILLION, PRIMARILY TO THE UNIVERSITY OF LOUISVILLE (UOFL) SCHOOL OF MEDICINE. COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED \$20.1 MILLION AND CONTRIBUTIONS TO COMMUNITY GROUPS WERE \$1.9 MILLION.</p> <p>NORTON HEALTHCARE EMPLOYEES DONATED MORE THAN 209,000 HOURS OF COMMUNITY SERVICE, A BENEFIT VALUED AT MORE THAN \$1.1 MILLION IN SALARIES. IN ADDITION, MANY EMPLOYEES SELF-REPORTED PERSONAL VOLUNTEER ACTIVITIES.</p> <p>NORTON HEALTHCARE PROVIDES PROGRAMMATIC SUPPORT TO THE UOFL SCHOOL OF MEDICINE THROUGH FUNDING AND FACILITIES. DURING THE 2021 CALENDAR YEAR, 209 RESIDENTS COMPLETED CLINICAL ROTATIONS IN 50 SPECIALTIES AT NORTON HEALTHCARE FACILITIES. RESIDENCY PROGRAMS ARE PART OF THE \$77.4 MILLION IN EDUCATIONAL SUPPORT AND CLINICAL FUNDING PROVIDED TO THE MEDICAL SCHOOL.</p> <p>NORTON HEALTHCARE'S BOARD OF TRUSTEES INCLUDES REPRESENTATIVES FROM THE COMMUNITY AND LARGEST EMPLOYERS IN THE REGION THAT LIVE AND WORK IN THE NHI'S PRIMARY SERVICE AREA. MEMBERS ARE NEITHER EMPLOYEES OF NOR INDEPENDENT CONTRACTORS WITH THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.</p> <p>CONTRIBUTIONS TO THE COMMUNITY</p> <p>*NORTON HEALTHCARE EMPLOYEES AND PHYSICIANS GAVE NEARLY \$815,643 TO OUR 2021-2022 COMBINED GIVING CAMPAIGN TO HELP SUPPORT NON-PROFIT ORGANIZATIONS THAT ALSO ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF COMMUNITY RESIDENTS. SUPPORTED ORGANIZATIONS INCLUDE WHAS CRUSADE FOR CHILDREN, METRO UNITED WAY, FUND FOR THE ARTS, AND OUR OWN NORTON CHILDREN'S HOSPITAL FOUNDATION AND NORTON HEALTHCARE FOUNDATION.</p> <p>*IN 2021, 68 EMPLOYEES HELPED "RAISE THE ROOF" ON NORTON HEALTHCARE'S 16TH HABITAT FOR HUMANITY HOME. THE NUMBER OF PARTICIPATING EMPLOYEES REMAINED LIMITED COMPARED TO PRIOR YEARS DUE TO COVID-19 RESTRICTIONS.</p> <p>*IN 2021, AN ESTIMATED 1,400 NORTON HEALTHCARE EMPLOYEES DONATED TIME AND FUNDS TO PLAN, PURCHASE AND DELIVER GIFTS, FOOD AND CLOTHING FOR THE CARING TREE PROGRAM. THE PROGRAM ASSISTED 521 EMPLOYEES AND THEIR 1,147 CHILDREN AND DEPENDENTS BY PROVIDING FOR THEIR FAMILIES AT CHRISTMAS.</p> <p>*MORE THAN 44,000 POUNDS OF USABLE SURPLUS MEDICAL SUPPLIES VALUED AT MORE THAN \$716,000, AND OVER \$552,805 IN EQUIPMENT, WERE DONATED FOR USE LOCALLY AND AROUND THE WORLD. NORTON HEALTHCARE DONATED SYRINGE PUMPS TO MALAWI AS THEY TRIED TO RECOVER FROM RAIN STORMS AND CYCLONES IN ADDITION TO THE ONGOING STRUGGLES AGAINST COVID-19. THESE SUPPLIES WERE DELIVERED IN FEBRUARY OF 2022 AND WENT TO THREE HOSPITALS AND 6 SMALLER CLINICS SERVING ORPHANS, WOMEN AND INFANTS.</p> <p>*NORTON HEALTHCARE ESTABLISHED THE INSTITUTE FOR HEALTH EQUITY TO ADDRESS HEALTH AND RACIAL INEQUALITIES IN THE COMMUNITY. THE PURPOSE OF THE INSTITUTE FOR HEALTH EQUITY IS TO IDENTIFY AND REMOVE OBSTACLES THAT PREVENT PEOPLE FROM RECEIVING THE HEALTH CARE THEY DESERVE, AS WELL AS TO ELIMINATE DISPARITIES IN CARE. THIS INCLUDES INCREASING ACCESS TO CARE AND PARTNERING WITH LOCAL ORGANIZATIONS, POSITIONING THE INSTITUTE FOR HEALTH EQUITY TO SERVE AS A CENTRAL HUB FOR COMMUNITY-BASED ORGANIZATIONS AND RESOURCES TO COME TOGETHER TO ADDRESS FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES, INCLUDING HOUSING, HEALTHY FOOD OPTIONS, TRANSPORTATION AND CHILD CARE.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>COMMUNITY EDUCATION AND WORKFORCE DEVELOPMENT</p> <p>AS ONE OF KENTUCKY'S LARGEST HEALTH CARE SYSTEMS, NORTON HEALTHCARE HAS ESTABLISHED A CULTURE OF CONTINUAL, LIFELONG LEARNING. OPPORTUNITIES ARE AVAILABLE THROUGH OUR HUMAN RESOURCES DEPARTMENT'S WORKFORCE DEVELOPMENT TEAM AND OUR NORTON HEALTHCARE INSTITUTE FOR EDUCATION &amp; DEVELOPMENT.</p> <p>WORKFORCE DEVELOPMENT ENCOURAGES CONTINUING EDUCATION, OFFERS PROGRAMS TO IMPROVE JOB PERFORMANCE AND PROVIDES FINANCIAL ASSISTANCE FOR EDUCATIONAL PROGRAMS AIMED TOWARD KEY AREAS OF WORKFORCE NEED WITHIN THE ORGANIZATION. NORTON HEALTHCARE ENCOURAGES AND SUPPORTS THE CAREER GOALS OF EMPLOYEES AND THEIR DEPENDENTS BY PROVIDING FINANCIAL ASSISTANCE AND SCHOLARSHIPS AS WELL AS OTHER ADVANCEMENT OPPORTUNITIES. ESTABLISHED IN THE EARLY 2000S, WORKFORCE DEVELOPMENT HAS ASSISTED MORE THAN 6,000 STUDENTS WITH TUITION ASSISTANCE. IN 2021, WORKFORCE DEVELOPMENT FINANCIALLY SUPPORTED MORE THAN 750 STUDENTS WITH OVER \$4.5 MILLION IN EDUCATIONAL ASSISTANCE PROGRAMS.</p> <p>*IN 2021, WORKFORCE DEVELOPMENT PROVIDED NEARLY 1,400 CAREER COACHING SESSIONS TO EMPLOYEES AND STUDENTS. EACH PROGRAM PARTICIPANT WORKED DIRECTLY WITH A CAREER MANAGEMENT COACH. COACHES OFFER SERVICES IN RESUME WRITING, CAREER AND EDUCATION EXPLORATION, FINANCIAL ASSISTANCE OPPORTUNITIES AND INTERVIEWING SKILLS.</p> <p>*THE ACCELERATED NORTON HEALTHCARE SCHOLARS PROGRAM, A STUDENT LOAN PROGRAM FOR EMPLOYEES AND NONEMPLOYEES, PROVIDES EDUCATIONAL FUNDING TO STUDENTS INTERESTED IN PURSUING HEALTH CARE-RELATED DEGREES IN AREAS OF WORKFORCE NEED. IT IS AN AFFILIATION BETWEEN NORTON HEALTHCARE AND OVER 100 COLLEGES AND UNIVERSITIES NATIONALLY. SINCE 2014, THIS PROGRAM HAS ASSISTED MORE THAN 1,000 GRADUATES CONTINUE THEIR CAREERS WITH NORTON HEALTHCARE.</p> <p>* IN 2018, NORTON HEALTHCARE WAS ONE OF THE FOUNDING PARTNERS IN JEFFERSON COUNTY PUBLIC SCHOOLS' ACADEMIES OF LOUISVILLE, A STRATEGIC PIPELINE DEVELOPMENT PROGRAM IN CONJUNCTION WITH THE LOCAL PUBLIC SCHOOL SYSTEM. JEFFERSON COUNTY PUBLIC SCHOOLS CREATED AN ACADEMY MODEL IN WHICH STUDENTS HAVE THE OPPORTUNITY TO SELECT CAREER-FOCUSED EDUCATION AND EARN INDUSTRY-RECOGNIZED CREDENTIALS WHILE IN HIGH SCHOOL. NORTON HEALTHCARE TRANSFORMED ITS SUMMER PROGRAM AND PREVIOUS HIGH SCHOOL SCHOLARSHIP OFFERINGS INTO A COMPREHENSIVE INTERNSHIP PROGRAM FOR STUDENTS ON THE HEALTH CARE ACADEMY TRACK. THE PROGRAM TARGETS HIGH SCHOOL SENIORS IN HEALTH CARE ACADEMY PATHWAYS VIA CAREER EXPLORATION IN IDENTIFIED HEALTH CARE AREAS. BEGINNING IN JUNIOR YEAR, HEALTH CARE ACADEMY STUDENTS EXPLORE CAREER PATHWAYS IN ONE OF FOUR KEY AREAS: PATIENT CARE, MEDICAL OFFICE, ALLIED HEALTH AND PHARMACY TECHNICIAN. EACH PHASE OFFERS A RIGOROUS CURRICULUM, TRAINING IN BUSINESS ACUMEN AND PROFESSIONAL DEVELOPMENT, AND HANDS-ON LEARNING OPPORTUNITIES IN THE STUDENTS' CHOSEN CAREER FIELDS. THE GOAL IS TO TRANSITION GRADUATING STUDENTS INTO STAFF POSITIONS WITH OUR ORGANIZATION AFTER COMPLETION OF THE PROGRAM. TUITION ASSISTANCE IS OFFERED FOR THESE NEW EMPLOYEES TO CONTINUE THEIR ACADEMIC AND CAREER PURSUITS WHILE WORKING AT NORTON HEALTHCARE IN THE FIELD OF THEIR CHOICE.</p> <p>*IN 2019, NORTON HEALTHCARE ANNOUNCED A STRATEGIC PARTNERSHIP PROGRAM WITH UPS AND ITS METROPOLITAN COLLEGE PROGRAM. NORTON HEALTHCARE-UPS HEALTH CARE CAREER TRACKS PROVIDES A TWO-PLUS-TWO METHOD, SPLITTING A FOUR-YEAR BACHELOR'S DEGREE INTO TWO PARTS. TYPICALLY, THE FIRST TWO YEARS ARE SPENT WORKING WITH UPS IN A GENERAL OR PRECLINICAL DESIGNATION, AND THEN THE STUDENT BEGINS THEIR CLINICAL PROGRAM IN THE LAST TWO YEARS. THIS TRANSITION ALLOWS STUDENTS TO EXPLORE EMPLOYMENT WITH NORTON HEALTHCARE AS WELL AS BECOME A NORTON HEALTHCARE SCHOLAR. THIS PROGRAM HELPS TO SUPPORT CAREER READINESS IN A HEALTH CARE-RELATED FIELD. THE COMBINED TUITION ASSISTANCE OFFERS STUDENTS A DEBT-FREE WAY TO GET A COLLEGE EDUCATION WHILE WORKING WITH TWO OF THE LEADING COMPANIES IN THE REGION.</p> <p>*THE STUDENT NURSE APPRENTICESHIP PROGRAM (SNAP) IS A 12- TO 18-MONTH APPRENTICESHIP THROUGH NORTON HEALTHCARE CENTER FOR NURSING PRACTICE IN WHICH NURSING STUDENTS WORK AND ENGAGE IN HANDS-ON LEARNING WITH AN EXPERIENCED MENTOR WHILE BECOMING INTEGRATED WITH NORTON HEALTHCARE.</p> <p>*IN 2019, NORTON HEALTHCARE LAUNCHED NEW APPRENTICESHIP PROGRAMS. THE SURGICAL TECHNOLOGIST APPRENTICESHIP PROGRAM AND THE RESPIRATORY THERAPY APPRENTICESHIP PROGRAM ALLOW STUDENTS TO WORK AND LEARN WITH TUITION ASSISTANCE AS THEY GROW THEIR CAREERS WITH NORTON HEALTHCARE. DEVELOPMENT OF THE MEDICAL ASSISTANT TRAINING PROGRAM LAUNCHED IN 2020 WITH A GOAL OF OFFERING INTERNAL TRAINING PROGRAMS TO PRODUCE QUALITY, PREPARED MEDICAL ASSISTANTS TO INTRODUCE INTO THE NORTON HEALTHCARE WORKFORCE. SEVERAL APPRENTICESHIP COHORTS RUN THROUGHOUT EACH YEAR.</p> <p>NORTON HEALTHCARE INSTITUTE FOR EDUCATION &amp; DEVELOPMENT PROVIDES LEARNING OPPORTUNITIES TO ENHANCE THE PROFESSIONAL, EDUCATIONAL AND PERSONAL DEVELOPMENT OF ALL EMPLOYEES. IT CONSISTS OF SEVEN CENTERS: THE CENTER FOR ACADEMIC AFFAIRS, CENTER FOR ALLIED HEALTH, CENTER FOR CONTINUING MEDICAL, NURSING &amp; PROVIDER EDUCATION, CENTER FOR ELEARNING &amp; CLINICAL DOCUMENTATION SUPPORT, CENTER FOR NURSING PRACTICE, CENTER FOR PROFESSIONAL GROWTH, AND CENTER FOR SYSTEM NURSING &amp; ANCILLARY EDUCATION. THE CENTER FOR PROFESSIONAL GROWTH PROVIDES LEARNING AND GROWTH OPPORTUNITIES THAT MEET THE NEEDS OF NORTON HEALTHCARE EMPLOYEES. THREE TYPES OF LEADERSHIP DEVELOPMENT COURSES ARE OFFERED TO ADDRESS THE NEEDS OF NEW, ASPIRING AND CURRENT LEADERS:</p> <p>*N THE KNOW: THIS IS OUR NEW LEADER ORIENTATION PROGRAM. NEWLY HIRED AND PROMOTED LEADERS ARE AUTOMATICALLY ENROLLED. THE PROGRAM HAS FOUR REQUIRED COURSES AND SIX ELECTIVE COURSES.</p> <p>*LEARNING THE NORTON WAY: THIS SIX-WEEK PROGRAM IS FOCUSED ON PREPARING EMPLOYEES FOR LEADERSHIP. LEADERSHIP APPROVAL IS REQUIRED FOR ALL EMPLOYEES WHO WISH TO ATTEND.</p> <p>*LEADING THE NORTON WAY: THIS PROGRAM IS FOR CURRENT NORTON HEALTHCARE LEADERS. IT IS A SIX-WEEK PROGRAM FOCUSED ON BEST PRACTICES FOR EFFECTIVE LEADERSHIP.</p> <p>*ADDITIONAL LEADERSHIP DEVELOPMENT IS PROVIDED THROUGH QUARTERLY NORTON HEALTHCARE LEADERSHIP CONFERENCES.</p> <p>*STAFF DEVELOPMENT PROGRAMS INCLUDE GENERAL ENRICHMENT COURSES AND PERSONAL AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES THAT HONOR NORTON HEALTHCARE'S COMMITMENT TO LIFELONG LEARNING. A VARIETY OF ONLINE AND INSTRUCTOR-LED COURSES FOCUS ON LEARNING TOPICS SUCH AS COMMUNICATION, DIVERSITY, INTERPERSONAL RELATIONSHIP-BUILDING, ACCOUNTABILITY AND PROFICIENCY IN MICROSOFT OFFICE TOOLS.</p> <p>*NORTON HEALTHCARE USES A COMPREHENSIVE LEARNING MANAGEMENT SYSTEM TO PROVIDE A</p>

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	<p>VARIETY OF ONLINE PROGRAMS THAT ENABLE STAFF IN ANY SPECIALTY AS WELL AS OTHER EMPLOYEES TO EXPAND THEIR KNOWLEDGE AND SKILLS. THESE PROGRAMS WERE DESIGNED TO MEET THE NEEDS OF NORTON HEALTHCARE, AS WELL AS OUR COMMUNITY, AND TO ENSURE THE HIGHEST QUALITY OF PATIENT CARE.</p> <p>NORTON FAITH &amp; HEALTH MINISTRIES</p> <p>NORTON FAITH &amp; HEALTH MINISTRIES PARTNERS WITH FAITH COMMUNITIES TO WEAVE TOGETHER HEALTH AND WELLNESS PROMOTION WITH THE INTENTIONAL CARE OF THE SPIRIT. THE DEPARTMENT PROVIDES MENTORING, EDUCATIONAL RESOURCES AND NETWORKING OPPORTUNITIES TO ASSIST HEALTH MINISTRY COORDINATORS AND FAITH COMMUNITY NURSES IN MINISTERING TO THEIR MEMBERS.</p> <p>IN 2021, THE DEPARTMENT ENGAGED IN 62 EVENTS WITH FAITH PARTNERS, INCLUDING:</p> <ul style="list-style-type: none"> <li>*FACILITATING ADMINISTERING MORE THAN 6,000 COVID-19 VACCINES AT FAITH COMMUNITY SITE-BASED CLINICS.</li> <li>*SPONSORING HEALTH MINISTRY NETWORKING PROGRAMS ON COVID-19 UPDATES, LEGAL DOCUMENTS FOR SENIORS AND SELF-CARE PRACTICES FOR PROFESSIONAL CAREGIVERS.</li> <li>*PARTNERING WITH A NETWORK OF NEARLY 200 FAITH COMMUNITIES TO SUPPLY SPEAKERS ON WHOLE-PERSON HEALTH AND WELLNESS, AND PROVIDE HEALTH EDUCATIONAL TOOLS, HEALTH SCREENINGS AND ONE-ON-ONE HEALTH MINISTRY MENTORING.</li> </ul> <p>THE DEPARTMENT CONTINUED TO SERVE AS A TRUSTED COMMUNICATION SOURCE FOR TIMELY HEALTH AND WELLNESS INFORMATION THROUGH A MONTHLY EMAIL TO A NETWORK OF HEALTH MINISTRY COORDINATORS, A BIMONTHLY E-NEWSLETTER TO 1,400 SUBSCRIBERS AND THREE ISSUES OF THE HEALTH MINISTRIES CONNECTION NEWSLETTER DISTRIBUTED TO FAITH COMMUNITIES, NORTON HEALTHCARE EMPLOYEES AND MORE.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>PASTORAL CARE DEPARTMENT</p> <p>THE PASTORAL CARE DEPARTMENT OF NORTON HEALTHCARE CONTINUED IN 2021 TO FOLLOW THROUGH WITH WHAT THEY LEARNED DURING THE FIRST YEAR OF THE PANDEMIC - TO BRING CARE, COMFORT AND COMPASSION TO WEARY STAFF, PATIENTS AND FAMILIES 24 HOURS A DAY, 7 DAYS A WEEK, EVERY DAY THROUGHOUT THE YEAR, ACROSS THE FIVE SYSTEM HOSPITALS AND MANY OUTPATIENT AREAS.</p> <p>AT THE START OF 2021, THERE WAS GREAT HOPE THAT THE RESTRICTIONS AND HEARTACHE FROM THE COVID-19 PANDEMIC WOULD SOON BE GONE, BUT THE YEAR TURNED OUT DIFFERENT THAN EXPECTED. CONTINUING WITH WHAT WAS DONE IN 2020, SUPPORTING STAFF REMAINED A HIGH PRIORITY FOR THE CHAPLAINS. LEADERSHIP CONSISTENTLY CALLED ON CHAPLAINS TO BE A RESOURCE FOR EMPLOYEES EXPERIENCING MANY STRESSES THROUGHOUT THE YEAR, AND REFERRALS TO THEM WERE REGULARLY HIGHLIGHTED IN COMMUNICATIONS FROM LEADERSHIP DESCRIBING RESOURCES FOR STAFF SUPPORT. WHILE THE VACCINE WAS A GREAT SIGN OF HOPE, THE POLARIZATION THAT CAME WITH IT CREATED UNCOMFORTABLE SITUATIONS. PATIENTS CONTINUED TO BE VERY SICK AND DIE UNVACCINATED. MANY DEPARTMENTS STRUGGLED WITH STAFFING SHORTAGES. EMPLOYEES WERE TIRED AND OFTEN BURNED OUT. CHAPLAINS RESPONDED WITH RELATIONAL INITIATIVES, VIRTUAL CLASSES ON RESILIENCE, AND EVEN A FORMAL RESEARCH STUDY ON MORAL DISTRESS IN THE INTENSIVE CARE UNIT.</p> <p>CHAPLAINS PROVIDED CARE IN MORE THAN 33,000 DOCUMENTED PATIENT ENCOUNTERS, PLUS MANY THOUSANDS OF FAMILY MEMBER ENCOUNTERS AS WELL. SOME OF THE MANY REASONS CHAPLAINS BECAME INVOLVED IN THE CARE OF PATIENTS AND FAMILIES INCLUDED:</p> <ul style="list-style-type: none"> <li>*GRIEF SUPPORT AND FACILITATION OF DECISION-MAKING AT MORE THAN 2,000 DEATHS</li> <li>*FAMILY SUPPORT FOR PEDIATRIC TRAUMA PATIENTS</li> <li>*CONVERSATIONS ABOUT END-OF-LIFE DECISIONS AND GOALS OF CARE</li> <li>*EDUCATION ABOUT AND ENACTING ADVANCE DIRECTIVES</li> <li>*OFFERING RELIGIOUS RITUALS AND LITERATURE</li> <li>*DISCUSSING ETHICAL DILEMMAS</li> <li>*PROVIDING COMFORT AND CONVERSATION WITH PATIENTS WHO WERE LONELY, AFRAID, CONFLICTED, STRUGGLING OR CELEBRATING GOOD NEWS</li> </ul> <p>CHAPLAINS CARE FOR PEOPLE, REGARDLESS OF THEIR RELIGIOUS OR SPIRITUAL BACKGROUNDS AND BELIEFS, TO HELP THEM USE AND STRENGTHEN THEIR SPIRITUAL, EMOTIONAL AND RELATIONAL RESOURCES TO BETTER COPE AND TO THRIVE. THROUGH FORMAL AND INFORMAL STAFF SUPPORT EFFORTS, TEACHING, COMMITTEE INVOLVEMENT, ETHICS CONSULTATIONS AND MANY OTHER WAYS, CHAPLAINS ARE FULLY INTEGRATED INTO THE LIFE OF THE NORTON HEALTHCARE SYSTEM.</p> <p>NORTON HEART &amp; VASCULAR INSTITUTE</p> <p>NORTON HEART &amp; VASCULAR INSTITUTE IS LOUISVILLE'S LEADING CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT PROGRAM. EACH YEAR, IT PROVIDES DIAGNOSTIC, MEDICAL, INTERVENTIONAL AND SURGICAL CARE FOR THOUSANDS OF PATIENTS FROM KENTUCKY AND SOUTHERN INDIANA. NORTON HEART &amp; VASCULAR INSTITUTE SPECIALISTS TREAT PATIENTS AT NORTON HEALTHCARE'S FOUR ADULT-SERVICE HOSPITALS AND MORE THAN 28 OUTPATIENT CLINICS, DIAGNOSTIC CENTERS AND SPECIALTY LOCATIONS THROUGHOUT GREATER LOUISVILLE.</p> <p>*KENTUCKY HAS ONE OF THE HIGHEST OCCURRENCES OF HEART DISEASE IN THE COUNTRY. AS A RESULT, NORTON HEART &amp; VASCULAR INSTITUTE HAS COMMITTED TO BEING A LEADER IN ACUTE CHEST PAIN CARE. ALL FOUR OF NORTON HEALTHCARE'S ADULT-SERVICE HOSPITALS IN LOUISVILLE ARE RECOGNIZED BY THE AMERICAN COLLEGE OF CARDIOLOGY AS ACUTE CHEST PAIN CENTERS. OPTIMAL CARE FOR HEART ATTACK PATIENTS TAKES COORDINATION AT THE HOSPITAL, EMERGENCY MEDICAL SERVICES AND SYSTEM LEVELS. IN 2021, ALL THREE NORTON HEALTHCARE ADULT STEMI RECEIVING HOSPITALS RECEIVED THE AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE GOLD PLUS STEMI/CHEST PAIN RECEIVING CENTER DESIGNATION, RECOGNIZING EXCELLENCE IN PROVIDING THE HIGHEST LEVEL OF CARE FOR HEART ATTACKS.</p> <p>*MANY PEOPLE IN OUR REGION HAVE MORE THAN ONE CHRONIC HEALTH CONDITION, AND/OR ADVANCING HEART DISEASE, WHICH IS LEADING TO INCREASED OCCURRENCES OF HEART FAILURE. THE NORTON HEART &amp; VASCULAR INSTITUTE ADVANCED HEART FAILURE &amp; RECOVERY PROGRAM PROVIDES COMPREHENSIVE CARE TO MANAGE HEART FAILURE, AND IN SOME CASES, HELP PATIENTS RECOVER FROM HEART FAILURE. IN 2020, THE PROGRAM EXPANDED ITS ADVANCED TREATMENT OFFERINGS AS NORTON AUDUBON HOSPITAL RECEIVED VENTRICULAR ASSIST DEVICE (VAD) ACCREDITATION FROM DNV HEALTHCARE AND THE U.S. CENTERS FOR MEDICARE &amp; MEDICAID SERVICES. THIS ADVANCED LEVEL OF CARE, PARTNERED WITH NAVIGATION, PATIENT EDUCATION AND SUPPORT OF THOSE WITH HEART FAILURE, IS KEY TO IMPACTING HEART FAILURE CARE IN KENTUCKY.</p> <p>*NORTON HEALTHCARE ACHIEVED SYSTEMWIDE NONINVASIVE CARDIOLOGY ACCREDITATION FROM THE INTERSOCIETAL ACCREDITATION COMMISSION IN 2020. DEPARTMENTS THAT PERFORM NONINVASIVE CARDIOLOGY PROCEDURES ARE MANY TIMES THE FIRST TOUCHPOINT FOR NORTON HEALTHCARE PATIENTS FOR HEART AND VASCULAR CARE. THIS RECOGNITION SIGNIFIES THE HIGHEST LEVEL OF DIAGNOSTIC CAPABILITIES AT ALL NORTON HEALTHCARE LOCATIONS THROUGH THE USE OF NONINVASIVE ECHOCARDIOGRAPHY, NONINVASIVE VASCULAR ULTRASOUND, NUCLEAR CARDIOLOGY AND POSITRON EMISSION TOMOGRAPHY (PET) CARDIOLOGY. IN 2021, NORTON HEART &amp; VASCULAR INSTITUTE REMAINS THE ONLY HEALTH SYSTEM IN LOUISVILLE THAT OFFERS FRACTIONAL FLOW RESERVE DERIVED FROM COMPUTED TOMOGRAPHY (FFRCT).</p> <p>*CARDIOVASCULAR DISEASE IS IMPACTING OUR COMMUNITY ACROSS A WIDE VARIETY OF AGES AND DEMOGRAPHICS. IN 2021, THE NORTON HEART &amp; VASCULAR INSTITUTE YOUNG ADULT CARDIOLOGY CLINIC WAS ESTABLISHED TO TREAT PATIENTS UNDER AGE 35 WITH NO PRIOR CARDIAC CARE CONDITIONS WHO HAVE BEEN SEEN FOR CHEST PAIN IN THE EMERGENCY DEPARTMENT OR A PRIMARY CARE OFFICE.</p> <p>NORTON ORTHOPEDIC INSTITUTE</p> <p>NORTON ORTHOPEDIC INSTITUTE PROVIDES ADVANCED ORTHOPEDIC CARE FOR ALL BONES AND JOINTS, AND FOR PEOPLE OF ALL AGES. NORTON ORTHOPEDIC INSTITUTE IS MADE UP OF BOARD-CERTIFIED PHYSICIANS - MANY OF WHOM ARE FELLOWSHIP TRAINED - WHO WORK TOGETHER WITH THERAPISTS, PHYSICAL REHABILITATION SPECIALISTS, PRIMARY CARE PHYSICIANS, NEUROLOGISTS, CERTIFIED ATHLETIC TRAINERS AND OTHER CARE PROVIDERS TO OFFER A FULL RANGE OF MULTIDISCIPLINARY ORTHOPEDIC SERVICES. THESE SPECIALISTS PRACTICE A TEAM APPROACH IN THE DIAGNOSIS, TREATMENT AND REHABILITATION OF BONE AND JOINT CONDITIONS AND INJURIES. NORTON ORTHOPEDIC INSTITUTE'S HIP AND KNEE REPLACEMENT PROGRAM HAS BEEN CERTIFIED AS AN ORTHOPAEDIC CENTER OF EXCELLENCE BY DNV HEALTHCARE, AS MEETING GUIDELINES OF THE AMERICAN ACADEMY OF</p>



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	<p>ORTHOPAEDIC SURGEONS AND THE AMERICAN ASSOCIATION OF HIP AND KNEE SURGEONS. WITH LOCATIONS THROUGHOUT GREATER LOUISVILLE, INCLUDING SOUTHERN INDIANA, NORTON ORTHOPEDIC INSTITUTE OFFERS SEVERAL SPECIALTY CENTERS FOCUSED ON PROVIDING EXPERTISE IN GENERAL ORTHOPEDICS, JOINT REPLACEMENT, INJURIES, TRAUMA, PEDIATRICS, ONCOLOGY, SPINAL CONDITIONS AND SPORTS HEALTH.</p> <p>NORTON WOMEN'S CARE</p> <p>*NORTON WOMEN'S CARE, WITH CHILDBIRTH SERVICES AT NORTON HOSPITAL AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL, WAS RECOGNIZED AS HIGH PERFORMING IN ADULT MATERNITY CARE (UNCOMPLICATED PREGNANCY) BY U.S. NEWS &amp; WORLD REPORT. THIS WAS U.S. NEWS &amp; WORLD REPORT'S FIRST TIME PUBLISHING A LIST OF BEST HOSPITALS FOR MATERNITY CARE.</p> <p>*IN 2021, NORTON WOMEN'S CARE BIRTHING FACILITIES AT NORTON HOSPITAL AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL PROVIDED CARE AND MEDICAL SERVICES FOR 8,300 DELIVERIES.</p> <p>*NORTON HOSPITAL AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL OFFERED FREE CHILDBIRTH EDUCATION CLASSES, HOSTING A TOTAL OF 436 IN 2021.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>NORTON CHILDREN'S PREVENTION &amp; WELLNESS</p> <p>*CHILD PASSENGER SAFETY TECHNICIANS CHECK CAR AND BOOSTER SEATS AND ALSO PROVIDE CAR AND BOOSTER SEATS AT FREE CHECKUP CLINICS STATEWIDE. IN 2021 731 VIRTUAL AND IN-PERSON CAR SEAT CHECKS WERE COMPLETED. ADDITIONALLY, 50 NEW CHILD PASSENGER SAFETY TECHNICIANS WERE CERTIFIED ON HOW TO PROPERLY INSTALL CAR SEATS.</p> <p>*MORE THAN 6,300 SECOND GRADERS ACROSS KENTUCKY LEARNED ABOUT BICYCLE SAFETY THROUGH THE NORTON CHILDREN'S HOSPITAL BIKE SAFETY RODEO IN 2021. SAFETY CITY ALSO WELCOMED OVER 2,500 SECOND-GRADE STUDENTS TO LEARN ABOUT BIKE AND PEDESTRIAN SAFETY.</p> <p>*IN A VIRTUAL PROGRAM, MORE THAN 5,200 KINDERGARTEN STUDENTS PARTICIPATED IN THE 38TH ANNUAL CHILDREN AND HOSPITALS WEEK EVENT. THE PROGRAM WAS HELD THROUGHOUT THE LAST THREE MONTHS OF THE SCHOOL YEAR, AND SUPPORTED BY A KOHL'S CARES GRANT. CHILDREN AND HOSPITALS WEEK IS DESIGNED TO TEACH SAFE DECISIONS AND BEHAVIORS TO HELP LESSEN THE FEAR AND ANXIETY CHILDREN MAY HAVE ABOUT COMING TO A HOSPITAL.</p> <p>*NORTON CHILDREN'S FOOD PANTRIES SERVED OVER 16,000 INDIVIDUALS WITH FOOD INSECURITY NEEDS.</p> <p>*NORTON CHILDREN'S PREVENTION &amp; WELLNESS PROVIDED 15,000 TOOTHBRUSHES, TOOTHPASTE AND ORAL HYGIENE INFORMATION TO THE COMMUNITY.</p> <p>*NORTON CHILDREN'S PREVENTION &amp; WELLNESS LAUNCHED THE "PARENTING WITH YOU" PODCAST FOR PARENTS TO HELP CHILDREN LEAD HEALTHIER LIFESTYLES. ITS 10 EPISODES IN 2021 HAD MORE THAN 800 DOWNLOADS.</p> <p>*AFTER SWITCHING FROM IN-PERSON PROGRAMMING IN MARCH OF 2020 DUE TO THE COVID-19 PANDEMIC, NORTON CHILDREN'S PREVENTION &amp; WELLNESS CONTINUED WITH VIRTUAL EVENTS IN 2021, SERVING OVER 5,000 INDIVIDUALS WITH PREVENTION AND WELLNESS PROGRAMMING. EVENTS INCLUDED COOKING WORKSHOPS, TEEN WELLNESS WORKSHOPS, CHILD SAFETY CLASSES AND SAFE GRANDPARENTING CLASSES.</p> <p>*THE "JUST FOR KIDS" TRANSPORT TEAM TRANSPORTS BABIES AND CHILDREN FROM ACROSS THE REGION TO NORTON CHILDREN'S HOSPITAL. TRANSPORTATION IS PROVIDED BY AIRPLANE, HELICOPTER AND SPECIALLY EQUIPPED AMBULANCES (MOBILE INTENSIVE CARE UNITS). IN 2021, 2,459 TRANSPORTATION TRIPS WERE COMPLETED.</p> <p>KENTUCKY POISON CONTROL CENTER OF NORTON CHILDREN'S HOSPITAL</p> <p>NORTON CHILDREN'S HOSPITAL IS HOME TO THE KENTUCKY POISON CONTROL CENTER. IN 2021, THE CENTER RECEIVED MORE THAN 40,000 CALLS AND PROVIDED CONTINUED ASSISTANCE THROUGH MORE THAN 42,000 FOLLOW-UP CALLS TO CONCERNED FAMILIES IN ALL 120 COUNTIES IN KENTUCKY, AS WELL AS TO PHYSICIANS AND OTHER HEALTH CARE PROVIDERS FROM EVERY HEALTH CARE FACILITY IN THE STATE. THE CENTER PROVIDED TREATMENT CONSULTATION AND EDUCATION ABOUT HOW TO CORRECTLY HANDLE EXPOSURES TO POISONS. IN ADDITION, THE CENTER DISTRIBUTED MORE THAN 10,000 PREVENTION EDUCATION RESOURCES TO PHYSICIANS' OFFICES, HEALTH DEPARTMENTS AND SCHOOLS, AND ALMOST 1,000 PACKETS OF MATERIALS TO INDIVIDUALS WHO CALLED THE POISON HOTLINE AT (800) 222-1222, WHICH IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK. THE STAFF OF THE POISON CONTROL CENTER ALSO ANSWER THE KENTUCKY HIV AND KENTUCKY OPIOID ASSISTANCE AND RESOURCE HOTLINES, AND MANAGED THE STATE'S COVID-19 HOTLINE DURING 2020 AND 2021.</p> <p>NORTON NEUROSCIENCE INSTITUTE</p> <p>FOUNDED IN 2009, NORTON NEUROSCIENCE INSTITUTE IS CONTINUING ITS QUEST TO BE THE REGIONAL AND NATIONAL LEADER IN TREATMENT, RESEARCH AND ACADEMIC TRAINING FOR ADULT AND PEDIATRIC NEUROSCIENCE DISCIPLINES. NORTON NEUROSCIENCE INSTITUTE ENSURES PATIENTS WILL BE TREATED FOR NEUROLOGICAL DISORDERS WITHOUT HAVING TO LEAVE THE REGION FOR CARE. SUBSPECIALTY NEUROSURGEONS, NEUROLOGISTS AND OTHER NEUROLOGY-RELATED SPECIALISTS HAVE JOINED THE GROWING INSTITUTE. THESE PHYSICIANS AND ADVANCED PRACTICE PROVIDERS OFFER EXPERTISE IN STROKE CARE, EPILEPSY, PARKINSON'S DISEASE, MULTIPLE SCLEROSIS, AMYOTROPHIC LATERAL SCLEROSIS (ALS), BRAIN TUMORS, HEADACHES, CONCUSSIONS, SPINE CARE, ENDOVASCULAR AND CEREBROVASCULAR NEUROSURGERY, AND MANY OTHER NEUROLOGICAL CONDITIONS.</p> <p>*KENTUCKY IS CONSIDERED TO BE PART OF THE "STROKE BELT," A REGION OF THE UNITED STATES THAT SEES A HIGH NUMBER OF INCIDENTS OF STROKE CASES. AS A RESULT, NORTON NEUROSCIENCE INSTITUTE HAS COMMITTED TO BEING A LEADER IN STROKE CARE. NORTON BROWNSBORO HOSPITAL IS A DESIGNATED COMPREHENSIVE STROKE CENTER. NORTON AUDUBON HOSPITAL AND NORTON HOSPITAL ARE CERTIFIED PRIMARY STROKE CENTERS, AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL IS AN ACUTE STROKE READY CERTIFIED CENTER.</p> <p>*NEUROSURGEONS WITH NORTON NEUROSCIENCE INSTITUTE WERE THE FIRST IN KENTUCKY TO USE MINIMALLY INVASIVE SURGERY TECHNIQUES, INCLUDING ROBOTIC SURGERY, LASER ABLATION AND STEREOELECTROENCEPHALOGRAPHY (SEEG) IN THE TREATMENT OF BRAIN TUMORS AND EPILEPSY FOR CHILDREN AND ADULTS.</p> <p>*NORTON NEUROSCIENCE INSTITUTE OFFERS TREATMENT FOR ALL NEUROLOGICAL DISORDERS. PROVIDERS WORK TOGETHER FOR THE PATIENT, PROVIDING MULTIDISCIPLINARY PROGRAMS IN AREAS OF BRAIN TUMOR, ALS, MOVEMENT DISORDERS, EPILEPSY, TRIGEMINAL NEURALGIA (FACE PAIN) AND STROKE.</p> <p>*IN 2019, NORTON NEUROSCIENCE INSTITUTE'S PEDIATRIC NEUROSURGEONS CAME TOGETHER WITH THE UOFL SCHOOL OF MEDICINE DEPARTMENT OF NEUROLOGY DIVISION OF CHILD NEUROLOGY TO CREATE NORTON CHILDREN'S NEUROSCIENCE INSTITUTE, AFFILIATED WITH THE UOFL SCHOOL OF MEDICINE. WHILE BOTH GROUPS HAVING BEEN WORKING TOGETHER FOR DECADES, THE CREATION OF THE NEW INSTITUTE ALLOWS FOR LEADING EXPERTS TO WORK MORE SEAMLESSLY TOGETHER TO TREAT THE FULL SPECTRUM OF SPINE AND BRAIN CONDITIONS IN CHILDREN.</p> <p>*IN 2021, THE NORTON NEUROSCIENCE INSTITUTE RESOURCE CENTER PROVIDED FREE OPPORTUNITIES FOR EDUCATION AND SUPPORT TO MORE THAN 8,442 TOTAL ATTENDEES.</p> <p>*IN JUNE 2021, A NEW NORTON NEUROSCIENCE INSTITUTE FACILITY OPENED ON THE NORTON BROWNSBORO HOSPITAL CAMPUS, PROVIDING COMPREHENSIVE, MULTIDISCIPLINARY NEUROSCIENCE SERVICES WITH LEADING-EDGE TECHNOLOGIES AND ENHANCED RESEARCH AND OUTREACH EFFORTS. NORTON NEUROSCIENCE INSTITUTE - BROWNSBORO COMPRISES MORE THAN 48,000 SQUARE FEET AND SUPPORTS PATIENTS WITH MANY TYPES OF NEUROLOGICAL CONDITIONS, INCLUDING BRAIN, SPINAL AND NERVOUS SYSTEM TUMORS; STROKE; EPILEPSY; MIGRAINE AND HEADACHE; DEMENTIA; AND MEMORY DISORDERS. IT ALSO IS HOME TO NORTON NEUROSCIENCE INSTITUTE CRESSMAN PARKINSON'S &amp; MOVEMENT DISORDERS CENTER AND NORTON NEUROSCIENCE INSTITUTE CRESSMAN NEUROLOGICAL REHABILITATION.</p> <p>NORTON PREVENTION &amp; WELLNESS</p>

Return Reference - Identifier	Explanation
	<p>*NORTON PREVENTION &amp; WELLNESS PLAYED A KEY ROLE IN SUPPORTING THE COMMUNITY THROUGHOUT THE COVID-19 PANDEMIC. IN 2021, THIS DEPARTMENT CONDUCTED AND SUPPORTED COVID-19 VACCINATIONS AT FIXED LOCATIONS, AS WELL AS THROUGH MOBILE VACCINE CLINICS AT MULTIPLE SITES, INCLUDING PLACES OF WORSHIP, BUSINESSES AND SCHOOLS, PROVIDING OVER 12,000 FIRST, SECOND AND THIRD DOSES OF VACCINE TO MEMBERS OF THE COMMUNITY.</p> <p>*IN 2021, NORTON PREVENTION &amp; WELLNESS STAFF PROVIDED PREVENTIVE SCREENINGS ABOARD THE NORTON PREVENTION &amp; WELLNESS MOBILE PREVENTION CENTER IN COLLABORATION WITH VARIOUS COMMUNITY PARTNERS. OVER 1,400 WOMEN RECEIVED MAMMOGRAMS AND/OR WELLNESS EXAMS, INCLUDING CERVICAL CANCER SCREENINGS, ABOARD THE MOBILE UNIT. OF THOSE, APPROXIMATELY 11% HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS AND 12% HAD NEVER HAD A MAMMOGRAM. OF THE 164 MOBILE PREVENTION CENTER EVENTS, OVER HALF TOOK PLACE IN UNDERSERVED COMMUNITIES AND OVER 60% OF PATIENTS CAME FROM MEDICALLY UNDERSERVED AREAS.</p> <p>*EDUCATION ON CARDIOVASCULAR HEALTH, EFFECTS OF SMOKING, PROSTATE HEALTH, BREAST HEALTH AND WOMEN'S HEALTH, COLON HEALTH AND MORE WAS PROVIDED TO ALMOST 1,200 COMMUNITY MEMBERS AT VARIOUS EVENTS, SUCH AS HEALTH FAIRS AND PRESENTATIONS. IF ELIGIBLE AND INTERESTED, PARTICIPANTS WERE OFFERED REFERRALS FOR A COLONOSCOPY OR GIVEN AN AT-HOME TESTING KIT THAT THEY COULD MAIL TO THE LAB AND LATER RECEIVE THEIR RESULTS. COLONOSCOPY REFERRALS WERE MADE FOR 65 PEOPLE AND 39 PEOPLE RECEIVED AT-HOME TESTING KITS. TO HELP ELIMINATE BARRIERS TO CARE, NORTON PREVENTION &amp; WELLNESS IMPLEMENTED A DEDICATED PHONE NUMBER, (502) 446-WELL, THAT LINKS ELIGIBLE PATIENTS TO COLONOSCOPY SCHEDULING OR REQUESTING IN-HOME TESTS.</p> <p>*IN COLLABORATION WITH MANY COMMUNITY PARTNERS, STAFF PROVIDED OVER 900 HEALTH SCREENINGS (BLOOD PRESSURE, BODY MASS INDEX, GLUCOSE AND CHOLESTEROL LEVELS) FOR ALMOST 350 PARTICIPANTS IN MULTIPLE LOCATIONS THROUGHOUT JEFFERSON COUNTY AND SURROUNDING COUNTIES, INCLUDING IN SOUTHERN INDIANA. UNFORTUNATELY, DUE TO COVID-19, HEALTH EVENTS WERE SIGNIFICANTLY REDUCED. EACH PARTICIPANT RECEIVED EDUCATION ON HEALTHY LIFESTYLE CHOICES, SUCH AS DIET AND EXERCISE. GROUP EDUCATION ON VARIOUS HEALTH AND WELLNESS TOPICS WAS PROVIDED THROUGHOUT THE YEAR.</p> <p>*NORTON PREVENTION &amp; WELLNESS CONDUCTED 15 AMERICAN LUNG ASSOCIATION FREEDOM FROM SMOKING CLASSES IN 2021, WITH OVER 242 PEOPLE ATTENDING. ONE-THIRD REPORTED THEY WERE TOBACCO-FREE. ONE CLASS WAS TAUGHT IN SPANISH.</p> <p>*THE GET HEALTHY WALKING CLUB HAS OVER 6,000 MEMBERS. 2021 BROUGHT OVER 1,000 NEW MEMBERS TO THE FREE CLUB AIMED AT IMPROVING OVERALL HEALTH. GET HEALTHY WALKING CLUB MEMBERS HAVE FREE ACCESS TO WALK AT THE LOUISVILLE ZOO EACH DAY FROM MARCH THROUGH OCTOBER, 8 TO 9:30 A.M.</p>
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>NORTON HEALTHCARE RESEARCH OFFICE</p> <p>NORTON HEALTHCARE GUIDES ONE OF THE LARGEST PORTFOLIOS OF CLINICAL RESEARCH OF ANY COMMUNITY HEALTH CARE SYSTEM IN THE UNITED STATES. AT ANY POINT IN TIME, MORE THAN 750 CLINICAL STUDIES ARE ACTIVE OR PENDING AT NORTON HEALTHCARE. THESE STUDIES ENGAGE MORE THAN 400 NORTON HEALTHCARE STAFF AND SIGNIFICANTLY IMPACT OUR PATIENTS AND THEIR FAMILIES.</p> <p>*AREAS OF CLINICAL RESEARCH FOCUS INCLUDE PEDIATRICS, ONCOLOGY, CARDIOLOGY, ORTHOPEDICS AND SPINE, INFECTIOUS DISEASES, NEUROLOGY, NEUROSURGERY, MATERNAL-FETAL MEDICINE AND PULMONOLOGY.</p> <p>*NORTON HEALTHCARE INVESTS SIGNIFICANTLY IN CLINICAL RESEARCH TO BENEFIT OUR COMMUNITY AND PATIENTS, AND TO SUPPORT CLINICAL SCIENCE BY PARTICIPATING IN THE DEVELOPMENT OF NEW CLINICAL INTERVENTIONS (DRUGS, DEVICES, PROCEDURES) THAT WILL BECOME GENERALIZED AND SHARED WITH A WIDE NUMBER OF PATIENT POPULATIONS AND MEDICAL PROFESSIONALS. THESE NEW, INNOVATIVE TREATMENTS EXPAND THE MEDICAL COMMUNITY'S KNOWLEDGE AND POTENTIALLY IMPROVE THE QUALITY OF MEDICAL CARE NOW AND IN THE FUTURE.</p> <p>*IN 2021, NORTON HEALTHCARE CONTINUED TO RESPOND TO THE COVID-19 PANDEMIC BY OPENING AND GUIDING MORE THAN 20 COVID-19 TREATMENT STUDIES. AS A CLINICAL STUDY SITE, NORTON HEALTHCARE ENROLLED THE FIRST PATIENT IN THE WORLD FOR THREE OF THOSE CLINICAL TRIALS.</p> <p>*NORTON HEALTHCARE GUIDED A PHASE 3 STUDY OF THE ONE-DOSE JOHNSON &amp; JOHNSON COVID-19 VACCINE THAT GAINED FDA EMERGENCY USE AUTHORIZATION EARLY IN 2021. NORTON HEALTHCARE, IN PARTNERSHIP WITH UK HEALTHCARE AND BAPTIST HEALTH LEXINGTON, GAINED VISIBILITY AS THE LARGEST ENROLLING SITE IN THE WORLD FOR THIS IMPORTANT STUDY. IN ADDITION, IN JUNE 2021, NORTON CHILDREN'S RESEARCH INSTITUTE, AFFILIATED WITH THE UOFL SCHOOL OF MEDICINE, ANNOUNCED IT WOULD PARTICIPATE IN A PHASE 2/3 CLINICAL TRIAL OF THE PFIZER COVID-19 INVESTIGATIONAL VACCINE FOR HEALTHY CHILDREN AGES 6 MONTHS TO 11 YEARS. IT WAS ONE OF 100 PARTICIPATING SITES AROUND THE WORLD AND THE ONLY SITE IN LOUISVILLE OFFERING THE TRIAL. THE STUDY EVALUATED SAFETY, TOLERABILITY AND IMMUNE RESPONSE IN THIS AGE GROUP.</p>
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>NORTON HEALTHCARE, INC. (THE CONTROLLING COMPANY) AND ITS AFFILIATES, INCLUDING NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., THE CHILDREN'S HOSPITAL FOUNDATION, INC., NORTON HEALTHCARE FOUNDATION, INC., AND NORTON ENTERPRISES, INC. OPERATE IN THE LOUISVILLE, KENTUCKY METROPOLITAN AREA AND THE OPERATIONS OF THE AFFILIATED HEALTHCARE SYSTEM INCLUDE 1,907 LICENSED BEDS, OVER 300 PHYSICIAN PRACTICE LOCATIONS, AND 17 NORTON IMMEDIATE CARE CENTER LOCATIONS, AND OTHER ANCILLARY HEALTH CARE SERVICES.</p>
SCHEDULE H, LINE 7, INPUT 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	<p>NOT REQUIRED AT THIS TIME BY COMMONWEALTH OF KENTUCKY.</p>



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTON HOSPITALS, INC.

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number

61-0703799

**Part I Questions Regarding Compensation**

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

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

Cat. No. 50053T

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RUSSELL F. COX PRESIDENT & CEO/TRUSTEE	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		1,277,682	850,949	537,946	181,585	35,328	2,883,490	183,280
2	MICHAEL W. GOUGH EXEC VP AND COO	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		873,877	501,896	265,002	122,482	30,993	1,794,250	127,756
3	AARON SPALDING, M.D. PHYSICIAN	(i) 939,953	(ii) 571,988	(iii) 148,869	17,838	56,220	1,734,869	0
		0	0	0	0	0	0	0
4	MICHAEL HAHN, M.D. PHYSICIAN	(i) 562,716	(ii) 381,988	(iii) 484,024	18,519	43,380	1,490,627	154,688
		0	0	0	0	0	0	0
5	SHAWN GLISSON, M.D. PHYSICIAN	(i) 891,227	(ii) 498,289	(iii) 23,570	16,797	34,592	1,464,475	0
		0	0	0	0	0	0	0
6	JOSEPH MALY, M.D. PHYSICIAN	(i) 839,560	(ii) 342,302	(iii) 27,148	12,286	45,455	1,266,750	0
		0	0	0	0	0	0	0
7	DON STEVENS, M.D. PHYSICIAN	(i) 640,702	(ii) 452,179	(iii) 39,368	28,523	23,830	1,184,603	0
		0	0	0	0	0	0	0
8	ADAM KEMPF SR VP, CFO/TREASURER	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		529,098	278,616	129,027	129,625	31,727	1,098,093	75,796
9	JOSEPH FLYNN, D.O. CAO NMG - PHYSICIAN -IN-CHIEF NCI	(i) 601,833	(ii) 243,818	(iii) 91,340	115,812	32,883	1,085,686	70,625
		0	0	0	0	0	0	0
10	ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		493,194	257,754	116,353	120,137	14,693	1,002,131	70,756
11	MATTHEW AYERS HOSPITAL CAO	(i) 347,527	(ii) 142,821	(iii) 67,468	73,858	28,148	659,823	39,652
		0	0	0	0	0	0	0
12	CHARLOTTE IPSAN HOSPITAL CAO	(i) 305,995	(ii) 133,786	(iii) 88,308	79,122	26,283	633,493	39,348
		0	0	0	0	0	0	0
13	EMMETT RAMSER HOSPITAL CAO	(i) 301,363	(ii) 124,625	(iii) 57,497	76,779	30,989	591,253	35,476
		0	0	0	0	0	0	0
14	ANDREW STRAUSBAUGH HOSPITAL CAO	(i) 301,330	(ii) 124,326	(iii) 55,930	64,850	30,873	577,308	36,568
		0	0	0	0	0	0	0
15	RANDY HAMILTON HOSPITAL CAO	(i) 278,839	(ii) 114,001	(iii) 58,753	58,195	20,269	530,056	0
		0	0	0	0	0	0	0
16		(i)						
		(ii)						

## Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT	<p>DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE, INC. (NHC) EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NHC PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS. THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NHC DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT.</p> <p>THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2021:</p> <p>MATTHEW AYERS - \$10,000 CHARLOTTE IPSAN - \$10,000 JOSEPH FLYNN - \$10,000 ANDREW STRAUSBAUGH - \$10,000 EMMETT RAMSER - \$10,000 RANDY HAMILTON - \$10,000</p>
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	<p>NORTON HEALTHCARE INC (NHC) EIN 61-1028725 IS THE PARENT ORGANIZATION FOR NORTON HOSPITALS, INC. AND THEREFORE ESTABLISHES COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES THROUGH ENGAGING WITH THE EXECUTIVE COMMITTEE OF NHC; AN INDEPENDENT COMPENSATION CONSULTANT; REVIEW OF OTHER ORGANIZATION'S FORM 990; WRITTEN EMPLOYMENT AGREEMENTS; THIRD PARTY COMPENSATION SURVEYS AND APPROVAL BY THE EXECUTIVE COMMITTEE AND BOARD. SEE NARRATIVE IN SCHEDULE O, REFERENCING PART VI, LINE 15 WHICH FURTHER DESCRIBES THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION.</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN.</p> <p>THE "PAY CREDIT" OUTLINED BELOW REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS; AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS.</p> <p>NAME - PAY CREDIT RUSSELL F. COX - \$158,135 MICHAEL W. GOUGH - \$99,514 ROBERT AZAR - \$101,168 ADAM KEMPF - \$110,872 MATTHEW AYERS - \$55,550 CHARLOTTE IPSAN - \$54,486 JOSEPH FLYNN - \$101,312 ANDREW STRAUSBAUGH - \$46,114 EMMETT RAMSER - \$49,229 RANDY HAMILTON - \$40,795</p> <p>THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2021 AND CAN BE COMPRISED OF CURRENT AND OR PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS.</p> <p>NAME - PAYMENT RECEIVED RUSSELL F. COX - \$183,280 MICHAEL W. GOUGH - \$127,756 ROBERT AZAR - \$71,561 ADAM KEMPF - \$89,619 MATTHEW AYERS - \$51,117 CHARLOTTE IPSAN - \$44,915 JOSEPH FLYNN - \$71,415 ANDREW STRAUSBAUGH - \$41,673 EMMETT RAMSER - \$42,749 RANDY HAMILTON - \$44,555 MICHAEL HAHN - \$407,061</p>
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	<p>IN 2021, NORTON HEALTHCARE, INC. (NHC) HAD IN PLACE A VARIABLE COMPENSATION PLAN FOR EXECUTIVES, ELIGIBILITY UNDER WHICH EXTENDED TO EMPLOYEES HOLDING A FULL-TIME POSITION AS SENIOR OFFICER, OFFICER, SYSTEM DIRECTOR OR OTHER DESIGNATED DIRECTOR LEVEL POSITION. UNDER THE PLAN, A VARIABLE COMPENSATION POOL AMOUNT IS APPROVED BY THE BOARD OF TRUSTEES. EACH PARTICIPANT'S PERFORMANCE IS EVALUATED RELATIVE TO THE GOALS AND OBJECTIVES DOCUMENTED AS PART OF THE PARTICIPANT'S PLAN; AND AN AWARD IS DETERMINED FOR THE PARTICIPANT, BASED ON ACHIEVEMENT OF THE GOALS AND OBJECTIVES, SUBJECT TO THE FUNDING OF THE VARIABLE COMPENSATION POOL. AT THE END OF EACH YEAR, THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS DETERMINES AN APPROPRIATE AWARD FOR THE NHC'S PRESIDENT &amp; CHIEF EXECUTIVE OFFICER, AND THE PRESIDENT &amp; CHIEF EXECUTIVE OFFICER RECOMMENDS APPROPRIATE AWARDS FOR OTHER SENIOR EXECUTIVES TO THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS FOR ITS REVIEW AND APPROVAL.</p>

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Name of the organization

NORTON HOSPITALS, INC.

Employer identification number

61-0703799

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total . . . . . ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Cat. No. 50056A

Schedule L (Form 990) 2021

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

**Part V**      **Supplemental Information.**

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

[illegible]

**Part IV****Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JASON NACHAZEL	FAMILY MEMBER OF RONALD LEHOCKY, TRUSTEE	\$88,125	COMPENSATION		✓
(2) SARAH A. ROBINSON	FAMILY MEMBER OF DONALD H ROBINSON, TRUSTEE	\$77,688	COMPENSATION		✓
(3) LORRAINE BOUVETTE	FAMILY MEMBER OF MARIA BOUVETTE, TRUSTEE	\$74,575	COMPENSATION		✓
(4) LAURA HORTERT	FAMILY MEMBER OF EMMETT RAMSER, KEY EMPLOYEE	\$44,326	COMPENSATION		✓
(5) BRAYDON HAMILTON	FAMILY MEMBER OF RANDY HAMILTON, KEY EMPLOYEE	\$11,766	COMPENSATION		✓
(6) EMRIE IPSAN	FAMILY MEMBER OF CHARLOTTE IPSAN, KEY EMPLOYEE	\$24,950	COMPENSATION		✓

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

NORTON HOSPITALS, INC.

Employer identification number

61-0703799

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	✓		128,876	MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (DONATED MEALS/GIFT CARDS)	✓	5	280,963	MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	CLOTHING AND HOUSEHOLD GOODS - NUMBER OF CONTRIBUTIONS OTHER - DONATED MEALS/GIFT CARDS NUMBER OF CONTRIBUTIONS



<b>SCHEDULE O (Form 990)</b>  Department of Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; margin: 0;">2021</div> Open to Public Inspection
Name of the Organization <b>NORTON HOSPITALS, INC.</b>		Employer Identification Number <b>61-0703799</b>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>646,869 OUTPATIENTS, 235,728 EMERGENCY DEPARTMENT VISITS, AND 30,260 OBSERVATION CASES. IN ADDITION, NHI'S OPERATING ROOMS CARED FOR 16,312 INPATIENT SURGICAL PATIENTS AND 39,433 OUTPATIENT SURGICAL PATIENTS. ADDITIONALLY, 8,300 DELIVERIES WERE PERFORMED AT NHI BIRTHING CENTERS.</p> <p>UNDER ITS CHARITY CARE PROGRAM, NHI PROVIDED FREE CARE TO 7,291 PATIENTS, AT A COST OF \$14.2 MILLION. ALSO, NHI GRANTS A DISCOUNT FROM BILLED CHARGES TO ANY PATIENTS THAT HAVE NO ACCESS TO PRIVATE HEALTH INSURANCE OR DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE. UNDER THIS PROGRAM, 7,498 PATIENTS WERE PROVIDED CARE AT DISCOUNTED RATES. ANOTHER CONTRIBUTION TO THE COMMUNITY WAS EDUCATIONAL SUPPORT OF \$77.4 MILLION, PRIMARILY TO THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE. COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED \$20.1 MILLION AND CONTRIBUTIONS TO COMMUNITY GROUPS WERE \$1.9 MILLION.</p>
FORM 990, PART V, LINE 1A - COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC. (NHC) EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC. (NHI) AND THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NHC ON BEHALF OF NHI. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2021 BY NHC FOR NHI, WAS APPROXIMATELY 256. NHI HAS 144 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2021.
FORM 990, PART V, LINE 2A - COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC. (NHC) EIN 61-102875 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC. (NHI) THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NHC ON BEHALF OF NHI. NHI HAS APPROXIMATELY 13,096 EMPLOYEES.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT AND DIRECTION OF THE BUSINESS AND AFFAIRS OF THE CORPORATION. HOWEVER, THE EXECUTIVE COMMITTEE DOES NOT POSSESS THE AUTHORITY TO DO THE FOLLOWING: A) FILL VACANCIES ON THE BOARD; B) CHANGE THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE; C) MAKE DECISIONS TO MERGE, LIQUIDATE, OR OTHERWISE MAKE DECISIONS OUTSIDE OF THE NORMAL COURSE OF BUSINESS; D) MAKE FINAL DETERMINATIONS OF LONG-TERM POLICY; E) HIRE OF FIRE THE CHIEF EXECUTIVE OFFICER; AND F) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	RUSSELL F. COX, ADAM KEMPF, ROBERT B. AZAR (OFFICERS, NORTON ENTERPRISE, INC.) - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	NORTON HEALTHCARE, INC. (EIN 61-1028725) IS THE SOLE MEMBER OF NORTON HOSPITALS, INC.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF TRUSTEES OF NORTON HEALTHCARE, INC. APPOINTS THE TRUSTEES OF THE ORGANIZATION.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ACCORDING TO THE ARTICLES OF INCORPORATION OF THE ORGANIZATION, NORTON HEALTHCARE, INC. (NHC) THE SOLE MEMBER, POSSESSES ALL OF THE RIGHTS GRANTED TO A MEMBER PURSUANT TO LAW, INCLUDING THE RIGHT TO ELECT TRUSTEES OR DIRECTORS AND APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE ORGANIZATION. NHC ALSO POSSESSES THE RIGHT TO REQUIRE THE ORGANIZATION TO (I) PROVIDE CONTRIBUTIONS OF FUNDS OF THE ORGANIZATION TO PAY ALL TO A PORTION OF THE PRINCIPLE OF, INTEREST ON, AND ALL OTHER PAYMENTS TO BECOME DUE AND OWING WITH RESPECT TO ANY AND ALL INDEBTEDNESS INCURRED BY NHC, AND (II) PROVIDE SECURITY FOR SUCH INDEBTEDNESS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AT THE OCTOBER 6, 2022 NORTON HEALTHCARE, INC. (NHC) FINANCE COMMITTEE MEETING AND AT THE OCTOBER 27, 2022 NHC BOARD OF TRUSTEES MEETING, THE 990S WERE DISCUSSED AND COMMITTEE MEMBERS AND TRUSTEES HAD AN OPPORTUNITY TO ASK QUESTIONS. COINCIDING WITH THE FINANCE COMMITTEE MEETING, ELECTRONIC COPIES OF THE 990S WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND BOARD OF TRUSTEES THROUGH THE DIRECTORS PORTAL SITE, PRIOR TO THE FILING WITH THE IRS. NHC IS THE PARENT OF COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC., THE CHILDREN'S HOSPITAL FOUNDATION, INC., AND NORTON HEALTHCARE-INDIANA, INC.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ANNUALLY DISTRIBUTING A QUESTIONNAIRE THAT REQUIRES OFFICERS, TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE INTERESTS THAT MAY GIVE RISE TO CONFLICTS. IF A CONFLICT ARISES, THE POLICY PROVIDES PROCEDURES FOR ADDRESSING CONFLICTS TO ENSURE DECISIONS ARE MADE IN THE BEST INTEREST OF THE ORGANIZATION.

Return Reference - Identifier	Explanation																																							
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE TOP MANAGEMENT OFFICIAL IS PAID BY A RELATED ORGANIZATION. PLEASE SEE EXPLANATION PROVIDED FOR FORM 990, PART VI, LINE 15B.																																							
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE ORGANIZATION TAKES ALL NECESSARY STEPS TO ENSURE THAT COMPENSATION FOR ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES IS REASONABLE AND APPROPRIATE FOR THE SERVICES PROVIDED TO THE ORGANIZATION. THE ORGANIZATION PROVIDES A TOTAL COMPENSATION PACKAGE THAT IS ON PAR WITH COMPENSATION PROVIDED BY SIMILAR ORGANIZATIONS AND WHICH CONFORMS TO THE POLICIES AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES.</p> <p>NORTON HEALTHCARE, INC. (NHC) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, GALLAGHER, TO PROVIDE COMPARABILITY DATA, INCLUDING REVIEW OF OTHER HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS THAT HAVE FILED FORM 990S, FOR NHC'S OFFICERS AND KEY EMPLOYEES ON TOTAL COMPENSATION FOR SIMILAR POSITIONS AT HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS SIMILAR IN SIZE, SCOPE OF SERVICES, AND CIRCUMSTANCES. IN ADDITION, THE ORGANIZATION PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS.</p> <p>GALLAGHER CONSULTANTS PRESENTED AND DISCUSSED THIS COMPARABILITY DATA IN 2020 FOR THE 2021 COMPENSATION REVIEW AND MET IN 2021 FOR THE 2022 COMPENSATION REVIEW WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (BOARD). THE COMMITTEE REVIEWED THE EXECUTIVE COMPENSATION AND BENEFITS PROGRAM, DETERMINED TOTAL COMPENSATION FOR THE CEO, AND APPROVED COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES. THE COMMITTEE REVIEWED NHC'S VARIABLE COMPENSATION PROGRAM AND DETERMINED APPROPRIATE AWARDS FOR PERFORMANCE RELATIVE TO GOALS SET FOR THE YEAR. AFTER THE COMMITTEE DETERMINED APPROPRIATE COMPENSATION AND BENEFITS FOR OFFICERS AND KEY EMPLOYEES, THE BOARD APPROVED THEIR TOTAL COMPENSATION.</p>																																							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE HERE: <a href="https://nortonhealthcare.com/about-us/financial-information/">HTTPS://NORTONHEALTHCARE.COM/ABOUT-US/FINANCIAL-INFORMATION/</a> . GOVERNING DOCUMENTS, AND CONFLICTS OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.																																							
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (E) - BOARD MEMBER STIPEND PAYMENTS	NORTON HEALTHCARE, INC. (NHC) AND AFFILIATES (NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND THE CHILDREN'S HOSPITAL FOUNDATION, INC.) ENCOURAGES AND FACILITATES BOARD MEMBER ATTENDANCE AT EDUCATIONAL PROGRAMS AND CONFERENCES ON SUBJECTS RELEVANT TO NHC. NHC'S TRAVEL POLICY FOR BOARD OF TRUSTEES PROVIDES THAT FOR EACH TRUSTEE THAT ATTENDS AT LEAST ONE OUT OF TOWN EDUCATIONAL CONFERENCE, A LUMP SUM STIPEND WILL BE PAID TO COVER UNREIMBURSED TRAVEL EXPENSE AND OTHER MISCELLANEOUS EXPENSES ASSOCIATED WITH CONFERENCE PREPARATION, ATTENDANCE OR FOLLOW UP. IN COMPLIANCE WITH IRS REGULATIONS, NHC PROVIDES A FORM 1099 TO ANY TRUSTEE THAT RECEIVES A STIPEND. THESE AMOUNTS HAVE BEEN REPORTED IN PART VII OR THE FORM 990 AS REPORTABLE COMPENSATION TO THE TRUSTEE RECEIVING STIPENDS IN 2021.																																							
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table><tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr><tr><td>CONTRACT LABOR</td><td>48,244,439</td><td>48,244,439</td><td></td><td></td></tr><tr><td>PROFESSIONAL FEES</td><td>107,588,164</td><td>107,588,164</td><td></td><td></td></tr><tr><td>FEES &amp; SPECIAL SERVICES</td><td>54,310,385</td><td>54,310,385</td><td></td><td></td></tr><tr><td>LAB SERVICES</td><td>15,873,589</td><td>15,873,589</td><td></td><td></td></tr><tr><td>OTHER</td><td>7,445,926</td><td>7,445,926</td><td></td><td></td></tr><tr><td>Total</td><td>233,462,503</td><td>233,462,503</td><td>0</td><td>0</td></tr></table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONTRACT LABOR	48,244,439	48,244,439			PROFESSIONAL FEES	107,588,164	107,588,164			FEES & SPECIAL SERVICES	54,310,385	54,310,385			LAB SERVICES	15,873,589	15,873,589			OTHER	7,445,926	7,445,926			Total	233,462,503	233,462,503	0	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																																				
CONTRACT LABOR	48,244,439	48,244,439																																						
PROFESSIONAL FEES	107,588,164	107,588,164																																						
FEES & SPECIAL SERVICES	54,310,385	54,310,385																																						
LAB SERVICES	15,873,589	15,873,589																																						
OTHER	7,445,926	7,445,926																																						
Total	233,462,503	233,462,503	0	0																																				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>AFFILIATE TRANSFER</td><td>- 123,915</td></tr></table>					(a) Description	(b) Amount	AFFILIATE TRANSFER	- 123,915																															
(a) Description	(b) Amount																																							
AFFILIATE TRANSFER	- 123,915																																							

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue ServiceName of the organization  
**NORTON HOSPITALS, INC.****Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Employer identification number  
**61-0703799****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>NORTON HEALTHCARE, INC. (61-1028725)</b> ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE ADMINISTRATIVE AND SUPPORT SERVICES	KY	501(C)(3)	12 TYPE II	N/A		✓
(2) <b>COMMUNITY MEDICAL ASSOCIATES, INC. (61-1276316)</b> ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	10	NORTON HEALTHCARE, INC.		✓
(3) <b>NORTON PROPERTIES, INC. (61-1028724)</b> ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	MAINTAIN OFFICE AND PARKING FACILITIES	KY	501(C)(3)	12 TYPE I	NORTON HEALTHCARE, INC.		✓
(4) <b>THE CHILDREN'S HOSPITAL FOUNDATION, INC. (61-6027530)</b> ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NORTON HEALTHCARE, INC.		✓
(5) <b>NORTON HEALTHCARE FOUNDATION, INC. (31-0914919)</b> ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NORTON HEALTHCARE, INC.		✓
(6) <b>NORTON HEALTHCARE - INDIANA INC. (85-0513259)</b> ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	OPERATE HOSPITAL AND OTHER HEALTHCARE FACILITIES	IN	501(C)(3)	10	NORTON HEALTHCARE, INC.		✓
(7) .....							

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Schedule R (Form 990) 2021

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTON ENTERPRISES, INC (61-1054301) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202-2025	PROVIDE PATHOLOGY SERVICES	KY	NORTON HEALTHCARE , INC.	C CORPORATION	N/A	N/A	N/A		✓