

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 for instructions and the latest information.**2021****Open to Public Inspection**

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20	
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	C Name of organization NORTON HEALTHCARE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite ACCOUNTING, 224 E BROADWAY 5TH FL City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202
	D Employer identification number 61-1028725
	E Telephone number (502) 629-8249
	G Gross receipts \$ 919,530,743
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶
I 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	
J Website: ▶ WWW.NORTONHEALTHCARE.COM	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1983 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NORTON HEALTHCARE'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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2,994
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	112,458
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	31,618	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,761,368	2,257,661
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	420,130,148	448,482,736
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,598,532	163,179,597
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,826,911	3,905,157
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	492,316,959	617,825,151
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,233,534	4,357,984
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	207,353,073	215,941,217
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	220,405,113	244,574,658
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	430,991,720	464,873,859
19 Revenue less expenses. Subtract line 18 from line 12	61,325,239	152,951,292	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,709,209,349	2,835,434,005
	22 Net assets or fund balances. Subtract line 21 from line 20	2,824,490,513	2,713,518,595
		(115,281,164)	121,915,410

Part II Signature Block

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

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

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 HEALTHCARE'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.
-
- 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 \$ 391,122,025 including grants of \$ 4,357,984) (Revenue \$ 452,275,435)
NORTON HEALTHCARE INC. IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KENTUCKY. IN 2021,
NORTON HEALTHCARE, THROUGH ITS AFFILIATE, NORTON HOSPITALS INC., 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 & CHILDREN'S HOSPITAL, 373
BEDS. THESE FIVE HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK. (CONTINUED IN 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 **▶** 391,122,025

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 1,228	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 2	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	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	2a	2,994		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	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)?	4a			✓
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	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.	15		✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. 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.	17			

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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Enter the number of voting members included on line 1a, above, who are independent 1b 22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	<input checked="" type="checkbox"/>	
3 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? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		<input checked="" type="checkbox"/>

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

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

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 40202-2025, (502) 629-8263

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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	30.0 20.0	✓		✓				2,666,577	0	216,913
(2) MICHAEL W. GOUGH EXEC VP AND COO	30.0 20.0			✓				1,640,775	0	153,475
(3) STEVEN HESTER, M.D. DIV PRESIDENT PROVIDER OPS & SYS CMO	50.0 0.0				✓			1,193,470	0	224,207
(4) DOUGLAS WINKELHAKE DIVISION PRESIDENT	50.0 0.0				✓			1,075,035	0	200,399
(5) ADAM KEMPF SR VP, CFO/TREASURER	30.0 20.0			✓				936,741	0	161,352
(6) STEVE READY SR VP & CIO	50.0 0.0				✓			849,248	0	164,644
(7) ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	30.0 20.0			✓				867,301	0	134,830
(8) SCOTT WATKINS SR VP OPERATIONS	50.0 0.0				✓			742,599	0	150,872
(9) GLADYS ABARCA-LOPEZ SR VP CHIEF HR OFFICER	50.0 0.0				✓			739,526	0	121,801
(10) STEVEN HEILMAN, M.D. SR VP & CHIEF INNOVATION OFFICER	50.0 0.0				✓			641,823	0	126,119
(11) JAMES FRAZIER, M.D. VP MEDICAL AFFAIRS	50.0 0.0				✓			636,492	0	115,564
(12) MARY LYNN MEYER SR VP WCCP/ CDO	30.0 20.0				✓			222,968	405,820	109,715
(13) MARY JO BEAN SR VP PLANNING & BUS ANALYSIS	50.0 0.0				✓			609,691	0	120,456
(14) JENNIFER EVANS, M.D. SYS VP WOMEN'S & PEDIATRIC SVC LINE	50.0 0.0					✓		596,544	0	104,355

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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) TRACY WILLIAMS FORMER SR VP & CNO & LEARNING OFFICER	0.0 0.0						✓	593,047	0	44,159
(16) DANA ALLEN SYS VP CHIEF MKTG & COMMUNICATION OFFICER	50.0 0.0				✓			573,608	0	59,251
(17) KATHLEEN EXLINE SYS VP PERF EXCEL & CARE CONTINUUM	50.0 0.0				✓			497,099	0	95,521
(18) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	50.0 0.0				✓			474,195	0	86,015
(19) KIMBERLY THARP-BARRIE SYS VP NHC INSTITUTE FOR EDUCATION & DEVELOPMENT	50.0 0.0					✓		506,849	0	45,809
(20) CHERYL MARTIN SYS VP & CHIEF NURSING OFFICER	50.0 0.0				✓			500,095	0	47,846
(21) HELENA SCHULZ SYS VP TREASURER	50.0 0.0					✓		450,452	0	85,575
(22) STEPHEN WYATT, M.D. CHIEF RESEARCH EXECUTIVE	50.0 0.0					✓		496,140	0	30,471
(23) WILLIAM ALLEN SYS VP PHARMACY	50.0 0.0					✓		466,119	0	53,011
(24) BRENDAN CANAVAN TRUSTEE	1.0 2.5	✓						1,600	0	0
(25) (SEE STATEMENT)										
1b Subtotal								17,977,993	405,820	2,652,359
c Total from continuation sheets to Part VII, Section A								19,200	0	0
d Total (add lines 1b and 1c)								17,997,193	405,820	2,652,359

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 330

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIRSTSOURCE SOLUTIONS USA LLC, 10400 LINN STATION RD, SUITE 100, LOUISVILLE, KY 40223	PATIENT FINANCIAL SERVICES	6,974,739
BROOKSOURCE, P. O. BOX 55767, INDIANAPOLIS, IN 46205	CONSULTING	5,589,018
DOE-ANDERSON, INC., 680 S. FOURTH ST., LOUISVILLE, KY 40202	MARKETING	3,707,130
THE CSI COMPANIES, INC., P. O. BOX 890841, CHARLOTTE, NC 28289-0841	CONSULTING	3,383,800
VOCERA COMMUNICATIONS, INC., P. O. BOX 809087, CHICAGO, IL 60680-9087	SUPPORT FOR CLINICAL ALARMS AND ALERT SYSTEMS	3,312,035
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	107	

Part VIII Statement of RevenueCheck 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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,810,296				
	e	Government grants (contributions)	1e	447,365				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶			2,257,661			
Program Service Revenue				Business Code				
	2a	MANAGEMENT FEES	900099	354,269,098	354,269,098			
	b	NET PATIENT REVENUE	621999	76,964,296	76,964,296			
	c	CLINICAL RESEARCH TRIALS	541715	17,180,006	17,180,006			
	d	EDUCATION PROGRAMS	624190	69,336	69,336			
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f ▶			448,482,736			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			32,193,579			32,193,579
	4	Income from investment of tax-exempt bond proceeds ▶			180,552			180,552
	5	Royalties ▶						
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	301,705,592				
	c	Gain or (loss)	7c	130,805,466	0			
	d	Net gain or (loss) ▶			130,805,466			130,805,466
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue				Business Code				
	11a	CREDIT CARD REBATE	900099	1,644,247	1,644,247			
	b	EMPLOYEE EMERGENCY FUND	900099	5,319	5,319			
	c	MISCELLANEOUS INCOME	900099	2,255,591	2,143,133	112,458		
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d ▶			3,905,157			
12	Total revenue. See instructions ▶			617,825,151	452,275,435	112,458	163,179,597	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,052,237	4,052,237		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	305,747	305,747		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,501,397	9,053,755	7,447,642	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	174,353	113,647	60,706	
7 Other salaries and wages	158,580,757	142,287,475	16,293,282	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,330,800	6,546,648	784,152	
9 Other employee benefits	20,120,280	18,290,025	1,830,255	
10 Payroll taxes	13,233,630	11,621,835	1,611,795	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,325,524	2,013,416	312,108	
c Accounting	750,119	300,048	450,071	
d Lobbying	120,000	48,000	72,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,335,505	8,335,505		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	70,753,169	54,116,589	16,636,580	0
12 Advertising and promotion				
13 Office expenses	6,440,735	5,741,369	699,366	
14 Information technology				
15 Royalties				
16 Occupancy	10,601,842	8,570,980	2,030,862	
17 Travel	602,721	474,312	128,409	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	39,789,501	39,789,501		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,206,326	90,105	19,116,221	
23 Insurance	25,883,673	22,394,426	3,489,247	
24 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.)				
a EQUIPMENT RENTAL & REPAIR	58,448,835	53,128,484	5,320,351	
b PHARMACY DRUGS	69,049,484	68,985,143	64,341	
c INTEREST ALLOCATION	(45,527,091)	(45,527,091)		
d INSURANCE ALLOCATION	(25,060,142)	(21,677,023)	(3,383,119)	
e All other expenses	2,854,457	2,066,892	787,565	0
25 Total functional expenses. Add lines 1 through 24e	464,873,859	391,122,025	73,751,834	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	76,122,625	1	130,310,908
	2 Savings and temporary cash investments	185,147,524	2	104,339,390
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,248,876	4	30,106,863
	5 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	3,266	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,940,926	8	4,152,545
	9 Prepaid expenses and deferred charges	48,887,387	9	64,805,861
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 291,127,658		
	b Less: accumulated depreciation	10b 217,318,708		
		87,539,984	10c	73,808,950
	11 Investments—publicly traded securities	1,684,333,129	11	1,657,061,621
	12 Investments—other securities. See Part IV, line 11	543,906,777	12	620,654,574
	13 Investments—program-related. See Part IV, line 11	21,775,973	13	21,775,973
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,302,882	15	128,417,320
	16 Total assets. Add lines 1 through 15 (must equal line 33)	2,709,209,349	16	2,835,434,005
Liabilities	17 Accounts payable and accrued expenses	226,501,636	17	248,853,414
	18 Grants payable	4,204,074	18	5,225,496
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,471,207,784	20	1,427,824,227
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	1,122,577,019	25	1,031,615,458
	26 Total liabilities. Add lines 17 through 25	2,824,490,513	26	2,713,518,595
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	(116,125,005)	27	120,973,742
	28 Net assets with donor restrictions	843,841	28	941,668
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	(115,281,164)	32	121,915,410
	33 Total liabilities and net assets/fund balances	2,709,209,349	33	2,835,434,005

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	617,825,151
2	Total expenses (must equal Part IX, column (A), line 25)	2	464,873,859
3	Revenue less expenses. Subtract line 2 from line 1	3	152,951,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(115,281,164)
5	Net unrealized gains (losses) on investments	5	85,762,335
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(1,517,053)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,915,410

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

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

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(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) CRAIG D. GRANT	3.0	✓						1,600	0	0
TRUSTEE (PARTIAL YEAR)	2.5									
(26) EDIE NIXON	13.0	✓						1,600	0	0
CHAIR	2.5									
(27) ERWIN ROBERTS	1.0	✓						1,600	0	0
TRUSTEE	2.5									
(28) G. HUNT ROUNSAVALL, SR.	4.0	✓						1,600	0	0
TRUSTEE	2.5									
(29) GAIL LYTTLE	1.0	✓						1,600	0	0
TRUSTEE	2.5									
(30) GREGORY E. MAYES	5.0	✓						1,600	0	0
TRUSTEE	2.5									
(31) JAMES L. SUBLETT, M.D.	1.0	✓						1,600	0	0
TRUSTEE	2.5									
(32) JUDGE DENISE CLAYTON	1.0	✓						1,600	0	0
TRUSTEE	2.5									
(33) MARIA HAMPTON	2.0	✓						1,600	0	0
TRUSTEE	2.5									
(34) MARIA L. BOUVETTE	1.0	✓						1,600	0	0
TRUSTEE	2.5									
(35) RICHARD R. IVEY	1.0	✓						1,600	0	0
TRUSTEE	2.5									
(36) RONALD LEHOCKY, M.D.	3.0	✓						1,600	0	0
TRUSTEE	2.5									
(37) BARRY PENNYBAKER	1.0	✓						0	0	0
TRUSTEE	2.5									
(38) DONALD H. ROBINSON	4.0	✓						0	0	0
TRUSTEE	2.5									
(39) GARY L. STEWART	6.0	✓						0	0	0
VICE-CHAIR	2.5									
(40) LEE K. GARLOVE	1.0	✓						0	0	0
TRUSTEE	3.5									
(41) MARTHA K. HEYBURN, M.D.	1.0	✓						0	0	0
TRUSTEE	2.5									
(42) REV WILLIAM J. SCHULTZ	3.0	✓						0	0	0
TRUSTEE	2.5									
(43) RICHARD S. WOLF, M.D.	1.0	✓						0	0	0
CHAIR EMERITUS	2.5									
(44) RICK GUILLAUME	2.0	✓						0	0	0
CHAIR EMERITUS	2.5									

(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			
(45) RITA HUDSON SHOURDS, EDD ----- TRUSTEE	1.0 ----- 2.5	✓						0	0	0
(46) 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 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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 4
 - 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) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
Total					0	2,934,838,714

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
20 Private foundation. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		✓
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		✓
3a 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		✓
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	✓	
7 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>		✓
8 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>		✓
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		✓
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 Part VI.</i>		✓
c 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 Part VI.</i>		✓
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		✓
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		✓
b A family member of a person described on line 11a above?		✓
11b		
c 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 Part VI .		✓
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

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

Schedule A (Form 990) 2021

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

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

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

Schedule A (Form 990) 2021

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 12G(VI) - TYPE OF OTHER SUPPORT	OTHER SUPPORT INCLUDES ADMINISTRATION OVERHEAD AND DIRECT SUPPORT OF OPERATIONS FOR ALL SUPPORTED ORGANIZATIONS.
SCHEDULE A, PART IV, SECTION A, LINE 1 - SUPPORTED ORGS LISTED BY NAME	NORTON HOSPITALS, INC. IS NAMED AS A SUPPORTED ORGANIZATION IN THE ARTICLES OF INCORPORATION OF NORTON HEALTHCARE, INC., AND THE OTHER THREE SUPPORTED ORGANIZATIONS ARE IDENTIFIED BY CLASS OR PURPOSE. SPECIFICALLY, THE ARTICLES OF INCORPORATION OF NORTON HEALTHCARE, INC. PROVIDE THAT THE ORGANIZATION WILL SUPPORT (IN ADDITION TO NORTON HOSPITALS, INC.) THE OPERATIONS AND ACTIVITIES OF OTHER AFFILIATED PUBLICLY SUPPORTED ORGANIZATIONS THAT ARE OPERATED TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN CONJUNCTION WITH NORTON HOSPITALS.
SCHEDULE A, PART IV, SECTION C, LINE 1 - MAJORITY DIRECTOR DETAIL	AS A SUPPORTING ORGANIZATION, NORTON HEALTHCARE, INC. IS SUPERVISED OR CONTROLLED IN CONNECTION WITH THE SUPPORTED ORGANIZATIONS, AND THEREFORE, IS DESIGNATED AS A TYPE II SUPPORTING ORGANIZATION. NORTON HEALTHCARE, INC. MEETS THIS CLASSIFICATION BECAUSE THE MANAGEMENT OF NORTON HEALTHCARE, INC. IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE THE SUPPORTED ORGANIZATIONS. SPECIFICALLY, THE ORGANIZATIONS SHARE THE SAME PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, AND CHIEF FINANCIAL OFFICER. THIS COMMON CONTROL ALLOWS NORTON HEALTHCARE, INC. AND ITS FOUR SUPPORTED ORGANIZATIONS TO FUNCTION COLLECTIVELY AS A HEALTH SYSTEM, WITH NORTON HEALTHCARE, INC. PROVIDING MANAGEMENT AND ADMINISTRATIVE SUPPORT TO THE SUPPORTED ORGANIZATIONS. THE FACT THAT THE CORE LEADERSHIP TEAM OF EACH OF THE SUPPORTED ORGANIZATIONS IS ALSO THE CORE LEADERSHIP TEAM OF NORTON HEALTHCARE, INC. ASSURES THAT NORTON HEALTHCARE, INC. IS RESPONSIVE TO THE NEEDS AND DEMANDS OF THE SUPPORTED ORGANIZATIONS AND THAT NORTON HEALTHCARE, INC. CONSTITUTES AN INTEGRAL PART OF AND MAINTAINS A SIGNIFICANT INVOLVEMENT IN THE OPERATIONS OF THE SUPPORTED ORGANIZATIONS.

Part I

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

Part I

Line 12g. **Information about the supported organization(s).** (continued)

(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		
NORTON HOSPITALS INC	61-0703799	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓			2,096,126,112
COMMUNITY MEDICAL ASSOCIATES, INC.	61-1276316	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓		832,758,203
NORTON HEALTHCARE FOUNDATION, INC.	31-0914919	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓		1,408,831
THE CHILDREN'S HOSPITAL FND, INC.	61-6027530	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓		4,545,568

**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 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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 HEALTHCARE, INC.

Employer identification number

61-1028725

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		\$ 763,259	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,047,037	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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

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

Name of organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	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
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	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
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	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
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	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 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 NORTON HEALTHCARE, INC.	Employer identification number 61-1028725
--	---

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **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.)

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

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		120,000
j Total. Add lines 1c through 1i			120,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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

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 - DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	PART II-B, LINE 1(I) OTHER LOBBYING ACTIVITIES: PAYMENTS MADE TO THE FOLLOWING ENTITIES FOR GOVERNMENT AFFAIRS REPRESENTATION TO FOCUS ON GOALS AND PRIORITIES TO ADVOCATE, EDUCATE AND PROMOTE THE INTEREST OF NORTON HEALTHCARE, INC. AND REGISTERED AS APPROPRIATE WITH THE LEGISLATIVE AND/OR EXECUTIVE BRANCH ETHICS COMMISSION AS AGENTS/LOBBYISTS: ROTUNDA GROUP LLC TOTALING \$120,000.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

- (i)** Unrelated organizations ☐ Yes ☐ No
(ii) Related organizations ☐ Yes ☐ No

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,125,807		2,125,807
b Buildings		31,517,411	24,984,082	6,533,329
c Leasehold improvements				
d Equipment		220,096,861	192,131,985	27,964,876
e Other		37,387,579	202,641	37,184,938
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				73,808,950

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) ALTERNATIVE INVESTMENTS MASTER TRUST UNITS	380,475,810	
(B) REAL ESTATE MASTER TRUST UNITS	140,227,251	
(C) PRIVATE EQUITY MASTER TRUST	99,951,513	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	620,654,574	

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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) PAYABLE TO AFFILIATES	792,914,499
(3) SELF INSURANCE TRUST	97,485,275
(4) OTHER LIABILITIES	90,700,259
(5) INTEREST RATE SWAP LIABILITY	3,156,074
(6) OTHER INSURANCE	2,821,171
(7) PENSION	44,538,180
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,031,615,458

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 . ☐

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		454,219,104
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		36,814,372
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			491,033,476
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			491,033,476

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

Cat. No. 50082W

Schedule F (Form 990) 2021

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2021

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTON HEALTHCARE, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

61-1028725

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BELLARMINE UNIVERSITY 2001 NEWBURG RD, LOUISVILLE, KY 40205	61-0482955	501(C)(3)	2,055,097				(SEE STATEMENT)
(2) (SEE STATEMENT)	61-6001316	JEFFERSON CO	360,000				(SEE STATEMENT)
(3) (SEE STATEMENT)	61-0444680	501(C)(3)	245,000				(SEE STATEMENT)
(4) (SEE STATEMENT)	61-6001218	STATE OF KY	200,600				(SEE STATEMENT)
(5) LEADERSHIP LOUISVILLE CENTER 707 WEST MAIN ST, LOUISVILLE, KY 40202	31-0958491	501(C)(3)	61,950				(SEE STATEMENT)
(6) LIGHTER THAN AIR BALLOON ADVENTURE, LLC 321 JADE DRIVE, SHEPHERDSVILLE, KY 40165	82-2120525	FOR PROFIT	55,360				(SEE STATEMENT)
(7) (SEE STATEMENT)	61-1100993	501(C)(3)	55,000				GENERAL PROGRAM SUPPORT
(8) (SEE STATEMENT)	58-1735528	501(C)(3)	50,000				(SEE STATEMENT)
(9) NEW DIRECTIONS HOUSING CORPORATION 1000 E LIBERTY ST, LOUISVILLE, KY 40204-1029	61-0715630	501(C)(3)	50,000				(SEE STATEMENT)
(10) (SEE STATEMENT)	35-6005953	NEW ALBANY	45,000				(SEE STATEMENT)
(11) (SEE STATEMENT)	61-1116388	501(C)(3)	45,000				(SEE STATEMENT)
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 74
- 3** Enter total number of other organizations listed in the line 1 table 3

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 (SEE STATEMENT)	341	105,747			
2 (SEE STATEMENT)	100	200,000			
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) FUND FOR THE ARTS, INC 623 W. MAIN ST, LOUISVILLE, KY 40202	61-0479626	501(C)(3)	37,500				SUPPORTING THE DEVELOPMENT AND EDUCATION AND QUALITY OF LIFE THROUGH THE ARTS
(13) WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST, LOUISVILLE, KY 40202	23-7075524	501(C)(3)	35,000				SUPPORTING CHILDREN WITH SPECIAL NEEDS
(14) CHRISTIAN ACADEMY FOUNDATION, INC 700 S ENGLISH STATION RD, LOUISVILLE, KY 40245-3912	61-1323813	501(C)(3)	34,000				GENERAL EDUCATION SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(15) FRIEND FOR LIFE A CANCER SUPPORT NETWORK, INC. 4003 KRESGE WAY , SUITE 100, LOUISVILLE, KY 40207	61-1139410	501(C)(3)	30,000				PROGRAM SUPPORT FOR PROVIDING A NETWORK OF RESOURCES TO CANCER SURVIVORS
(16) CATHOLIC EDUCATION FOUNDATION INC. 401 W MAIN ST , LOUISVILLE, KY 40202	61-1294640	501(C)(3)	27,000				SUPPORT THE GROWTH AND VITALITY OF CATHOLIC PARISHES AND SCHOOLS IN THE ARCHDIOCESE OF LOUISVILLE
(17) SACRED HEART SCHOOLS INC 3115 LEXINGTON RD, LOUISVILLE, KY 40206	61-1181710	501(C)(3)	25,000				GENERAL EDUCATION SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING
(18) FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE, LOUISVILLE, KY 40208	61-1285124	501(C)(3)	25,000				SUPPORT MISSION OF EMPOWERING FAMILIES AND YOUTH TO SUCCEED IN EDUCATION AND ACHIEVE LIFE LONG SELF-SUFFICIENCY
(19) LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT 9TH FLOOR, 531 COURT PLACE, LOUISVILLE, KY 40202-3396	32-0049006	JEFFERSON COUNTY	24,000				SUPPORTING HIKE BIKE AND PADDLE- PROMOTION OF HEALTHY LIFESTYLE
(20) TRINITY HIGH SCHOOL FOUNDATION, INC. 4011 SHELBYVILLE RD, LOUISVILLE, KY 40207	31-1105966	501(C)(3)	23,500				GENERAL EDUCATION SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(21) CHRISTIAN ACADEMY OF INDIANA 1000 ACADEMY DR, NEW ALBANY, IN 47150	06-1686237	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(22) PRESENTATION ACADEMY, INC. 861 SOUTH 4TH ST, LOUISVILLE, KY 40203-2100	61-0507080	501(C)(3)	22,500				GENERAL EDUCATION SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(23) KENTUCKY COUNTRY DAY SCHOOL DIRECTOR OF DEVELOPMENT, 4100 SPRINGDALE RD, LOUISVILLE, KY 40241	61-0731998	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(24) KENTUCKY PHYSICIANS HEALTH FOUNDATION, INC 9000 WESSEX PLACE, SUITE 305, LOUISVILLE, KY 40222	61-1242062	501(C)(3)	21,500				GENERAL SUPPORT FOR PHYSICIANS, PHYSICIAN'S ASSISTANTS, SURGICAL TECHNICIANS, GENETIC COUNSELORS AND ATHLETIC TRAINERS.
(25) JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC 1401 W MUHAMMAD ALI BLVD, LOUISVILLE, KY 40203-1745	61-0476694	501(C)(3)	20,250				SUPPORT INTRODUCTION OF YOUNG PEOPLE THROUGHOUT OUR COMMUNITY TO THE REALITIES AND POSSIBILITIES OF THE WORKING WORLD AND PERSONAL FINANCE
(26) THE LOUISVILLE URBAN LEAGUE, INC 1535 WEST BROADWAY, ATTN: SARAH GRAVES, LOUISVILLE, KY 40203	61-0444771	501(C)(3)	17,000				SUPPORT THE ASSISTANCE OF AFRICAN AMERICANS AND OTHER MINORITY GROUPS TO ATTAIN SOCIAL AND ECONOMIC EQUALITY AND STABILITY
(27) AMERICAN RED CROSS 510 E CHESTNUT, LOUISVILLE, KY 40202	53-0196605	501(C)(3)	16,000				SUPPORT RED CROSS EFFORTS OF EMERGENCY ASSISTANCE, DISASTER RELIEF AND EDUCATION
(28) DOWNTOWN DEVELOPMENT CORP 315 GUTHRIE ST , SUITE 300, LOUISVILLE, KY 40202	31-0992627	501(C)(3)	15,000				SUPPORTING SAFETY, CLEANLINESS AND SAFETY PROGRAMS FOR THE DOWNTOWN LOUISVILLE AREA REDEVELOPMENT AND PLANNING FOR DOWNTOWN DISTRICT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST NE , SUITE 600, ATLANTA, GA 30309	58-1341679	501(C)(3)	15,000				SUPPORT FINDING A CURE AND CHAMPIONING THE FIGHT AGAINST ARTHRITIS THROUGH VITAL INFORMATION, ADVOCACY, SCIENCE AND COMMUNITY.
(30) HOSPARUS, INC ATTN: FINANCE, 3532 EPHRAIM MCDOWELL DR, LOUISVILLE, KY 40205	61-0921718	501(C)(3)	15,000				SUPPORT FOR PEDIATRIC BEREAVEMENT PROGRAM
(31) BRAIN INJURY ALLIANCE OF KENTUCKY 7321 NEW LAGRANGE RD, LOUISVILLE, KY 40222	61-1128496	501(C)(3)	15,000				OUTREACH, EDUCATION AND SUPPORT FOR PATIENTS WITH BRAIN INJURIES
(32) THE HEALING PLACE, INC. 1020 W MARKET ST, LOUISVILLE, KY 40202	61-1164775	501(C)(3)	15,000				PROGRAM SUPPORT FOR HOMELESS SHELTER FOR MEN AND WOMEN
(33) GREATER LOUISVILLE SPORTS COMMISSION 401 WEST MAIN ST , SUITE 2200, LOUISVILLE, KY 40202	61-1365860	501(C)(3)	15,000				SUPPORT OF PROMOTING HEALTHY LIFESTYLES
(34) SOS INTERNATIONAL INC 1500 ARLINGTON AVE, LOUISVILLE, KY 40206	27-2624272	501(C)(3)	14,000				SUPPORT OF PROVIDING MEDICAL SUPPLIES TO AREAS OF NEED
(35) GOOD HEALTH IDEAS, INC. P O BOX 4039, LOUISVILLE, KY 40204	20-1510713	501(C)(3)	13,000				SUPPORT FOR COLON CANCER AWARENESS INITIATIVES
(36) YMCA OF GREATER LOUISVILLE INC 545 SOUTH SECOND ST, LOUISVILLE, KY 40202	61-0444843	501(C)(3)	13,000				SUPPORT FOR SAFE SHELTERS, YOUTH NUTRITION PROGRAM, AND YOUTH REFUGEE INTEGRATION PROGRAM
(37) VOLUNTEERS OF AMERICA OF KENTUCKY, INC 570 S 4TH ST , SUITE 100, LOUISVILLE, KY 40202-2504	61-0480950	501(C)(3)	12,500				PROGRAM SUPPORT TO PROVIDE AFFORDABLE HOUSING AND OTHER ASSISTANCE TO LOW INCOME FAMILIES
(38) BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LN, LOUISVILLE, KY 40218	61-6057856	501(C)(3)	12,500				PROGRAM SUPPORT FOR ALL CHILDREN TO REACH THEIR POTENTIAL THROUGH PROFESSIONAL SUPPORTED 1:1 RELATIONSHIPS WITH VOLUNTEER MENTORS
(39) COMMUNITY MEDICAL ASSOCIATES, INC. 224 E. BROADWAY , 5TH FLOOR, LOUISVILLE, KY 40202-2025	61-1276316	501(C)(3)	12,330				SUPPORT OF A NURSE PRACTITIONER FOR THE BELLARMINE STUDENT HEALTH CLINIC AND SUPPORT LOCAL PUBLIC SCHOOLS FOR SCHOOL-BASED TELEMEDICINE SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(40) AMERICAN CANCER SOCIETY, INC ATTN ELLEN SCHROEDER, P O BOX 681405, INDIANAPOLIS, IN 46268	13-1788491	501(C)(3)	10,500				SUPPORT CONTRIBUTION FOR CANCER PREVENTION, OUTREACH, PATIENT SERVICES THROUGH RELAY FOR LIFE
(41) LEUKEMIA & LYMPHOMA SOCIETY, INC 301 E MAIN ST, LOUISVILLE, KY 40202	13-5644916	501(C)(3)	10,000				GENERAL SUPPORT FOR EDUCATION AND OUTREACH
(42) SPINA BIFIDA ASSOCIATION OF KENTUCKY, INC. 982 EASTERN PKWY , BOX 18, LOUISVILLE, KY 40217	31-1081176	501(C)(3)	10,000				SUPPORTING EDUCATION AND RESOURCES FOR FAMILIES AFFECTED BY SPINA BIFIDA
(43) NEIGHBORHOOD HOUSE, INC 201 N. 25TH ST, LOUISVILLE, KY 40212	61-0445842	501(C)(3)	10,000				SUPPORT CHILDREN AND FAMILIES
(44) ALZHEIMERS ASSOCIATION GREATER KY & SOUTHERN IND CHAP, 6100 DUTCHMANS LN , SUITE 401, LOUISVILLE, KY 40205	61-1048849	501(C)(3)	10,000				SUPPORT EDUCATION OF ALZHEIMER'S DISEASE
(45) ST. JOHN CENTER INC. 700 E. MUHAMMAD ALI BLVD., LOUISVILLE, KY 40202	61-1135907	501(C)(3)	10,000				SUPPORT HOMELESS POPULATION
(46) LEADERSHIP KENTUCKY FOUNDATION, INC 464 CHENAULT RD, FRANKFORT, KY 40601-9260	31-1096215	501(C)(3)	9,100				GENERAL DONATION TO SUSTAIN LKY PROGRAMS
(47) LOUISVILLE PRIDE FOUNDATION DBA LOUISVILLE PRIDE FESTIVAL P O BOX 4341, LOUISVILLE, KY 40204	47-1945331	501(C)(3)	9,000				SUPPORT INCLUSION AND UNITY FOR ALL
(48) LOUISVILLE AREA CHAMBER OF COMMERCE, INC. 614 W MAIN ST, LOUISVILLE, KY 40202	61-0434089	501(C)(6)	9,000				GENERAL PROGRAM SUPPORT
(49) NATIONAL KIDNEY FOUNDATION OF KENTUCKY 161 ST MATTHEWS AVE , SUITE 3, LOUISVILLE, KY 40207	61-0673518	501(C)(3)	9,000				SUPPORTING THE AWARENESS, PREVENTION AND TREATMENT OF KIDNEY DISEASE
(50) AMERICAN LUNG ASSOCIATION 10168 LINN STATION RD, SUITE 100, LOUISVILLE, KY 40223-3894	13-1632524	501(C)(3)	8,800				SUPPORT FOR IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE THROUGH EDUCATION, ADVOCACY AND RESEARCH
(51) MARCH OF DIMES FOUNDATION DONATIONS PROCESSING CENTER, P O BOX 18819, ATLANTA, GA 31126	13-1846366	501(C)(3)	8,000				SUPPORT FOR OUTREACH, EDUCATION AND SUPPORT FOR FAMILIES WITH PREMATURE BABIES
(52) NATIONAL MULTIPLE SCLEROSIS SOCIETY 1201 STORY AVE , SUITE 200, LOUISVILLE, KY 40206	13-5661935	501(C)(3)	8,000				SUPPORT EDUCATION AND RESOURCES RELATED TO MULTIPLE SCLEROSIS
(53) YOUTH ETHICS AND SKILLS CENTER 812 LYNDON LN, SUITE 210, LOUISVILLE, KY 40222	26-2737625	501(C)(3)	7,500				SUPPORTING YOUTH TO BECOME POSITIVE LEADERS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(54) SHIVELY AREA MINISTRIES, INC 4415 DIXIE HWY, LOUISVILLE, KY 40216	61-1134579	501(C)(3)	7,500				CONTRIBUTION FOR HEALTH/WELLNESS PROGRAMS, MEDICAL ASSISTANCE FOR UNDERSERVED POPULATION IN SHIVELY AREA
(55) LEADERSHIP SOUTHERN INDIANA 8204 HWY. 311, SELLERSBURG, IN 47172	35-1644080	501(C)(3)	6,850				SUPPORT FOR LEADERSHIP DEVELOPMENT PROGRAM
(56) TELUGU ASSOCIATION OF KENTUCKIANA 18725 WEATHERFORD CIR, LOUISVILLE, KY 40245	03-0528530	501(C)(3)	6,500				SUPPORT OF TELUGU PEOPLE IN THE COMMUNITY
(57) LIFEHOUSE, INC. 2710 RIEDLING DR, LOUISVILLE, KY 40206	20-8514733	501(C)(3)	6,500				SUPPORTING EMOTIONAL, SPIRITUAL, PHYSICAL AND INTELLECTUAL NEEDS OF MOTHER AND BABY
(58) THE CENTER FOR WOMEN AND FAMILIES, INC. P O BOX 2048, LOUISVILLE, KY 40201-2048	61-0444846	501(C)(3)	6,500				SUPPORT TRAUMA-INFORMED ADVOCACY AND SUPPORT FOR INDIVIDUALS, FAMILIES AND COMMUNITIES AFFECTED BY INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT
(59) BOARD OF CHAPLAINCY CERTIFICATION, INC. 2800 W HIGGINS RD , SUITE 295, HOFFMAN ESTATES, IL 60169	36-3911509	501(C) 6	5,500				SUPPORT FOR EMPOWERING LEADERSHIP FOR MINISTRY
(60) BAPTIST SEMINARY OF KENTUCKY 400 E COLLEGE ST, GEORGETOWN, KY 40324	61-1312812	501(C)(3)	5,400				SUPPORT FOR EMPOWERING LEADERSHIP FOR MINISTRY
(61) 21ST CENTURY PARKS, INC. 471 W MAIN ST, LOUISVILLE, KY 40202	20-1780317	501(C)(3)	5,000				SUPPORT TO PRESERVE, PROTECT AND MAINTAIN OPEN GREEN SPACES
(62) JDRF INTERNATIONAL INDIANA & KENTUCKY CHAPTER, 225 S EAST ST , SUITE 280, INDIANAPOLIS, IN 46202	23-1907729	501(C)(3)	5,000				SUPPORT FAMILIES WITH TYPE 1 DIABETES
(63) WELLSPRING INC P O BOX 1927, LOUISVILLE, KY 40201-1927	31-1020023	501(C)(3)	5,000				SUPPORTING MENTAL HEALTH RECOVERY
(64) MORTON CENTER, INC 1028 BARRETT AVE, LOUISVILLE, KY 40204-1667	31-1068020	501(C)(3)	5,000				SUPPORT AND TREATMENT FOR ADDICTION
(65) PRP ALUMNI ASSOCIATION, INC P O BOX 58051, LOUISVILLE, KY 40268	32-0087730	501(C)(3)	5,000				SPONSORSHIP OF EXCELLENCE IN EDUCATION AWARD FOR PRPAA
(66) HABITAT FOR HUMANITY CLARK & FLOYD INDIANA, INC. P O BOX 1814, NEW ALBANY, IN 47150	35-1817055	501(C)(3)	5,000				SUPPORT OF FUNDING FOR A HOME BUILD PROJECT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(67) CHOOSE WELL COMMUNITIES INC 226 N 17TH ST, LOUISVILLE, KY 40203	47-2822055	501(C)(3)	5,000				GENERAL PROGRAM SUPPORT - SUPPORT YOUNG FAMILIES WORKING TO MAINTAIN SOBRIETY WHILE IMPROVING THE HEALTH AND WELL-BEING OF THEIR FAMILY
(68) NATIVITY ACADEMY AT ST BONIFACE 529 E. LIBERTY ST, LOUISVILLE, KY 40202	51-0450314	501(C)(3)	5,000				GENERAL EDUCATION SUPPORT
(69) HOME OF THE INNOCENTS, INC. 1100 EAST MARKET ST, LOUISVILLE, KY 40206-1874	61-0445834	501(C)(3)	5,000				SUPPORT THE ENRICHMENT OF THE LIVES OF CHILDREN AND FAMILIES IN OUR COMMUNITY
(70) LEGAL AID SOCIETY INC. 416 W MUHAMMAD ALI BLVD, SUITE 300, LOUISVILLE, KY 40202	61-0537626	501(C)(3)	5,000				SUPPORT OF FREE LEGAL SERVICES TO DISADVANTAGED IN THE COMMUNITY
(71) BRIDGEHAVEN, INC 950 S FIRST ST, LOUISVILLE, KY 40203	61-0548949	501(C)(3)	5,000				MENTAL HEALTH SUPPORT
(72) KENTUCKY PEDIATRIC SOCIETY % EXEC.DIRECTOR, 420 CAPITAL AVE, FRANKFORT, KY 40601	61-1125554	501(C)(3)	5,000				SUPPORT FOR CONTINUING MEDICAL EDUCATION FOR KY PEDIATRIC PHYSICIANS
(73) AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DR, LOUISVILLE, KY 40214	61-1251306	501(C)(3)	5,000				SUPPORT FOR THE EDUCATION AND OUTREACH FOR LOUISVILLE'S REFUGEE, IMMIGRANT AND UNDERSERVED POPULATIONS
(74) OVARIAN AWARENESS OF KENTUCKY 2440 GRINSTEAD DRIVE, LOUISVILLE, KY 40204	61-1393292	501(C)(3)	5,000				SUPPORT EDUCATION AND AWARENESS OF OVARIAN CANCER AND PROVIDE SUPPORT WOMEN WITH OVARIAN CANCER
(75) ELDERSERVE INC 631 S 28TH ST, LOUISVILLE, KY 40211	61-6024140	501(C)(3)	5,000				PROGRAM SUPPORT FOR THE EMPOWERMENT OF OLDER ADULTS TO LIVE INDEPENDENTLY WITH DIGNITY
(76) IMPACT100 LOUISVILLE INC 3044 BARDSTOWN RD , SUITE 269, LOUISVILLE, KY 40205	84-3784887	501(C)(3)	5,000				SUPPORTING WOMEN THROUGH COLLECTIVE GIVING
(77) THE ALS ASSOCIATION KY CHAPTER 13102 EASTPOINT PARK BLVD , SUITE 101, LOUISVILLE, KY 40223	94-3124729	501(C)(3)	5,000				SUPPORT FOR ALS PATIENT CARE SERVICES PROGRAM

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>ALL GRANT APPLICANTS ARE REQUIRED TO SUBMIT A GRANT APPLICATION TO THE MANAGER OF STEWARDSHIP. THE GRANT IS REVIEWED AND APPROVED BY NORTON HEALTHCARE MANAGEMENT. ALL GRANT REQUESTS GREATER THAN \$100,000 REQUIRE THE APPROVAL OF THE NORTON HEALTHCARE FOUNDATION, INC. BOARD OF DIRECTORS OR THE CHILDREN'S HOSPITAL FOUNDATION BOARD OF TRUSTEES. SELECTION CRITERIA INCLUDES APPROPRIATENESS OF THE REQUEST, LEVEL OF NEED AND WHETHER THE REQUEST IS IN ALIGNMENT WITH THE ORGANIZATION'S GOALS AND OBJECTIVES. UPON APPROVAL, THE GRANT IS ENTERED INTO THE GRANT DATABASE AND THE FINANCIAL SYSTEM. THE ORGANIZATION REQUIRES THAT A PROGRESS REPORT BE SUBMITTED MIDWAY THROUGH THE PROJECT, AND A FINAL REPORT IS REQUIRED AT THE END OF THE PROJECT FOR WHICH FUNDING IS RECEIVED. GRANT REPORT DEADLINES AND GUIDELINES THAT EXPLAIN WHAT TO INCLUDE IN REPORTS WILL BE SENT TO THE PROJECT DIRECTOR/GRANTEE UPON GRANT AWARD NOTIFICATION. GRANT REPORTS MUST INCLUDE AN ACCOUNTING OF FUNDS EXPENDED AND ENCUMBERED, INCLUDING SUPPORTING DOCUMENTATION. GRANT RECIPIENTS WHO FAIL TO SUBMIT REPORTS OR ACCOUNT FOR THE EXPENSE OF GRANT FUNDS WILL NOT BE ALLOWED TO APPLY FOR FUTURE FUNDING UNTIL THE REPORTING REQUIREMENTS ARE MET.</p> <p>GRANTS WILL BE AWARDED FROM THE BOARD-DESIGNED FUND TO ADVANCE INITIATIVES THAT ARE ALIGNED WITH OR A DIRECT PART OF NORTON HEALTHCARE STRATEGIC PLAN. AWARDS ARE GRANTED FOR EDUCATION, RESEARCH, WORKFORCE DEVELOPMENT, COMMUNITY HEALTH AND/OR TECHNOLOGY OR EQUIPMENT OF SPECIAL NATURE.</p> <p>CASH ASSISTANCE IS AWARDED THROUGH THE COMMUNITY INITIATIVE COMMITTEE AND EXPENSED IN THE YEAR THAT THE CASH ASSISTANCE IS AWARDED. A REQUEST PROCESS IS IN PLACE TO ENSURE THAT THE REQUEST IS IN ALIGNMENT WITH THE NORTON HEALTHCARE VALUES AND STRATEGIC PLAN.</p>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>NEW ALBANY-FLOYD COUNTY CONSOLIDATED SCHOOL CORP</p> <p>ATTN: SUZANNE PONDER, 1020 VINCENNES ST, NEW ALBANY, IN 47150-3152</p>
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>MERCY ACADEMY/ACADEMY OF OUR LADY OF MERCY</p> <p>ATHLETIC DIRECTOR, 5801 FEGENBUSH LANE, LOUISVILLE, KY 40228</p>
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>JEFFERSON COUNTY PUBLIC SCHOOLS</p> <p>P O BOX 34020, ATTN: TREASURER JCPS, LOUISVILLE, KY 40232-4020</p>
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>METRO UNITED WAY INC</p> <p>DEPT 52860, P O BOX 950148, LOUISVILLE, KY 40295-0148</p>
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF KENTUCKY</p> <p>COLLEGE OF PHARMACY, 789 S LIMESTONE ST , SUITE 114, LEXINGTON, KY 40536-0596</p>
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC</p> <p>WATERFRONT PLAZA, 325 W MAIN ST, LOUISVILLE, KY 40202</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC.</p> <p>ROB LOCKE-EXECUTIVE DIRECTOR, 1620 BANK ST, LOUISVILLE, KY 40203</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>BELLARMINE UNIVERSITY:</p> <p>SUPPORT NURSING, SPORTS MEDICINE, HEALTHCARE ANALYTICS AND STUDENT HEALTH SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>JEFFERSON COUNTY PUBLIC SCHOOLS:</p> <p>PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE IN THE COUNTY AND SUPPORT OF BASELINE CONCUSSION TESTING.</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>METRO UNITED WAY INC:</p> <p>SUPPORT THE UNITED COMMUNITY SYSTEM BY LINKING INFORMATION AND REFERRALS BETWEEN THE HEALTH, EDUCATION AND SOCIAL SECTORS MORE EFFECTIVELY AND GENERAL SUPPORT THE ENGAGEMENT OF COMMUNITY AND VOLUNTEERISM</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>UNIVERSITY OF KENTUCKY:</p> <p>SUPPORT UNIVERSITY PHARMACY COLLEGE GENERAL SUPPORT SCHOOL OF JOURNALISM</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>LEADERSHIP LOUISVILLE CENTER:</p> <p>PROGRAM SUPPORT OF LEADERSHIP PROGRAMMING</p>

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LIGHTER THAN AIR BALLOON ADVENTURE, LLC: SUPPORT TO PROVIDE HOT AIR BALLOON RIDE CERTIFICATES TO OTHER NOT FOR PROFIT ORGANIZATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC.: SUPPORT OF FUNDING FOR A HOME BUILD PROJECT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	NEW DIRECTIONS HOUSING CORPORATION: SUPPORT NEW DIRECTIONS HOUSING CORPORATION 'I RISE" AND "REPAIR AFFAIR" PROGRAMS BY ADDRESSING HOUSING AND FAMILY SELF-SUFFICIENCY NEEDS IN OUR COMMUNITY
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	NEW ALBANY-FLOYD COUNTY CONSOLIDATED SCHOOL CORP: PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	MERCY ACADEMY/ACADEMY OF OUR LADY OF MERCY: PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	EMPLOYEE EMERGENCY RELIEF FUNDS TO EMPLOYEES IN NEED OF ASSISTANCE DUE TO EXTRAORDINARY CIRCUMSTANCES
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	UNDERGRADUATE SCHOLARSHIPS FOR STUDENTS PURSUING EDUCATION FOR A CAREER IN THE HEALTHCARE FIELD

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTON HEALTHCARE, 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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

61-1028725

Part I Questions Regarding Compensation

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

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

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

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

3 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

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

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

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

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

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

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) 1,277,682	(ii) 850,949	(iii) 537,946	181,585	35,328	2,883,490	183,280
		(ii) 0	0	0	0	0	0	0
2	MICHAEL W. GOUGH EXEC VP AND COO	(i) 873,877	(ii) 501,896	(iii) 265,002	122,482	30,993	1,794,250	127,756
		(ii) 0	0	0	0	0	0	0
3	STEVEN HESTER, M.D. DIV PRESIDENT PROVIDER OPS & SYS CMO	(i) 694,126	(ii) 361,670	(iii) 137,674	190,832	33,375	1,417,676	92,420
		(ii) 0	0	0	0	0	0	0
4	DOUGLAS WINKELHAKE DIVISION PRESIDENT	(i) 608,800	(ii) 317,668	(iii) 148,567	170,046	30,353	1,275,433	85,828
		(ii) 0	0	0	0	0	0	0
5	ADAM KEMPF SR VP, CFO/TREASURER	(i) 529,098	(ii) 278,616	(iii) 129,027	129,625	31,727	1,098,093	75,796
		(ii) 0	0	0	0	0	0	0
6	STEVE READY SR VP & CIO	(i) 478,511	(ii) 253,552	(iii) 117,186	134,418	30,226	1,013,893	64,233
		(ii) 0	0	0	0	0	0	0
7	ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	(i) 493,194	(ii) 257,754	(iii) 116,353	120,137	14,693	1,002,131	70,756
		(ii) 0	0	0	0	0	0	0
8	SCOTT WATKINS SR VP OPERATIONS	(i) 408,379	(ii) 218,722	(iii) 115,497	118,110	32,762	893,471	60,040
		(ii) 0	0	0	0	0	0	0
9	GLADYS ABARCA-LOPEZ SR VP CHIEF HR OFFICER	(i) 405,598	(ii) 218,327	(iii) 115,601	93,972	27,829	861,327	58,181
		(ii) 0	0	0	0	0	0	0
10	STEVEN HEILMAN, M.D. SR VP & CHIEF INNOVATION OFFICER	(i) 394,112	(ii) 148,206	(iii) 99,505	93,988	32,130	767,941	49,816
		(ii) 0	0	0	0	0	0	0
11	JAMES FRAZIER, M.D. VP MEDICAL AFFAIRS	(i) 395,445	(ii) 148,366	(iii) 92,681	85,558	30,007	752,056	49,872
		(ii) 0	0	0	0	0	0	0
12	MARY LYNN MEYER SR VP WCCP/ CDO	(i) 222,968	(ii) 0	(iii) 0	0	0	222,968	0
		(ii) 142,097	185,806	77,916	88,814	20,901	515,535	51,004
13	MARY JO BEAN SR VP PLANNING & BUS ANALYSIS	(i) 328,254	(ii) 181,480	(iii) 99,957	85,150	35,307	730,147	49,132
		(ii) 0	0	0	0	0	0	0
14	JENNIFER EVANS, M.D. SYS VP WOMEN'S & PEDIATRIC SVC LINE	(i) 387,832	(ii) 124,426	(iii) 84,287	82,177	22,178	700,900	46,794
		(ii) 0	0	0	0	0	0	0
15	TRACY WILLIAMS FORMER SR VP & CNO & LEARNING OFFICER	(i) 0	(ii) 113,522	(iii) 479,525	31,006	13,152	637,205	472,691
		(ii) 0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)						
		(ii)						

Part II
Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) DANA ALLEN SYS VP CHIEF MKTG & COMMUNICATION OFFICER	(i)	311,047	169,395	93,167	42,700	16,551	632,859	47,432
	(ii)	0	0	0	0	0	0	0
(17) KATHLEEN EXLINE SYS VP PERF EXCEL & CARE CONTINIUM	(i)	324,498	116,349	56,251	67,433	28,088	592,619	36,752
	(ii)	0	0	0	0	0	0	0
(18) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	(i)	309,790	111,996	52,409	64,745	21,270	560,210	35,584
	(ii)	0	0	0	0	0	0	0
(19) KIMBERLY THARP-BARRIE SYS VP NHC INSTITUTE FOR EDUCATION & DEVELOPMENT	(i)	265,703	100,122	141,024	33,839	11,971	552,658	31,888
	(ii)	0	0	0	0	0	0	0
(20) CHERYL MARTIN SYS VP & CHIEF NURSING OFFICER	(i)	332,660	91,622	75,812	36,358	11,488	547,940	0
	(ii)	0	0	0	0	0	0	0
(21) HELENA SCHULZ SYS VP TREASURER	(i)	293,858	105,808	50,786	63,048	22,526	536,027	35,564
	(ii)	0	0	0	0	0	0	0
(22) STEPHEN WYATT, M.D. CHIEF RESEARCH EXECUTIVE	(i)	358,989	96,538	40,613	24,135	6,336	526,611	8,890
	(ii)	0	0	0	0	0	0	0
(23) WILLIAM ALLEN SYS VP PHARMACY	(i)	262,045	100,136	103,938	41,127	11,884	519,131	0
	(ii)	0	0	0	0	0	0	0

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. EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NORTON HEALTHCARE 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 NORTON HEALTHCARE 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>RUSSELL F. COX - \$30,000 MICHAEL G. GOUGH - \$30,000 ROBERT B. AZAR - \$17,500 ADAM KEMPF - \$15,000 TRACY WILLIAMS - \$17,500 STEVE HESTER - \$17,500 SCOTT WATKINS - \$15,000 GLADYS ABARCA-LOPEZ - \$15,000 STEVE READY - \$15,000 JAMES FRAZIER - \$10,000 STEVE HEILMAN - \$15,000 SHELLY GAST - \$10,000 DOUGLAS WINKLEHAKE - \$17,500 DANA ALLEN - \$15,000 MARY JO BEAN - \$15,000 HELENA SCHULZ - \$10,000 CHERYL MARTIN - \$10,000 JENNIFER EVANS - \$10,000 KATHLEEN EXLINE - \$10,000 WILLIAM ALLEN - \$10,000 KIMBERLY THARP-BARRIE - \$10,000</p>
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	SEVERANCE PAYMENT WAS RECEIVED DURING 2021 BY FORMER KEY EMPLOYEE, TRACY WILLIAMS IN THE AMOUNT OF \$472,691. OTHER COMPENSATION INCLUDED IN SCHEDULE J COLUMN B(III)

Return Reference - Identifier	Explanation
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 MARY LYNN MEYER - \$68,124 DANA ALLEN - \$25,004 MARY JO BEAN - \$66,137 JENNIFER EVANS - \$64,777 SHELLY GAST - \$46,974 KATHLEEN EXLINE - \$49,528 JAMES FRAZIER - \$67,871 STEVEN HEILMAN - \$76,292 STEVEN HESTER - \$165,014 CHERYL, MARTIN - \$18,958 STEVE READY - \$108,721 SCOTT WATKINS - \$90,683 TRACY WILLIAMS - \$12,555 DOUGLAS WINKELHAKE - \$142,061 STEPHEN WYATT - \$9,635 HELENA SCHULZ - \$43,417 WILLIAM ALLEN - \$17,927 GLADYS ABARCA-LOPEZ - \$79,472 KIMBERLY THARP-BARRIE - \$14,114</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 MARY LYNN MEYER - \$51,584 DANA ALLEN - \$47,432 MARY JO BEAN - \$56,778 JENNIFER EVANS - \$47,316 SHELLY GAST - \$35,989 KATHLEEN EXLINE - \$37,170 JAMES FRAZIER - \$57,482 STEVEN HEILMAN - \$58,695 STEVEN HESTER - \$93,472 CHERYL MARTIN - \$44,764 STEVE READY - \$75,585 SCOTT WATKINS - \$75,187 TRACY WILLIAMS - \$58,370 DOUGLAS WINKELHAKE - \$105,287 STEPHEN WYATT - \$8,890 HELENA SCHULZ - \$38,225 WILLIAM ALLEN - \$65,390 GLADYS ABARCA-LOPEZ - \$58,820 KIMBERLY THARP-BARRIE - \$106,175</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 & CHIEF EXECUTIVE OFFICER, AND THE PRESIDENT & 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 K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAL8	08/10/2011	75,000,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
B	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAW4	09/26/2013	200,000,887	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
C	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LBV5	08/11/2016	612,775,838	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
D	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	000000000	08/11/2016	100,075,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired		0		0		28,330,000		75,335,000
2	Amount of bonds legally defeased		0		0		0		0
3	Total proceeds of issue		75,000,300		200,060,571		616,547,762		100,075,000
4	Gross proceeds in reserve funds		0		0		0		0
5	Capitalized interest from proceeds		0		0		2,490,756		0
6	Proceeds in refunding escrows		0		0		0		0
7	Issuance costs from proceeds		953,000		0		0		0
8	Credit enhancement from proceeds		2,000		0		0		0
9	Working capital expenditures from proceeds		0		31,048		4,491,780		0
10	Capital expenditures from proceeds		74,045,259		200,029,523		300,912,044		0
11	Other spent proceeds		41		0		308,563,977		100,075,000
12	Other unspent proceeds		0		0		0		0
13	Year of substantial completion		2011		2014		2019		
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓		✓	✓		✓	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓		✓		✓
16	Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

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

Cat. No. 50193E

Schedule K (Form 990) 2021

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓		✓		✓
2	Are there any lease arrangements that may result in private business use of bond-financed property?	✓		✓		✓			✓
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓		✓			✓
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓			
c	Are there any research agreements that may result in private business use of bond-financed property?	✓		✓		✓			✓
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓		✓			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶	2.22 %		1.10 %		0.87 %		0.00 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶	0.00 %		0.00 %		0.00 %		0.00 %	
6	Total of lines 4 and 5	2.22 %		1.10 %		0.87 %		0.00 %	
7	Does the bond issue meet the private security or payment test?		✓		✓		✓		✓
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		✓
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓		✓		✓	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		✓
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		✓		✓		✓		✓
b	Exception to rebate?		✓		✓		✓		✓
c	No rebate due?	✓		✓		✓		✓	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	08/10/2021		09/26/2018		08/10/2021		08/10/2021	
3	Is the bond issue a variable rate issue?	✓		✓			✓	✓	

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LCE2	03/10/2020	478,988,828	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	479,492,394							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	35,022,965							
10	Capital expenditures from proceeds	444,468,755							
11	Other spent proceeds								
12	Other unspent proceeds	673							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓						
16	Has the final allocation of proceeds been made?		✓						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

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

Cat. No. 50193E

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	✓							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓							
c Are there any research agreements that may result in private business use of bond-financed property?	✓							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		1.04 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		%		%		%
6 Total of lines 4 and 5		1.04 %		%		%		%
7 Does the bond issue meet the private security or payment test?		✓						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	✓							
b Exception to rebate?		✓						
c No rebate due?		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		✓						

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period? .		✓						
7	Has the organization established written procedures to monitor the requirements of section 148?	✓							

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	✓							

(SEE STATEMENT)

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: - ROW D	ROW D: 2016B/C BOND ISSUES - CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM VARIABLE RATE REVENUE BONDS, SERIES 2013B (NORTON HEALTHCARE, INC.)
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: - ROW C	ROW C: 2016A BOND ISSUE - TO REIMBURSE THE CORPORATION FOR COSTS OF (I) EXPANSION AND MAJOR RENOVATION OF NORTON AUDUBON HOSPITAL (II) ACQUISITION OF TWO PARCELS OF LAND, (III) BUILDING, RENOVATION, REPAIR AND OTHER PATIENT CARE RELATED PROJECTS AND/OR EQUIPMENT RELATED TO THE CORPORATION (INCLUDING SOFTWARE). NORTON HOSPITALS AND/OR AFFILIATES OF THE CORPORATION, (IV) CERTAIN COSTS OF ISSUANCE AND (V) CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM REVENUE BONDS, SERIES 2006 (NORTON HEALTHCARE, INC.)
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: - ROW E	ROW E: 2020 A/B/C/D - TO PAY OR REIMBURSE THE CORPORATION FOR THE COST OF (I) VARIOUS PROJECTS CONSISTING OF THE CONSTRUCTION, PLANNING, RENOVATION, EXPANSION, EQUIPPING AND ACQUIRING PATIENT CARE RELATED PROJECTS AND/OR EQUIPMENT RELATED TO THE CORPORATION INCLUDING BUT NOT LIMITED TO, THE EXPANSION OF NORTON BROWNSBORO HOSPITAL, THE PURCHASE OF A PEDIATRIC MEDICAL OFFICE BUILDING IN LOUISVILLE, KENTUCKY, MASTER PLAN IMPROVEMENTS AT THE DOWNTOWN CAMPUS, RENOVATIONS AND IMPROVEMENTS AT THE SYSTEM'S CAMPUSES AND IMPROVEMENTS SUPPORTING VARIOUS SERVICE LINES. (II) TO FUND INTEREST ON ALL OR A PORTION OF THE BONDS DURING THE CONSTRUCTION OF THE NEW MONEY PROJECT
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: ROW A	ROW A: 2011A/B BOND ISSUES - TO REIMBURSE THE CORPORATION FOR THE COSTS OF CONSTRUCTING AND EQUIPPING THE NORTON CANCER INSTITUTE DOWNTOWN RADIATION CENTER, CONSTRUCTING AND EQUIPPING A PEDIATRIC AMBULATORY CARE CENTER (NORTON CHILDREN'S MEDICAL CENTER - BROWNSBORO) AND RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AND ITS AFFILIATES AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: ROW B	ROW B: 2013A/C BOND ISSUES - TO REIMBURSE THE CORPORATION FOR THE COSTS OF (I) RENOVATIONS AND EQUIPMENT TO CONVERT NORTON SUBURBAN HOSPITAL TO A WOMEN'S AND CHILDREN'S HOSPITAL, (II) RENOVATIONS AND EQUIPMENT FOR NORTON CHILDREN'S HOSPITAL, (III) RENOVATION AND EXPANSION OF VARIOUS PATIENT CARE AREAS AND THE ACQUISITION OF HOSPITAL EQUIPMENT, INCLUDING BUT NOT LIMITED TO SOFTWARE, MEDICAL AND SURGICAL EQUIPMENT, IMAGING EQUIPMENT AND MONITORING EQUIPMENT AT THE FACILITIES OF THE OBLIGATED GROUP MEMBERS AND (IV) RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AT ITS AFFILIATES.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN A: 2011A/B BOND ISSUES - DIFFERENCE BETWEEN SERIES 2011 ISSUE PRICE (ISSUE DATE 8/10/11) IN PART I, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN B: 2013A/C BOND ISSUES - DIFFERENCE BETWEEN SERIES 2013 ISSUE PRICE (ISSUE DATE 8/10/13) AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN C: 2016A BOND ISSUE - DIFFERENCE BETWEEN SERIES 2016A ISSUE PRICE (ISSUE DATE 8/11/16) AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN E: 2020 A/B/C/D BOND ISSUES - DIFFERENCE BETWEEN SERIES 2020 ISSUE PRICE (ISSUE DATE 3/10/20) AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD AND GAIN/LOSS ON SETTLEMENT OF ASSETS.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN B: 2013 A/C BOND ISSUES - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN C: 2016A BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN D: 2016B/C BOND ISSUES - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN E: 2020A/B/C/D BOND ISSUES - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART III - PRIVATE BUSINESS USE	COLUMN D: 2016B/C BOND ISSUES - APPLICABLE QUESTIONS ARE LEFT BLANK DUE TO BONDS REFUNDING ISSUES WHICH REFUND PRE-JANUARY 1, 2003 BOND ISSUES.
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 08/10/2021
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 09/26/2018
SCHEDULE K, PART IV, LINE 2C - COLUMN C	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 08/10/2021
SCHEDULE K, PART IV, LINE 2C - COLUMN D	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 08/10/2021
SCHEDULE K, PART IV, LINE 3 - IS THE BOND ISSUE A VARIABLE RATE ISSUE	COLUMN B: 2013A/C BOND ISSUES - 2013A BOND ISSUE IS FIXED RATE DEBT AND 2013C BOND ISSUE IS VARIABLE RATE DEBT. PROCEEDS FROM BOTH BOND ISSUES WERE REPORTED ON ONE IRS FORM 8038 AND COMBINED INTO ONE PROJECT ACCOUNT WITH THE TRUSTEE.

Return Reference - Identifier	Explanation
SCHEDULE K, PART IV, LINE 3 - IS THE BOND ISSUE A VARIABLE RATE ISSUE	COLUMN E: 2020A/B/C/D - 2020A BOND ISSUE IS FIXED RATE DEBT AND 2020B/C/D BOND ISSUES ARE PUT BONDS.

**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 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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.

(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) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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) JESSICA LLOYD	FAMILY MEMBER OF ADAM KEMPF, OFFICER	\$73,176	COMPENSATION		✓
(2) HENRY WINKELHAKE	FAMILY MEMBER OF DOUG WINKELHAKE, KEY EMPLOYEE	\$49,811	COMPENSATION		✓
(3) DEBBIE HALL	FAMILY MEMBER OF ADAM KEMPF, OFFICER	\$26,840	COMPENSATION		✓
(4) CINDY DIGENOVA	FAMILY MEMBER OF SHELLEY GAST, KEY EMPLOYEE	\$24,526	COMPENSATION		✓

**SCHEDULE O
(Form 990)**Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
NORTON HEALTHCARE, INC.Employer Identification Number
61-1028725

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT	<p>(CONTINUED FROM PART III)</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 & CHILDREN'S HOSPITAL.</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. ANOTHER CONTRIBUTION 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>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>COMMUNITY EDUCATION AND WORKFORCE 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</p>

Return Reference - Identifier	Explanation
	<p>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 & 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 & PROVIDER EDUCATION, CENTER FOR ELEARNING & CLINICAL DOCUMENTATION SUPPORT, CENTER FOR NURSING PRACTICE, CENTER FOR PROFESSIONAL GROWTH, AND CENTER FOR SYSTEM NURSING & 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>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT</p>	<p>CONTINUED</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 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 & HEALTH MINISTRIES</p> <p>NORTON FAITH & 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> <p>*FACILITATING ADMINISTERING MORE THAN 6,000 COVID-19 VACCINES AT FAITH COMMUNITY SITE-BASED CLINICS.</p> <p>*SPONSORING HEALTH MINISTRY NETWORKING PROGRAMS ON COVID-19 UPDATES, LEGAL DOCUMENTS FOR SENIORS AND SELF-CARE PRACTICES FOR PROFESSIONAL CAREGIVERS.</p> <p>*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.</p> <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> <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> <p>*GRIEF SUPPORT AND FACILITATION OF DECISION-MAKING AT MORE THAN 2,000 DEATHS</p> <p>*FAMILY SUPPORT FOR PEDIATRIC TRAUMA PATIENTS</p> <p>*CONVERSATIONS ABOUT END OF-LIFE DECISIONS AND GOALS OF CARE</p> <p>*EDUCATION ABOUT AND ENACTING ADVANCE DIRECTIVES</p> <p>*OFFERING RELIGIOUS RITUALS AND LITERATURE</p> <p>*DISCUSSING ETHICAL DILEMMAS</p>

Return Reference - Identifier	Explanation
	<p>*PROVIDING COMFORT AND CONVERSATION WITH PATIENTS WHO WERE LONELY, AFRAID, CONFLICTED, STRUGGLING OR CELEBRATING GOOD NEWS</p> <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 & VASCULAR INSTITUTE</p> <p>NORTON HEART & 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 & 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 & 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 & VASCULAR INSTITUTE ADVANCED HEART FAILURE & 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 & 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 & 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 & 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 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</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	<p>CONTINUED</p> <p>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 & CHILDREN'S HOSPITAL, WAS RECOGNIZED AS HIGH PERFORMING IN ADULT MATERNITY CARE (UNCOMPLICATED PREGNANCY) BY U.S. NEWS & WORLD REPORT. THIS WAS U.S. NEWS & 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 & CHILDREN'S HOSPITAL PROVIDED CARE AND MEDICAL SERVICES FOR 8,300 DELIVERIES.</p> <p>*NORTON HOSPITAL AND NORTON WOMEN'S & CHILDREN'S HOSPITAL OFFERED FREE CHILDBIRTH EDUCATION CLASSES, HOSTING A TOTAL OF 436 IN 2021.</p> <p>NORTON CHILDREN'S PREVENTION & 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 & WELLNESS PROVIDED 15,000 TOOTHBRUSHES, TOOTHPASTE AND ORAL HYGIENE INFORMATION TO THE COMMUNITY.</p> <p>*NORTON CHILDREN'S PREVENTION & 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 & 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</p>

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	<p>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 & 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 & MOVEMENT DISORDERS CENTER AND NORTON NEUROSCIENCE INSTITUTE CRESSMAN NEUROLOGICAL REHABILITATION.</p> <p>NORTON COMMUNITY MEDICAL ASSOCIATES</p> <p>NORTON COMMUNITY MEDICAL ASSOCIATES OFFICES PROVIDE PRIMARY CARE IN LOUISVILLE, SOUTHERN INDIANA AND SURROUNDING AREAS AT OVER 30 LOCATIONS. OFFICES ARE STAFFED BY TEAMS OF EXPERIENCED PROVIDERS WHO HELP MANAGE SHORT- AND LONG-TERM HEALTH GOALS, OFFER GUIDANCE ON DISEASE PREVENTION, MANAGEMENT OF CHRONIC CONDITIONS AND DIAGNOSIS OF MEDICAL CONCERNS, AND PROVIDE SUPPORT NAVIGATING SPECIALIZED CARE WHEN NEEDED. PHYSICIANS ARE INVOLVED IN MEDICAL SCREENING, COMMUNITY OUTREACH AND COMMUNITY EDUCATION ACTIVITIES TO PROMOTE WELLNESS AND EARLY INTERVENTIONS.</p> <p>IN DECEMBER 2021, NORTON COMMUNITY MEDICAL ASSOCIATES - LA CLINICA PRESTON, NORTON HEALTHCARE'S FIRST 100% BILINGUAL PRACTICE, OPENED IN THE OKOLONA AREA OF LOUISVILLE. THE STAFF AND PROVIDERS ALL SPEAK ENGLISH AND SPANISH AND UNDERSTAND THE UNIQUE CONCERNS OF LOUISVILLE'S LATINX COMMUNITY AND FAMILIES.</p> <p>NORTON PREVENTION & WELLNESS</p> <p>* NORTON PREVENTION & 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 & WELLNESS STAFF PROVIDED PREVENTIVE SCREENINGS ABOARD THE NORTON PREVENTION & 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>

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	<p>CONTINUED</p> <p>* EDUCATION ON CARDIOVASCULAR HEALTH, EFFECTS OF SMOKING, PROSTATE HEALTH, BREAST HEALTH AND WOMEN'S 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 & 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 & 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> <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 & 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> <p>COMMUNITY SUPPORT FROM FOUNDATIONS</p> <p>THE NORTON CHILDREN'S HOSPITAL FOUNDATION AND NORTON HEALTHCARE FOUNDATION RAISED \$24.5 MILLION IN SUPPORT OF CARE AT NORTON CHILDREN'S HOSPITAL AND ITS SISTER FACILITIES AND NORTON HEALTHCARE'S ADULT-SERVICE FACILITIES IN 2021. GRANTS TOTALING MORE THAN \$15.2 MILLION WERE INVESTED IN NORTON HEALTHCARE FACILITIES TO IMPROVE ACCESS TO CARE AND SPUR INNOVATION IN SERVICES. THE GRANTS SUPPORTED A WIDE RANGE OF INITIATIVES TO EXPAND WORKFORCE, ENHANCE FACILITIES, ESTABLISH NEW PROGRAMS AND PROVIDE ADVANCED FACILITIES.</p> <p>*A VIRTUAL REALITY BALANCE ASSESSMENT SYSTEM, DRIVING SIMULATOR, ROBOTIC-ASSISTED THERAPY AND MORE AT NORTON NEUROSCIENCE INSTITUTE - BROWNSBORO, A NEW FACILITY IN NORTHEASTERN LOUISVILLE</p> <p>*THREE BIOTRONIK ZERO-GRAVITY UNITS PURCHASED FOR NORTON BROWNSBORO HOSPITAL</p> <p>*UPGRADES AND EQUIPMENT FOR NORTON HEART & VASCULAR INSTITUTE</p> <p>*RENOVATION AND MODERNIZATION OF ONE OF OUR MOBILE UNITS TO ESTABLISH NORTON PREVENTION & WELLNESS MOBILE PRIMARY CARE, A MEDICAL FACILITY ON WHEELS</p> <p>*EXPRESSIVE THERAPISTS FOR THE NORTON CANCER INSTITUTE PAT HARRISON RESOURCE</p>

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	<p>CENTER</p> <p>*FELLOWSHIP DIRECTOR FOR NORTON LEATHERMAN SPINE</p> <p>*THE HEEL, DOG, HEAL FACILITY DOG PROGRAM ACROSS NORTON HEALTHCARE FACILITIES, INCLUDING 11 TRAINED DOGS AND THEIR HANDLERS</p> <p>*PURCHASE OF THE PHILIPS EPIQ ELITE DIAGNOSTIC BREAST ULTRASOUND SYSTEM</p> <p>*OPERATIONAL FUNDING FOR THE NORTON CHILDREN'S PREVENTION & WELLNESS TEAM, INCLUDING SAFETY CITY AND NO KID HUNGRY, AS WELL AS ADDITIONAL EDUCATION AND OUTREACH</p> <p>*CLINICAL RESEARCH NURSE AT NORTON CHILDREN'S CANCER INSTITUTE, AFFILIATED WITH THE UOFL SCHOOL OF MEDICINE</p> <p>*RESEARCH AND WORKFORCE IN THE DEVELOPMENT OF CAR T-CELL THERAPY FOR HIGH-RISK CHILDHOOD CANCERS</p> <p>*PEDIATRIC ENDOCRINOLOGY FELLOWSHIP, CHILD LIFE SPECIALIST AND COMMUNITY HEALTH WORKER FOR THE WENDY NOVAK DIABETES CENTER</p> <p>*DEVELOPING FOOD PANTRIES THROUGHOUT THE COMMUNITY</p> <p>*GIRAFFE WARMERS FOR THE NEONATAL INTENSIVE CARE UNIT AT NORTON WOMEN'S & CHILDREN'S HOSPITAL</p> <p>*EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) TRAINING SIMULATORS IN THE JENNIFER LAWRENCE CARDIAC INTENSIVE CARE UNIT</p> <p>NORTON PHARMACIES PLLC</p> <p>NORTON PHARMACIES PLLC, A DISREGARDED ENTITY OF NORTON HEALTHCARE, INC. OPERATES FIVE RETAIL PHARMACIES AND ONE SPECIALTY PHARMACY WHICH DISPENSE MEDICATIONS FOR THE CONVENIENCE OF NORTON PATIENTS AND EMPLOYEES.</p> <p>NORTON INSTITUTE FOR HEALTH EQUITY</p> <p>*NORTON HEALTHCARE, INC. ESTABLISHED THE INSTITUTE FOR HEALTH EQUITY TO ADDRESS THE 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 HEALTHCARE 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>
FORM 990, PART V, LINE 1A - COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE, INC., NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC. AND THE CHILDREN'S HOSPITAL FOUNDATION INC. THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2021 BY NORTON HEALTHCARE, INC., WAS APPROXIMATELY 1228. NORTON HEALTHCARE, INC., HAS APPROXIMATELY 107 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2021. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 890 VENDORS ON FORM 1096 FOR 2021.
FORM 990, PART V, LINE 1B - W-2 G COMMON PAYING AGENT	NORTON HEALTHCARE INC., AS THE COMMON PAYING AGENT, FILED TWO FORM W-2GS ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION.
FORM 990, PART V, LINE 1C - COMMON PAYING AGENT FOR VENDORS	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE INC, AND ALL AFFILIATES. NORTON HEALTHCARE, INC. REQUIRES THAT ALL VENDORS PROVIDE AN ACCURATE TAXPAYER IDENTIFICATION NUMBER ON A FORM W-9, AS REQUIRED BY LAW, PRIOR TO ASSURANCE OF ANY PAYMENT.
FORM 990, PART V, LINE 2A - COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND THE CHILDREN'S HOSPITAL FOUNDATION, INC. THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. NORTON HEALTHCARE, INC. HAS APPROXIMATELY 2,994 EMPLOYEES. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 20,929 EMPLOYEES ON FORM W-3 FOR 2021.
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 OR FIRE THE CHIEF EXECUTIVE OFFICER; AND F)AMEND THE ARTICLES OF INCORPORATION OR BYLAWS

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	JAMES FRAZIER, STEVE HEILMAN, DOUGLAS WINKELHAKE - BUSINESS RELATIONSHIP RUSSELL F. COX, ADAM KEMPF, ROBERT B. AZAR (OFFICERS, NORTON ENTERPRISE, INC.) - BUSINESS RELATIONSHIP
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 FORMS 990 AND SUPPLEMENTAL SCHEDULES WERE DISCUSSED AND COMMITTEE MEMBERS AND TRUSTEES HAD AN OPPORTUNITY TO ASK QUESTIONS. COINCIDING WITH THE FINANCE COMMITTEE MEETING, ELECTRONIC COPIES OF THE FORMS 990 AND SUPPLEMENTAL SCHEDULES WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES THROUGH THE DIRECTOR'S 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.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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: HTTPS://NORTONHEALTHCARE.COM/ABOUT-US/FINANCIAL-INFORMATION/ . 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 (D) - BOARD MEMBER STIPEND PAYMENTS	NORTON HEALTHCARE, INC. (NHC) AND AFFILIATES (NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, 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.

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	OUTSIDE SERVICES	55,723,360	45,222,309	10,501,051	
	OTHER EXPENSES	1,710,205	894,153	816,052	
	CONTRACT LABOR	1,299,993	1,046,511	253,482	
	PROFESSIONAL FEES	785,538	785,538		
	RESEARCH DEPARTMENT FEES	1,095,590	1,095,590		
	COLLECTION FEES	2,187,300	1,892,015	295,285	
	MARKETING FEES	7,951,183	3,180,473	4,770,710	
	Total	70,753,169	54,116,589	16,636,580	0
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCE	IN MARCH 2017, THE FASB ISSUED ASU 2017-07 COMPENSATION - RETIREMENT BENEFITS (TOPIC 715): IMPROVING THE PRESENTATION OF NET PERIODIC PENSION COST AND NET PERIODIC POSTRETIREMENT BENEFIT COST (ASU 2017-07), WHICH CHANGES HOW EMPLOYERS THAT SPONSOR DEFINED BENEFIT PENSION PRESENT THE NET PERIODIC BENEFIT COST IN THE STATEMENT OF OPERATIONS. ASU 2017-07 REQUIRES EMPLOYERS TO PRESENT THE SERVICE COST COMPONENT OF NET PERIODIC BENEFIT COST IN THE SAME STATEMENT OF OPERATIONS LINE ITEMS AS OTHER EMPLOYEE COMPENSATION COSTS ARISING FROM SERVICES RENDERED DURING THE PERIOD. EMPLOYERS ARE TO PRESENT THE OTHER COMPONENTS OF NET PERIODIC BENEFIT COST SEPARATELY FROM THE LINE ITEM THAT INCLUDES THE SERVICE COST AND OUTSIDE OF ANY SUBTOTAL OF OPERATING INCOME, IF ONE IS PRESENTED. EMPLOYERS WILL HAVE TO DISCLOSE THE LINES USED TO PRESENT THE OTHER COMPONENTS OF NET PERIODIC BENEFIT COST, IF THE COMPONENTS ARE NOT PRESENTED SEPARATELY IN THE STATEMENT OF OPERATIONS. THE CORPORATION ELECTED TO ADOPT THE PROVISIONS OF ASU 2017-07 AS OF JANUARY 1, 2017. THE NON-CONTRIBUTION DEFINED BENEFIT PENSION PLAN WAS FROZEN EFFECTIVE JANUARY 1, 2010. AS A RESULT NO SERVICE COST WAS INCURRED DURING THE YEAR ENDED DECEMBER 31, 2021. THE OTHER COMPONENTS OF NET PERIODIC PENSION COST WAS \$2.0 MILLION FOR YEAR ENDED DECEMBER 31, 2021.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount			
	AFFILIATE TRANSFER	- 481,322			
	SWAP MARK TO MARKET ADJUSTMENT	- 11,217,617			
	CHANGE IN MINIMUM PENSION LIABILITY	12,115,973			
	CHANGE IN NET PERIODIC PENSION COST	- 1,934,087			

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue ServiceName of the organization
NORTON HEALTHCARE, 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 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**Employer identification number
61-1028725**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) NORTON PHARMACIES, PLLC (83-1832543) 224 E. BROADWAY, 5TH FL, LOUISVILLE, KY 40202	PHARMACY	KY	83,134,717	10,392,598	NORTON HEALTHCARE, INC.
(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) NORTON HOSPITALS, INC. (61-0703799) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE HOSPITAL SERVICES	KY	501(C)(3)	3	N/A	✓	
(2) COMMUNITY MEDICAL ASSOCIATES, INC. (61-1276316) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	10	N/A	✓	
(3) NORTON PROPERTIES, INC. (61-1028724) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(C)(3)	12 TYPE I	N/A	✓	
(4) THE CHILDREN'S HOSPITAL FOUNDATION, INC. (61-6027530) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	N/A	✓	
(5) NORTON HEALTHCARE FOUNDATION INC (31-0914919) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	N/A	✓	
(6) NORTON HEALTHCARE - INDIANA INC. (85-0513259) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	OPERATE HOSPITAL AND OTHER HEALTHCARE FACILITIES	IN	501(C)(3)	10	N/A	✓	
(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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓
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) NORTON HOSPITALS, INC.	R	2,096,126,112	FMV
(2) NORTON HOSPITALS, INC.	S	2,270,045,827	FMV
(3) COMMUNITY MEDICAL ASSOCIATES, INC.	R	832,758,203	FMV
(4) COMMUNITY MEDICAL ASSOCIATES, INC.	S	568,516,846	FMV
(5) NORTON PROPERTIES, INC.	R	81,874,339	FMV
(6) (SEE STATEMENT)			

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	PROVIDE PATHOLOGY SERVICES	KY	NORTON HEALTHCARE , INC.	C CORPORATION	20,518,383	28,630,493	100.00	✓	

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) NORTON PROPERTIES, INC.	S	65,310,968	FMV
(7) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	R	4,545,468	FMV
(8) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	S	4,253,470	FMV
(9) NORTON HEALTHCARE FOUNDATION, INC.	R	1,408,831	FMV
(10) NORTON HEALTHCARE FOUNDATION, INC.	S	2,007,504	FMV
(11) NORTON ENTERPRISES, INC.	R	8,305,295	FMV
(12) NORTON ENTERPRISES, INC.	S	26,384,670	FMV
(13) NORTON HEALTHCARE FOUNDATION, INC.	C	763,259	FMV
(14) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	C	1,047,037	FMV