

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] 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 \$ 1,079,456,073
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
I Tax-exempt status: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527
J Website: WWW.NORTONHEALTHCARE.COM
K Form of organization: [x] Corporation [] Trust [] Association [] Other
L Year of formation: 1983
M State of legal domicile: KY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7. Governing body and employee statistics; 7a-b. Revenue and taxable income; 8-12. Revenue breakdown; 13-19. Expense breakdown; 20-22. Net assets or fund balances.

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 ADAM KEMPF, CFO; Date; Print/Type preparer's name KIM SCIFRES; Preparer's signature KIM SCIFRES; Date 11/12/2024; Check [] 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 [x] Yes [] No

Part III Statement of Program Service Accomplishments

Check 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 \$ 492,679,994 including grants of \$ 2,443,803) (Revenue \$ 594,993,854)

NORTON HEALTHCARE INC. (NHC) IS A NOT-FOR-PROFIT CORPORATION SERVING ADULT AND PEDIATRIC PATIENTS FROM THROUGHOUT GREATER LOUISVILLE, SOUTHERN INDIANA, THE COMMONWEALTH OF KENTUCKY AND BEYOND. THE NOT-FOR-PROFIT HOSPITAL AND HEALTH CARE SYSTEM HAS FIVE LOUISVILLE-BASED HOSPITALS, THREE HOSPITALS IN SOUTHERN INDIANA AND ONE UNDER CONSTRUCTION IN WEST LOUISVILLE THAT IS SCHEDULED TO OPEN IN LATE 2024.

NHC EXPANDED SERVICES INTO INDIANA STARTING WITH NORTON KING'S DAUGHTERS' HEALTH (NKHD) IN 2022. NKDH IS AN 86-BED HOSPITAL IN MADISON, INDIANA, THAT PROVIDES A VARIETY OF HEALTH SERVICES FOR PATIENTS IN SOUTHEAST INDIANA AND PARTS OF NORTHERN KENTUCKY. IN 2023, NHC FURTHER EXPANDED INTO INDIANA WITH TWO ADDITIONAL HOSPITALS: NORTON CLARK HOSPITAL (CLARK) IN JEFFERSONVILLE AND NORTON SCOTT HOSPITAL (SCOTT) IN SCOTTSBURG.
(CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses 492,679,994

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

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	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	5,806		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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, or any disqualified or other person, 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 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.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<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?		<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?		<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?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<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		<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?		<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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<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	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<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?	<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?	<input checked="" type="checkbox"/>	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed [KY](#)
- 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 Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				3,068,539	0	417,106
(2) MICHAEL W. GOUGH EXEC VP AND COO	30.0 20.0			<input checked="" type="checkbox"/>				1,823,008	0	288,832
(3) STEVEN HESTER, M.D. DIV PRESIDENT PROVIDER OPS & SYS CMO	50.0 0.0				<input checked="" type="checkbox"/>			1,436,243	0	257,713
(4) ADAM KEMPF SR VP, CFO/TREASURER	30.0 20.0			<input checked="" type="checkbox"/>				1,141,705	0	223,063
(5) DOUGLAS WINKELHAKE DIVISION PRESIDENT	50.0 0.0				<input checked="" type="checkbox"/>			1,007,833	0	208,931
(6) ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	30.0 20.0			<input checked="" type="checkbox"/>				1,021,584	0	169,876
(7) STEVE READY SR VP & CIO	50.0 0.0				<input checked="" type="checkbox"/>			892,423	0	184,876
(8) JAMES FRAZIER, M.D. VP MEDICAL AFFAIRS	50.0 0.0				<input checked="" type="checkbox"/>			785,327	0	144,679
(9) SCOTT WATKINS SR VP OPERATIONS	50.0 1.0				<input checked="" type="checkbox"/>			764,256	0	158,271
(10) CHARLOTTE IPSAN SENIOR VP AND CHIEF HOSPITAL OFFICER	21.0 29.0				<input checked="" type="checkbox"/>			0	764,207	153,109
(11) GLADYS ABARCA-LOPEZ SR VP CHIEF HR OFFICER	50.0 0.0				<input checked="" type="checkbox"/>			851,180	0	60,203
(12) STEVEN HEILMAN, M.D. SR VP & CHIEF INNOVATION OFFICER	50.0 0.0				<input checked="" type="checkbox"/>			750,407	0	158,691
(13) MARY LYNN MEYER SR VP WCCP/ CDO	32.0 18.0				<input checked="" type="checkbox"/>			700,811	0	125,097
(14) KIMBERLY THARP-BARRIE SR VP & CNO	50.0 0.0				<input checked="" type="checkbox"/>			680,721	0	118,225

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) JENNIFER EVANS, M.D. SYS VP WOMEN'S & PEDIATRIC SVC LINE	50.0 0.0					✓	697,660	0	44,258	
(16) JIM MEYERS SYS VP REVENUE CYCLE	50.0 0.0				✓		554,991	0	120,108	
(17) JOHN HAMMOND INTERIM VICE PRESIDENT, HUMAN RESOURCES	40.0 0.0				✓		514,987	0	135,059	
(18) MARK KIRCHER DIVISION VP FINANCE	50.0 0.0				✓		533,188	0	93,983	
(19) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	50.0 0.0				✓		528,711	0	96,501	
(20) KATHLEEN EXLINE SYS VP PERF EXCEL & CARE CONTINIUM	50.0 0.0				✓		516,403	0	93,934	
(21) STEPHEN WYATT, M.D. CHIEF RESEARCH EXECUTIVE	50.0 0.0					✓	571,954	0	30,173	
(22) MARK MOUSSETTE SYS VP IT OPERATIONS AND DEVELOPMENT	50.0 0.0					✓	486,924	0	95,511	
(23) ANDREW MCCARTHY SYS VP FACILITIES MANAGEMENT	50.0 0.0					✓	480,400	0	98,345	
(24) BYRON LEWIS SYS VP HEALTH POLICY	50.0 0.0					✓	476,410	0	97,198	
(25) (SEE STATEMENT)										
1b Subtotal							20,285,665	764,207	3,573,742	
c Total from continuation sheets to Part VII, Section A							30,000	2,000	0	
d Total (add lines 1b and 1c)							20,315,665	766,207	3,573,742	

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 999

	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	7,515,821
HURON CONSULTING SERVICES LLC, 3005 MOMENTUM PLACE, CHICAGO, IL 60689-5330	CONSULTING	6,504,873
VEE TECHNOLOGIES, INC, P. O. BOX 732709, DALLAS, TX 75373-2709	PATIENT FINANCIAL SERVICES	2,807,751
FAIRCODE ASSOCIATES, LLC, 88 MADAGASCAR CT, MARCO ISLAND, FL 34145	PATIENT FINANCIAL SERVICES	2,580,641
CBTS, LLC, 1507 SOLUTIONS CENTER, CHICAGO, IL 60677-1005	CONSULTING	2,177,597
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	132	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	11,642,911			
	e	Government grants (contributions)	1e	0			
	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		11,642,911			
	Program Service Revenue			Business Code			
2a		MANAGEMENT FEES	900099	422,624,692	422,624,692		
b		NET PATIENT REVENUE	621999	104,712,244	104,712,244		
c		CLINICAL RESEARCH TRIALS	541715	18,144,454	18,144,454		
d		EDUCATION PROGRAMS	624190	144,353	144,353		
e							
f		All other program service revenue		0	0	0	
g	Total. Add lines 2a-2f		545,625,743				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		33,208,027	32,934,671	273,356	
	4	Income from investment of tax-exempt bond proceeds		1,854,707	1,854,707		
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	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	(i) Securities				
			(ii) Other				
			7a	491,060,802			
	b	Less: cost or other basis and sales expenses	7b	472,353,981			
	c	Gain or (loss)	7c	18,706,821	0		
	d	Net gain or (loss)		18,706,821	18,706,821		
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					
		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	MISCELLANEOUS INCOME	900099	2,716,353	2,524,382	191,971	
	b	EMPLOYEE EMERGENCY FUND	900099	633,428	633,428		
	c	CREDIT CARD REBATE	900099	456,661	456,661		
	d	All other revenue	900099	(7,742,559)	(7,742,559)	0	
e	Total. Add lines 11a-11d		(3,936,117)				
12	Total revenue. See instructions		607,102,092	594,993,854	465,327	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,341,415	2,341,415		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	102,388	102,388		
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	20,986,225	11,836,231	9,149,994	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	802,748	601,258	201,490	
7 Other salaries and wages	202,662,742	181,788,479	20,874,263	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,604,899	8,567,570	1,037,329	
9 Other employee benefits	20,322,548	18,574,809	1,747,739	
10 Payroll taxes	16,312,002	14,370,874	1,941,128	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,311,115	2,479,616	3,831,499	
c Accounting	786,000	314,400	471,600	
d Lobbying	180,000	72,000	108,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,685,599	1,685,599		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	71,665,440	55,386,934	16,278,506	0
12 Advertising and promotion				
13 Office expenses	7,171,458	6,177,387	994,071	
14 Information technology				
15 Royalties				
16 Occupancy	11,062,377	9,060,086	2,002,291	
17 Travel	1,487,390	1,162,284	325,106	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,763,106	45,763,106		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,561,692	210,740	17,350,952	
23 Insurance	11,379,236	9,843,039	1,536,197	
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 PHARMACY DRUGS	93,479,688	93,386,208	93,480	
b EQUIPMENT RENTAL & REPAIR	83,246,231	75,004,854	8,241,377	
c DUES AND SUBSCRIPTIONS	2,027,528	1,437,517	590,011	
d SPONSORSHIPS	648,801	355,750	293,051	
e All other expenses	(47,471,042)	(47,842,550)	371,508	0
25 Total functional expenses. Add lines 1 through 24e	580,119,586	492,679,994	87,439,592	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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	132,560,957	1	181,090,199
	2 Savings and temporary cash investments	100,009,266	2	60,991,240
	3 Pledges and grants receivable, net	4,829,246	3	0
	4 Accounts receivable, net	46,487,957	4	45,027,129
	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	0	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	4,923,682	8	5,423,861
	9 Prepaid expenses and deferred charges	69,509,243	9	76,587,219
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 373,066,080		
	b Less: accumulated depreciation	10b 264,183,098	93,752,647	10c 108,882,982
	11 Investments—publicly traded securities	1,332,611,103	11	1,218,987,918
	12 Investments—other securities. See Part IV, line 11	596,866,651	12	623,750,070
	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	37,928,428	15	60,862,978
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,441,255,153	16	2,403,379,569	
Liabilities	17 Accounts payable and accrued expenses	304,837,558	17	268,537,578
	18 Grants payable	8,607,475	18	8,391,701
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,461,327,511	20	1,584,870,046
	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	619,261,328	25	333,990,056
	26 Total liabilities. Add lines 17 through 25	2,394,033,872	26	2,195,789,381
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	35,067,342	27	198,579,847
	28 Net assets with donor restrictions	12,153,939	28	9,010,341
	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	47,221,281	32	207,590,188
33 Total liabilities and net assets/fund balances	2,441,255,153	33	2,403,379,569	

Part XI Reconciliation of Net Assets

Check 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	607,102,092
2	Total expenses (must equal Part IX, column (A), line 25)	2	580,119,586
3	Revenue less expenses. Subtract line 2 from line 1	3	26,982,506
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,221,281
5	Net unrealized gains (losses) on investments	5	113,935,228
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	19,451,173
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	207,590,188

Part XII Financial Statements and Reporting

Check 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

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 (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) BARRY PENNYBAKER ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(26) CRAIG D. GRANT ----- VICE CHAIR	2.0 ----- 3.5	✓						2,000	0	0
(27) EDIE NIXON ----- CHAIR	13.0 ----- 3.5	✓						2,000	0	0
(28) GAIL LYTTLE ----- TRUSTEE (PARTIAL YEAR)	1.0 ----- 3.5	✓						2,000	0	0
(29) GARY L. STEWART ----- TRUSTEE	4.0 ----- 3.5	✓						2,000	0	0
(30) GREGORY E. MAYES ----- TRUSTEE	3.0 ----- 3.5	✓						2,000	0	0
(31) JAMES L. SUBLETT, M.D. ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(32) JOE CRAIG ----- TRUSTEE	1.0 ----- 4.5	✓						0	2,000	0
(33) JUDGE DENISE CLAYTON ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(34) LEE K. GARLOVE ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(35) MARIA HAMPTON ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(36) MARIA L. BOUVETTE ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(37) MARTHA K. HEYBURN, M.D. ----- TRUSTEE (PARTIAL YEAR)	1.0 ----- 3.5	✓						2,000	0	0
(38) RICHARD R. IVEY ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(39) RONALD LEHOCKY, M.D. ----- TRUSTEE	3.0 ----- 3.5	✓						2,000	0	0
(40) SUE DAVIS, EDD, RN ----- TRUSTEE	3.0 ----- 3.5	✓						2,000	0	0
(41) DONALD H. ROBINSON ----- TRUSTEE	4.0 ----- 3.5	✓						0	0	0
(42) ERWIN ROBERTS ----- TRUSTEE (PARTIAL YEAR)	1.0 ----- 2.5	✓						0	0	0
(43) G. HUNT ROUNSAVALL, SR. ----- TRUSTEE	4.0 ----- 3.5	✓						0	0	0
(44) REV WILLIAM J. SCHULTZ ----- TRUSTEE (PARTIAL YEAR)	1.0 ----- 2.5	✓						0	0	0

(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			
(45) RICHARD S. WOLF, M.D. ----- CHAIR EMERITUS (PARTIAL YEAR)	1.0 ----- 2.5	✓					0	0	0
(46) RITA HUDSON SHOURDS, EDD ----- TRUSTEE (PARTIAL YEAR)	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

2023

**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 6
- 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	3,442,597,412

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

Cat. No. 11285F

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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—2022. 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 on line 12 of 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>		
3c 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?		✓
b A family member of a person described on line 11a above?		✓
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 .		✓

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.		
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.		

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).		✓

Section D. All Type III Supporting Organizations

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

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.		
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.		
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.		
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 .		
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.		

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).		

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

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 -	NORTON HOSPITALS, INC. IS NAMED AS A SUPPORTED ORGANIZATION IN THE ARTICLES OF INCORPORATION OF NORTON HEALTHCARE, INC. AND THE OTHER FOUR 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 ORGANIZATION THAT ARE OPERATED TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN CONJUNCTION WITH NORTON HOSPITALS.
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 FIVE 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 A, LINE 5A - ADDED, SUBSTITUTED, OR REMOVED SUP. ORG.	NORTON HEALTHCARE - INDIANA (EIN: 85-0513259) WAS ADDED AS A SUPPORTED ORGANIZATION. IN 2023, NORTON HEALTHCARE - INDIANA ACQUIRED 100% INTEREST IN THE REGIONAL HEALTH NETWORK OF KENTUCKY AND SOUTHERN INDIANA, LLC WHICH CONTROLS NORTON CLARK HOSPITAL, LLC, NORTON CLARK PHYSICIAN PRACTICES, LLC, NORTON SCOTT HOSPITAL, LLC, AND NORTON SCOTT PHYSICIAN PRACTICES, LLC. IN ACCORDANCE WITH THE FILING ORGANIZATION'S BYLAWS, NORTON HEALTHCARE, INC, IN FURTHERANCE OF ITS EXEMPT PURPOSE, HAS THE AUTHORITY TO ADD SUPPORTED ORGANIZATIONS.
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).	✓		0	2,407,177,281
COMMUNITY MEDICAL ASSOCIATES, INC.	61-1276316	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	0	986,527,930
NORTON HEALTHCARE FOUNDATION, INC.	31-0914919	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	0	4,109,508
THE CHILDREN'S HOSPITAL FND, INC.	61-6027530	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	0	17,488,028
NORTON HEALTHCARE - INDIANA, INC.	85-0513259	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	0	18,983,357
NORTON - KING'S DAUGHTERS' HEALTH, INC.	35-0895832	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	0	8,311,308

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization NORTON HEALTHCARE, INC.

Employer identification number 61-1028725

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [checked] 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 foundation

Check 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

- [checked] 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 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	----- ----- -----	\$ 8,944,351	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,698,560	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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization NORTON HEALTHCARE, INC.	Employer identification number 61-1028725
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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)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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)				

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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
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?	✓		180,000
j Total. Add lines 1c through 1i			180,000
2a Did the activities in line 1 cause the organization to not be 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 expenditures 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
<p>SCHEDULE C, PART II-B, LINE 1 - DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I</p>	<p>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 \$180,000.</p>
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>EMPLOYEES AND CONTRACTORS OF NORTON HEALTHCARE, INC. ARE ENGAGED AT THE STATE LEVEL TO LOBBY THE EXECUTIVE AND LEGISLATIVE BRANCH OF KENTUCKY AND INDIANA STATE GOVERNMENT</p>

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

2023

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset amounts.

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

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

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

Part V Endowment Funds

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

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

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

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

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		34,965,517	26,040,725	8,924,792
c Leasehold improvements				
d Equipment		286,046,523	237,926,035	48,120,488
e Other		49,928,233	216,338	49,711,895
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				108,882,982

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	382,368,665	END OF YEAR MARKET VALUE
(B) REAL ESTATE MASTER TRUST UNITS	117,835,374	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY MASTER TRUST	123,546,031	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	623,750,070	

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, line 13, col. (B))		

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, line 15, col. (B))	

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	90,177,512
(3) SELF INSURANCE TRUST	90,770,693
(4) OTHER LIABILITIES	106,347,535
(5) OTHER INSURANCE	3,309,023
(6) PENSION	43,385,293
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	333,990,056

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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		403,582,257
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		40,873,013
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			444,455,270
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			444,455,270

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**

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

**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

2023

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Part I General Information on Grants and Assistance

- 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
- 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) ONEWEST CORP P O BOX 368, LOUISVILLE, KY 40201-0368	47-3080680	501(C)(3)	10,000				(SEE STATEMENT)
(2) CATHOLIC EDUC. FOUNDATION INC 401 W MAIN ST STE 806, LOUISVILLE, KY 40202	61-1294640	501(C)(3)	27,600				(SEE STATEMENT)
(3) (SEE STATEMENT)	61-1365860	501(C)(3)	20,000				(SEE STATEMENT)
(4) THE HEALING PLACE 1020 W MARKET ST, LOUISVILLE, KY 40202	61-1164775	501(C)(3)	15,000				(SEE STATEMENT)
(5) LOUISVILLE BALLET 315 E MAIN STREET, LOUISVILLE, KY 40202	61-6033779	501(C)(3)	15,000				(SEE STATEMENT)
(6) LOUISVILLE DOWNTOWN PARTNERSHIP 315 GUTHRIE ST STE 300, LOUISVILLE, KY 40202	31-0992627	501(C)(3)	15,000				(SEE STATEMENT)
(7) AMERICAN RED CROSS 510 E CHESTNUT, LOUISVILLE, KY 40202	53-0196605	501(C)(3)	6,500				(SEE STATEMENT)
(8) WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST, LOUISVILLE, KY 40202-2235	23-7075524	501(C)(3)	35,000				(SEE STATEMENT)
(9) VOLUNTEERS OF AMERICA 570 S 4TH ST #100, LOUISVILLE, KY 40202-2504	61-0480950	501(C)(3)	12,000				(SEE STATEMENT)
(10) (SEE STATEMENT)	31-0958491	501(C)(3)	56,550				(SEE STATEMENT)
(11) HABITAT FOR HUMANITY METRO LOUISVILLE 1620 BANK ST, LOUISVILLE, KY 40203	58-1735528	501(C)(3)	50,000				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 63

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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)	150	102,388			
2					
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) YOUTHBUILD LOUISVILLE 800 SOUTH PRESTON ST, LOUISVILLE, KY 40203	61-1374470	501(C)(3)	10,000				ASSISTS YOUNG PEOPLE IN MEETING SIGNIFICANT LIFE GOALS, SUCH AS PREPARING FOR COLLEGE AND CAREERS, BY PROVIDING SERVICES IN EDUCATION, VOCATIONAL TRAINING
(13) JUNIOR ACHIEVEMENT 1401 W MUHAMMAD ALI BLVD, LOUISVILLE, KY 40203-1745	61-0476694	501(C)(3)	10,000				GENERAL SUPPORT FOR HEALTHCARE CAREERS TO REDUCE DEFICIT IN THE WORKFORCE
(14) JUNIOR ACHIEVEMENT 1401 W MUHAMMAD ALI BLVD, LOUISVILLE, KY 40203-1745	61-0476694	501(C)(3)	9,000				SUPPORT INTRODUCTION OF YOUNG PEOPLE THROUGHOUT OUR COMMUNITY TO THE REALITIES AND POSSIBILITIES OF THE WORKING WORLD AND PERSONAL FINANCE
(15) COLON CANCER PREVENTION PROJECT PO BOX 4039, LOUISVILLE, KY 40204	20-1510713	501(C)(3)	6,500				OUR MISSION AT THE PROJECT IS TO END PREVENTABLE COLON CANCER DEATH AND SUFFERING.
(16) ASSUMPTION HIGH SCHOOL 2170 TYLER LN, LOUISVILLE, KY 40205	61-1133759	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(17) NATIONAL MULTIPLE SCLEROSIS 1201 STORY AVE STE 200, LOUISVILLE, KY 40206	13-5661935	501(C)(3)	10,000				SUPPORT EDUCATION AND RESOURCES RELATED TO MULTIPLE SCLEROSIS
(18) SUPPLIES OVER SEAS 1500 ARLINGTON AVE, LOUISVILLE, KY 40206	27-2624272	501(C)(3)	6,700				SUPPORT OF PROVIDING MEDICAL SUPPLIES TO AREAS OF NEED
(19) HOME OF THE INNOCENTS, INC. 1100 EAST MARKET ST, LOUISVILLE, KY 40206-1874	61-0445834	501(C)(3)	9,000				HELPING YOUR CHILD GAIN INDEPENDENCE AND UNLOCKING THEIR TRUE POTENTIAL
(20) TRINITY HIGH SCHOOL 4011 SHELBYVILLE RD, LOUISVILLE, KY 40207	31-1105966	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(21) NEIGHBORHOOD HOUSE 201 N. 25TH ST, LOUISVILLE, KY 40212	61-0445842	501(C)(3)	9,000				SUPPORT CHILDREN AND FAMILIES

(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
(22) LOUISVILLE METRO GOVERNMENT 1100 TREVILIAN WAY, LOUISVILLE, KY 40213	32-0049006	GOVERNMENT	22,500				SUPPORTING HIKE BIKE AND PADDLE- PROMOTION OF HEALTHY LIFESTYLE
(23) SHIVELY AREA MINISTRIES 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
(24) SPINA BIFIDA ASSOCIATION OF KY 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
(25) ST. XAVIER HIGH SCHOOL 1609 POPLAR LEVEL RD, LOUISVILLE, KY 40217	61-0480949	501(C)(3)	8,400				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(26) CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN STE 108, LOUISVILLE, KY 40218	13-1930701	501(C)(3)	5,700				CYSTIC FIBROSIS PATIENT SUPPORT
(27) KENTUCKY PHYSICIANS HLTH FOUNDATION 9000 WESSEX PLACE STE 305, LOUISVILLE, KY 40222	61-1242062	501(C)(3)	22,000				SUPPORT FOR PHYSICIANS, PHYSICIAN'S ASSISTANTS, SURGICAL TECHNICIANS, GENETIC COUNSELORS AND ATHLETIC TRAINERS.
(28) BRAIN INJURY ALLIANCE OF KY 7321 NEW LAGRANGE RD STE 100, LOUISVILLE, KY 40222	61-1128496	501(C)(3)	10,000				OUTREACH, EDUCATION AND SUPPORT FOR PATIENTS WITH BRAIN INJURIES
(29) GREATER LOUISVILLE MEDICAL SOCIETY 4949 BROWNSBORO RD PMB 289, LOUISVILLE, KY 40222-6424	61-0237560	501(C)(3)	8,600				SUPPORTING OUTREACH AND MEDICAL STUDENT SCHOLARSHIPS
(30) AMERICAN LUNG ASSOCIATION 10168 LINN STATION RD STE 100, LOUISVILLE, KY 40223-3894	13-1632524	501(C)(3)	13,000				IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE THROUGH EDUCATION, ADVOCACY AND RESEARCH
(31) KIDS CANCER ALLIANCE INC P O BOX 24337, LOUISVILLE, KY 40224	61-1256743	501(C)(3)	10,000				SUPPORT PEDIATRIC CANCER PATIENTS
(32) TELUGU ASSOC OF KENTUCKIANA 18725 WEATHERFORD CIR, LOUISVILLE, KY 40245	03-0528530	501(C)(3)	8,000				SUPPORT OF TELUGU PEOPLE IN THE COMMUNITY
(33) HILDEGARD HOUSE PO BOX 5613, LOUISVILLE, KY 40255-0613	46-5555742	501(C)(3)	20,000				PROVIDE A HOME AND COMPASSIONATE CARE FOR INDIVIDUALS AT THE END OF LIFE WHO HAVE NO HOME OR LOVED ONES TO CARE FOR THEM SO THAT THEY MAY DIE WITH DIGNITY

(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
(34) BAPTIST SEMINARY OF KENTUCKY P.O. BOX 23079, LEXINGTON, KY 40523	61-1312812	501(C)(3)	5,400				EMPOWERING LEADERSHIP FOR MINISTRY
(35) LEADERSHIP KENTUCKY FOUNDATION 464 CHENAULT RD, FRANKFORT, KY 40601-9260	31-1096215	501(C)(3)	6,100				GENERAL DONATION TO SUSTAIN LKY PROGRAMS
(36) HABITAT FOR HUMANITY CLARK & FLOYD P O BOX 1814, NEW ALBANY, IN 47150	35-1817055	501(C)(3)	50,000				FUNDING FOR A HOME BUILD PROJECT
(37) 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.
(38) LEADERSHIP SOUTHERN INDIANA 8204 HWY. 311, SELLERSBURG, IN 47172	35-1644080	501(C)(3)	10,200				SUPPORT FOR LEADERSHIP DEVELOPMENT PROGRAM
(39) LEUKEMIA AND LYMPHOMA SOCIETY P O BOX 772373, DETROIT, MI 48277-2373	13-5644916	501(C)(3)	10,000				OUTREACH, EDUCATION AND GENERAL SUPPORT
(40) NATIONAL KIDNEY FND OF KY 12468 LAGRANGE RD, #207, LOUISVILLE, KY 40245	61-0673518	501(C)(3)	7,800				SUPPORTING THE AWARENESS, PREVENTION AND TREATMENT OF KIDNEY DISEASE
(41) BIG BROTHERS BIG SISTERS OF KY OF KENTUCKIANA, 1519 GARDINER LN, SUITE B, LOUISVILLE, KY 40218	61-6057856	501(C)(3)	12,500				SUPPORT FOR ALL CHILDREN TO REACH THEIR POTENTIAL THROUGH PROFESSIONAL SUPPORTED 1:1 RELATIONSHIPS WITH VOLUNTEER MENTORS
(42) COMMUNITY FOUNDATION OF LOUISVILLE WATERFRONT PLAZA, 325 W MAIN ST STE 1110, LOUISVILLE, KY 40202	61-1100993	501(C)(3)	20,000				GENERAL PROGRAM SUPPORT - REASON: MATCHING CONTRIBUTION PER EMPLOYMENT AGREEMENT
(43) YMCA OF GREATER LOUISVILLE ATTN: Y @ WORK, 545 SOUTH SECOND ST, LOUISVILLE, KY 40202	61-0444843	501(C)(3)	16,000				SUPPORT FOR SAFE SHELTERS, YOUTH NUTRITION PROGRAM, AND YOUTH REFUGEE INTEGRATION PROGRAM
(44) COMMUNITY MEDICAL ASSOCIATES, INC. 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202-2025	61-1276316	501(C)(3)	30,865				SUPPORT OF A NURSE PRACTITIONER FOR THE BELLARMINE STUDENT HEALTH CLINIC AND SUPPORT LOCAL PUBLIC SCHOOLS FOR TELEMEDICINE SERVICES
(45) ALZHEIMERS ASSOCIATION GREATER KY & SOUTHERN IND CHAP, 6100 DUTCHMANS LN STE 401 , LOUISVILLE, KY 40205	13-3039601	501(C)(3)	10,000				NOTE LEGAL NAME: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.

(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
(46) FUND FOR THE ARTS ATTN CHRISTEN BOONE, 623 W. MAIN ST, LOUISVILLE, KY 40202	61-0479626	501(C)(3)	32,500				SUPPORTING THE DEVELOPMENT AND EDUCATION AND QUALITY OF LIFE THROUGH THE ARTS
(47) MERCY ACADEMY ATHLETIC DIRECTOR, ANGELA PASSAFIUME, LOUISVILLE, KY 40228	61-1116388	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(48) JEFFERSON PUBLIC SCHOOL P O BOX 34020, ATTN: TREASURER JCPS, LOUISVILLE, KY 40232-4020	40232-4020	JEFFERSON CO	540,000				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(49) INDIANA UNIVERSITY SOUTHEAST 4201 GRANTLINE RD, BURSAR OFFICE, NEW ALBANY, IN 47150	35-6001673	501(C)(3)	10,000				FOR RACIAL EQUITY AND ECONOMIC JUSTICE INITIATIVES INTENDED TO CREATE GENERATIONAL WEALTH FOR THE BLACK COMMUNITY
(50) KENTUCKY COUNTRY DAY SCHOOL ATTN: GENTRY EASLEY, DIRECTOR OF DEVELOPMENT, 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.
(51) MARCH OF DIMES FOUNDATION DONATIONS PROCESSING CENTER, P O BOX 18819, ATLANTA, GA 31126	13-1846366	501(C)(3)	9,000				OUTREACH, EDUCATION AND SUPPORT FOR FAMILIES WITH PREMATURE BABIES
(52) AMERICAN CANCER SOCIETY ATTN ELLEN SCHROEDER, P O BOX 681405 , INDIANAPOLIS, IN 46268	13-1788491	501(C)(3)	25,000				CONTRIBUTION FOR CANCER PREVENTION, OUTREACH, PATIENT SERVICES THROUGH RELAY FOR LIFE
(53) AMERICAN HEART ASSOCIATION AHA ECC DISTRIBUTION, P O BOX 841390, DALLAS, TX 75284	13-5613797	501(C)(3)	11,000				SUPPORT HEART HEALTH AWARENESS
(54) METRO UNITED WAY OF KENTUCKY DEPT 52860, PO BOX 950148 , LOUISVILLE, KY 40295-0148	61-0444680	501(C)(3)	45,000				SUPPORT THE ENGAGEMENT OF THE COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER
(55) METRO UNITED WAY OF KENTUCKY DEPT 52860, PO BOX 950148 , LOUISVILLE, KY 40295-0148	61-0444680	501(C)(3)	25,000				SUPPORT THE ENGAGEMENT OF THE COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER

(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
(56) UNIVERSITY OF KENTUCKY/PHARM OFFICE OF DEVELOPMENT, WILLIAM B STURGILL BUILDING, LEXINGTON, KY 40506-5070	61-6001218	STATE OF KY	200,000				SUPPORT UNIVERSITY PHARMACY COLLEGE PROGRAMS AND SUPPORT UK LEADERSHIP PROGRAM FOR ANNUAL GRADUATE STUDENT SCHOLARSHIP
(57) AA MALE WELLNESS AGENCY 2780 AIRPORT DRIVE, SUITE 333, COLUMBUS, OH 43219	45-4831268	501(C)(3)	10,000				EMPOWERING MEN TO UNDERSTAND THROUGH PREVENTION ONE CAN LIVE LONGER.
(58) HOSPARUS ATTN: FINANCE, 6200 DUTCHMAN'S LN, LOUISVILLE, KY 40205-3285	61-0921718	501(C)(3)	16,500				PROVIDE HOSPICE AND PALLIATIVE CARE TO INDIVIDUALS AND FAMILIES
(59) FAMILY COMMUNITY CLINIC, INC 1406 E WASHINGTON ST, LOUISVILLE, KY 40206	27-2994215	501(C)(3)	25,000				SUPPORT THE CONTINUATION OF OPERATIONS, AS PATIENTS RETURN IN PERSON AND VIA TELEHEALTH FOR VITAL MEDICAL ATTENTION
(60) LDG DEVELOPMENT FOUNDATION 1469 SOUTH 4TH STREET, LOUISVILLE, KY 40208	83-4099012	501(C)(3)	150,000				BENEFIT THE COMMUNITY BY ADDRESSING CHRONIC HOMELESSNESS
(61) THE WEST END SCHOOL 3628 VIRGINIA AVENUE, LOUISVILLE, KY 40211	04-3798875	501(C)(3)	300,000				BENEFIT THE COMMUNITY BY SUPPORTING THE EDUCATION, HEALTH AND WELFARE OF STUDENTS AT THE WEST END SCHOOL
(62) CHRISTIAN ACADEMY OF LOUISVILLE 700 SOUTH ENGLISH STATION RD, LOUISVILLE, KY 40245	61-0907309	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(63) IVY TECH COMMUNITY COLLEGE OF INDIANA 50 WEST FALL CREEK PARKWAY NORTH DR, INDIANAPOLIS, IN 46208	35-1180631	GOVERNMENT	150,000				BENEFIT THE MADISON, INDIANA COMMUNITY BY ADDRESSING NURSING WORKFORCE NEEDS

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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.
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LOUISVILLE SPORTS COMMISSION 401 WEST MAIN ST STE 2200, LOUISVILLE, KY 40202
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LEADERSHIP LOUISVILLE FDTN INC 711 WEST MAIN ST UNIT AA, LOUISVILLE, KY 40202-2657
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ONEWEST CORP: SUPPORTS, CONNECTS, AND UPLIFTS NEIGHBORHOOD RESIDENTS BY INVOLVING THEM DIRECTLY IN THE WEST END'S COMMERCIAL RENAISSANCE
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CATHOLIC EDUC. FOUNDATION INC: PRIMARY PURPOSE OF SUPPORTING THE GROWTH AND VITALITY OF CATHOLIC PARISHES AND SCHOOLS IN THE ARCHDIOCESE OF LOUISVILLE, KENTUCKY
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LOUISVILLE SPORTS COMMISSION: PROMOTING HEALTHY LIFESTYLES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE HEALING PLACE: SUPPORTING HOMELESS SHELTER FOR MEN AND WOMEN
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LOUISVILLE BALLET: SUPPORTING THE DEVELOPMENT AND EDUCATION AND QUALITY OF LIFE THROUGH THE ARTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LOUISVILLE DOWNTOWN PARTNERSHIP: SUPPORTING SAFETY, CLEANLIER AND SAFETY PROGRAMS FOR THE DOWNTOWN LOUISVILLE AREA REDEVELOPMENT AND PLANNING FOR DOWNTOWN DISTRICT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN RED CROSS: SUPPORT RED CROSS EFFORTS OF EMERGENCY ASSISTANCE, DISASTER RELIEF AND EDUCATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WHAS CRUSADE FOR CHILDREN: CORPORATE GIFT FROM COMBINED GIVING CAMPAIGN/ SUPPORTING CHILDREN WITH SPECIAL NEEDS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	VOLUNTEERS OF AMERICA: PROVIDE AFFORDABLE HOUSING AND OTHER ASSISTANCE TO LOW INCOME FAMILIES
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LEADERSHIP LOUISVILLE FDTN INC: SUPPORT FOR LEADERSHIP DEVELOPMENT PROGRAM
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HABITAT FOR HUMANITY METRO LOUISVILLE: FUNDING FOR A HOME BUILD PROJECT
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	EMPLOYEE EMERGENCY RELIEF FUNDS TO EMPLOYEES IN NEED OF ASSISTANCE DUE TO EXTRAORDINARY CIRCUMSTANCES

**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

2023

Open to Public Inspection

Employer identification number

61-1028725

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	✓	
<p>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?</p>	✓	
<p>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.</p> <p> <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 </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	✓	
	✓	
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>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</p>	✓	
<p>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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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	(i)	1,548,059	816,092	704,388	378,897	38,209	3,485,645	117,699
	PRESIDENT & CEO/TRUSTEE	(ii)	0	0	0	0	0	0	0
2	MICHAEL W. GOUGH	(i)	1,046,012	510,862	266,134	260,502	28,330	2,111,840	0
	EXEC VP AND COO	(ii)	0	0	0	0	0	0	0
3	STEVEN HESTER, M.D.	(i)	927,324	359,656	149,263	224,574	33,139	1,693,956	101,268
	DIV PRESIDENT PROVIDER OPS & SYS CMO	(ii)	0	0	0	0	0	0	0
4	ADAM KEMPF	(i)	755,209	281,470	105,026	175,860	47,203	1,364,768	63,188
	SR VP, CFO/TREASURER	(ii)	0	0	0	0	0	0	0
5	DOUGLAS WINKELHAKE	(i)	605,432	282,089	120,312	158,600	50,331	1,216,764	73,122
	DIVISION PRESIDENT	(ii)	0	0	0	0	0	0	0
6	ROBERT B. AZAR	(i)	630,680	266,833	124,071	150,278	19,598	1,191,460	0
	SR VP CHIEF LEGAL OFFICER/SECRETARY	(ii)	0	0	0	0	0	0	0
7	STEVE READY	(i)	540,746	243,006	108,671	139,297	45,579	1,077,299	63,972
	SR VP & CIO	(ii)	0	0	0	0	0	0	0
8	JAMES FRAZIER, M.D.	(i)	548,750	149,689	86,888	114,246	30,433	930,006	45,590
	VP MEDICAL AFFAIRS	(ii)	0	0	0	0	0	0	0
9	SCOTT WATKINS	(i)	467,995	200,053	96,208	125,791	32,480	922,527	52,800
	SR VP OPERATIONS	(ii)	0	0	0	0	0	0	0
10	CHARLOTTE IPSAN	(i)	0	0	0	0	0	0	0
	SENIOR VP AND CHIEF HOSPITAL OFFICER	(ii)	479,845	199,803	84,559	123,459	29,650	917,316	37,072
11	GLADYS ABARCA-LOPEZ	(i)	(35,827)	207,466	679,541	35,952	24,251	911,383	61,132
	SR VP CHIEF HR OFFICER	(ii)	0	0	0	0	0	0	0
12	STEVEN HEILMAN, M.D.	(i)	459,036	198,095	93,276	110,709	47,982	909,098	50,618
	SR VP & CHIEF INNOVATION OFFICER	(ii)	0	0	0	0	0	0	0
13	MARY LYNN MEYER	(i)	430,049	189,612	81,150	105,253	19,844	825,908	52,024
	SR VP WCCP/ CDO	(ii)	0	0	0	0	0	0	0
14	KIMBERLY THARP-BARRIE	(i)	418,094	168,727	93,900	103,617	14,608	798,946	0
	SR VP & CNO	(ii)	0	0	0	0	0	0	0
15	JENNIFER EVANS, M.D.	(i)	3,080	113,804	580,776	24,482	19,776	741,918	111,779
	SYS VP WOMEN'S & PEDIATRIC SVC LINE	(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) JIM MEYERS SYS VP REVENUE CYCLE	(i)	389,785	113,410	51,796	81,284	38,824	675,099	36,104
	(ii)	0	0	0	0	0	0	0
(17) JOHN HAMMOND INTERIM VICE PRESIDENT, HUMAN RESOURCES	(i)	390,894	72,829	51,264	89,692	45,367	650,046	0
	(ii)	0	0	0	0	0	0	0
(18) MARK KIRCHER DIVISION VP FINANCE	(i)	321,918	85,891	125,379	72,460	21,523	627,171	30,528
	(ii)	0	0	0	0	0	0	0
(19) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	(i)	368,685	106,317	53,709	74,818	21,683	625,212	38,400
	(ii)	0	0	0	0	0	0	0
(20) KATHLEEN EXLINE SYS VP PERF EXCEL & CARE CONTINIUM	(i)	341,270	106,414	68,719	70,743	23,191	610,337	39,892
	(ii)	0	0	0	0	0	0	0
(21) STEPHEN WYATT, M.D. CHIEF RESEARCH EXECUTIVE	(i)	430,465	94,956	46,533	27,813	2,360	602,127	0
	(ii)	0	0	0	0	0	0	0
(22) MARK MOUSSETTE SYS VP IT OPERATIONS AND DEVELOPMENT	(i)	316,817	124,239	45,868	67,269	28,242	582,435	30,417
	(ii)	0	0	0	0	0	0	0
(23) ANDREW MCCARTHY SYS VP FACILITIES MANAGEMENT	(i)	333,431	97,500	49,469	68,004	30,341	578,745	33,052
	(ii)	0	0	0	0	0	0	0
(24) BYRON LEWIS SYS VP HEALTH POLICY	(i)	358,979	33,853	83,578	67,855	29,343	573,608	40,920
	(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
<p>SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT</p>	<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 2023:</p> <p>RUSSELL F. COX MICHAEL G. GOUGH ROBERT B. AZAR ADAM KEMPF STEVE HESTER SCOTT WATKINS STEVE READY JAMES FRAZIER STEVE HEILMAN SHELLY GAST DOUGLAS WINKLEHAKE JENNIFER EVANS KATHLEEN EXLINE MARK KIRCHER KIMBERLY THARP-BARRIE JIM MEYERS BYRON LEWIS ANDREW MCCARTHY MARK MOUSSETTE MARY LYNN MEYER</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>SEVERANCE PAYMENT WAS RECEIVED DURING 2023 KEY EMPLOYEE, GLADYS ABARCA-LOPEZ IN THE AMOUNT OF \$509,746. OTHER COMPENSATION INCLUDED IN SCHEDULE J COLUMN B(III)</p> <p>SEVERANCE PAYMENT WAS RECEIVED DURING 2023 HIGHEST COMPENSATED EMPLOYEE, JENNIFER EVANS IN THE AMOUNT OF \$394,330. OTHER COMPENSATION INCLUDED IN SCHEDULE J COLUMN B(III)</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<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 - \$345,765 MICHAEL W. GOUGH - \$228,527 ROBERT AZAR - \$127,409 ADAM KEMPF - \$153,943 STEVEN HESTER - \$193,899 SCOTT WATKINS - \$92,427 GLADYS ABARCA-LOPEZ - \$19,452 DOUGLAS WINKELHAKE - \$124,303 CHARLOTTE IPSAN - \$94,302 STEVE READY - \$108,848 KIMBERLY THARP-BARRIE - \$79,329 JAMES FRAZIER - \$93,987 STEVEN HEILMAN - \$90,429 SHELLY GAST - \$54,452 KATHLEEN EXLINE - \$50,149 MARK KIRCHER - \$49,554 JIM MEYERS - \$59,096 JENNIFER EVANS - \$12,714 BYRON LEWIS - \$51,355 STEPHEN WYATT - \$11,313 MARY LYNN MEYER - \$79,181 ANDREW MCCARTHY - \$48,204 MARK MOUSSETTE - \$46,390</p> <p>THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2023 AND CAN BE COMPRISED OF CURRENT AND OR PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS.</p> <p>NAME - PAYMENT RECEIVED RUSSELL F. COX - \$283,857 MICHAEL W. GOUGH - \$114,222 ROBERT AZAR - \$68,880 ADAM KEMPF - \$63,188 STEVEN HESTER - \$101,942 SCOTT WATKINS - \$52,800 GLADYS ABARCA-LOPEZ - \$133,476 DOUGLAS WINKELHAKE - \$73,122 CHARLOTTE IPSAN - \$37,072 STEVE READY - \$63,972 KIMBERLY THARP-BARRIE - \$46,728 JAMES FRAZIER - \$45,590 STEVEN HEILMAN - \$50,618 SHELLY GAST - \$39,016 KATHLEEN EXLINE - \$40,531 MARK KIRCHER - \$72,207 JIM MEYERS - \$36,683 JENNIFER EVANS - \$160,859 BYRON LEWIS - \$41,576 MARY LYNN MEYER - \$52,858 ANDREW MCCARTHY - \$33,582 MARK MOUSSETTE - \$30,417 STEPHEN WYATT - \$10,963</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>IN 2023, 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

2023

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 GO	32-0049006	54659LAL8	08/10/2011	75,000,000	(SEE STATEMENT)		✓		✓		✓
B LOUISVILLE/JEFFERSON COUNTY METRO GO	32-0049006	54659LAW4	09/26/2013	200,000,887	(SEE STATEMENT)		✓		✓		✓
C LOUISVILLE/JEFFERSON COUNTY METRO GO	32-0049006	54659LBV5	08/11/2016	612,775,838	(SEE STATEMENT)		✓		✓		✓
D LOUISVILLE/JEFFERSON COUNTY METRO GO	32-0049006	000000000	08/11/2016	100,075,000	(SEE STATEMENT)		✓		✓		✓

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	10,470,000		154,580,000		39,365,000		100,075,000	
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		4,580,985		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) 2023

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	2.08 %		0.84 %		0.73 %		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	2.08 %		0.84 %		0.73 %		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								
3 Is the bond issue a variable rate issue?	✓		✓			✓	✓	

Part IV Arbitrage (continued)

	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?	✓		✓		✓		✓	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	✓		✓		✓		✓	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

**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

2023

**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 GO	32-0049006	54659LCE2	03/10/2020	478,988,828	(SEE STATEMENT)		✓		✓		✓
B INDIANA FINANCE AUTHORITY	35-1602316	000000000	03/03/2022	82,810,000	(SEE STATEMENT)		✓		✓		✓
C LOUISVILLE/JEFFERSON COUNTY METRO GO	32-0049006	54659LDB7	08/03/2023	285,869,774	(SEE STATEMENT)		✓		✓		✓
D LOUISVILLE/JEFFERSON COUNTY METRO GO	32-0049006	54659LDE1	08/03/2023	166,135,000	(SEE STATEMENT)						

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		125,000,000		9,715,000		0		0
2 Amount of bonds legally defeased		0		0		0		0
3 Total proceeds of issue		479,492,394		82,810,000		288,519,429		167,504,786
4 Gross proceeds in reserve funds		0		0		0		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		0		0		0		0
7 Issuance costs from proceeds		0		586,527		1,290,924		307,548
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		35,022,965		0		1,358,731		0
10 Capital expenditures from proceeds		444,469,429		0		0		138,385,680
11 Other spent proceeds				82,223,473		285,869,774		0
12 Other unspent proceeds				0		0		28,811,558
13 Year of substantial completion		2023		2022				
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) 2023

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	0.89 %		0.00 %		0.00 %		1.00 %	
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	0.89 %		0.00 %		0.00 %		1.00 %	
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								
3 Is the bond issue a variable rate issue?		✓		✓	✓		✓	

Part IV Arbitrage *(continued)*

	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					(SEE STATEMENT)			
c Term of GIC					12.4			
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?	✓		✓		✓		✓	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	✓		✓		✓		✓	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

(SEE STATEMENT)

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME - ROW F	ROW F: 2022 BOND ISSUE - THE BONDS ARE BEING ISSUED TO (I) ACQUIRE AN ACUTE CARE HOSPITAL AND A COMMUNITY AND MEDICAL ARTS CENTER LOCATED IN MADISON, INDIANA (THE "PROJECT") VIA THE REFINANCING OF ALL OF THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2010 (THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES) (THE "REFINANCED BONDS"), WHICH WERE USED FOR THE PURPOSE OF FINANCING COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF THE PROJECT ON BEHALF OF NORTON-KING'S DAUGHTERS' HEALTH, INC. (FORMERLY, THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON, INDIANA, INC.), A NONPROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF INDIANA ("KDH"), AND (II) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS BY THE ISSUER.
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 I, COLUMN (F) - DESCRIPTION OF PURPOSE - ROW G	2023A/B BONDS. THE BONDS ARE BEING ISSUED TO (I) REFUND ON A CURRENT BASIS ALL OF THE ISSUER'S HEALTH SYSTEM REVENUE BONDS, SERIES 2013A (NORTON HEALTHCARE, INC.) (THE "SERIES 2013A BONDS"), CURRENTLY OUTSTANDING IN THE AGGREGATE PRINCIPAL AMOUNT OF \$154,580,000, (II) REFUND ON A CURRENT BASIS ALL OF THE ISSUER'S HEALTH SYSTEM REVENUE BONDS (NORTON HEALTHCARE, INC.), SERIES 2020B (THE "SERIES 2020B BONDS" AND TOGETHER WITH THE SERIES 2013A BONDS, THE "PRIOR BONDS"), CURRENTLY OUTSTANDING IN THE AGGREGATE PRINCIPAL AMOUNT OF \$125,000,000, AND (III) PAY CERTAIN COSTS OF ISSUING THE BONDS.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ROW H	THE 2023CD BONDS ARE BEING USED TO PAY OR REIMBURSE THE OBLIGATED GROUP MEMBERS AND/OR THEIR AFFILIATES FOR THE COSTS OF THE ACQUISITION, CONSTRUCTION, IMPROVEMENT, RENOVATION AND EQUIPPING OF HOSPITAL AND OTHER HEALTH CARE AND SUPPORT FACILITIES OWNED AND/OR OPERATED BY THE OBLIGATED GROUP MEMBERS AND THEIR AFFILIATES, INCLUDING BUT NOT LIMITED TO, THE CONSTRUCTION OF THE NORTON WEST LOUISVILLE HOSPITAL, THE PURCHASE OR RENOVATION OF MEDICAL OFFICE AND ADMINISTRATIVE BUILDINGS, THE COSTS OF INFORMATION TECHNOLOGY SOFTWARE INTEGRATION, RENOVATIONS AND EXPANSIONS OF THE SYSTEM'S LOUISVILLE AREA AMBULATORY CARE SITES, AND THE PURCHASE OF CERTAIN HOSPITAL EQUIPMENT.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: INDIANA FINANCE AUTHORITY	SEE SUPPLEMENTAL INFORMATION
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SEE SUPPLEMENTAL INFORMATION
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SEE SUPPLEMENTAL INFORMATION

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SEE SUPPLEMENTAL INFORMATION
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SEE SUPPLEMENTAL INFORMATION
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SEE SUPPLEMENTAL INFORMATION
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SEE SUPPLEMENTAL INFORMATION
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	SEE SUPPLEMENTAL INFORMATION
SCHEDULE K, PART I, COLUMN (F) - THE AMOUNT OF EXPENDITURES DOES NOT MATCH THE ISSUE PRICE	COLUMN F: 2022 BOND ISSUE - DIFFERENCE BETWEEN SERIES 2022 ISSUE PRICE (ISSUE DATE 3/3/22) IN PART I, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 DOES NOT EQUAL ISSUANCE COSTS FROM PROCEEDS PART II, LINE 7, PLUS CAPITAL EXPENDITURES FROM PROCEEDS, PART II, LINE 10 BECAUSE OTHER SPENT PROCEEDS, PART II, LINE 11 WERE USED TO REFINANCE ALL OF THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2010 (THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES) (THE "REFINANCED BONDS") IN PART II, LINE 11.
SCHEDULE K, PART II, LINE 1 - 2013A BOND ISSUANCE REFUNDING	COLUMN B: WITH THE ISSUANCE OF THE 2023A BOND ISSUANCE THE 2013A BONDS WERE REFUNDED IN FULL FOR AN ORIGINAL ISSUANCE PRICE OF \$154,580,000
SCHEDULE K, PART II, LINE 1 - 2016C BONDS PAID IN FULL	COLUMN D: DURING JUNE 2023 THE 2016C BOND ISSUANCE WAS PAID IN FULL FOR AN ORIGINAL ISSUE PRICE OF \$68,730,000. DURING OCTOBER 2021 THE 2016B BOND ISSUANCE WAS PAID IN FULL FOR AN ORIGINAL ISSUE PRICE OF \$31,345,000.
SCHEDULE K, PART II, LINE 1 - 2020B PUT BOND REFUNDING	COLUMN E: WITH THE ISSUANCE OF THE 2023B BOND ISSUANCE THE 2020B THREE YEAR PUT BONDS WERE REFUNDED FOR AN ORIGINAL ISSUANCE PRICE OF \$125,000,000
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 A: 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.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN C: 2023A/B BOND ISSUES - DIFFERENCE BETWEEN SERIES 2023A/B ISSUE PRICE (ISSUE DATE 8/3/23) 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 D: 2023C/D BOND ISSUES - DIFFERENCE BETWEEN SERIES 2023C/D ISSUE PRICE (ISSUE DATE 8/3/23) 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 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.

Return Reference - Identifier	Explanation
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 0% 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 09/26/2023
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.
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 K, PART IV, COLUMN (C) - LINE 5B	THE TORONTO-DOMINION BANK

**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

2023

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) 2023

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	\$80,032	COMPENSATION		✓
(2) HENRY WINKELHAKE	FAMILY MEMBER OF DOUG WINKELHAKE, KEY EMPLOYEE	\$62,454	COMPENSATION		✓
(3) DEBBIE HALL	FAMILY MEMBER OF ADAM KEMPF, OFFICER	\$21,005	COMPENSATION		✓
(4) CINDY DIGENOVA	FAMILY MEMBER OF SHELLEY GAST, KEY EMPLOYEE	\$176,619	COMPENSATION		✓
(5) CRAIG KIRCHER	FAMILY MEMBER OF MARK KIRCHER, KEY EMPLOYEE	\$55,874	COMPENSATION		✓
(6) KAYCEE NICKELL	FAMILY MEMBER OF KIMBERLY THARP-BARRIE, KEY EMPLOYEE	\$197,161	COMPENSATION		✓
(7) BRANDON FREIBERGER	FAMILY MEMBER OF CHARLOTTE IPSAN, KEY EMPLOYEE	\$126,894	COMPENSATION		✓
(8) JEFFREY NICKELL	FAMILY MEMBER OF KIMBERLY THARP-BARRIE, KEY EMPLOYEE	\$82,710	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

2023

Open to Public Inspection

Name of the Organization
NORTON HEALTHCARE, INC.

Employer Identification Number
61-1028725

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT #1</p>	<p>(CONTINUED FROM PART III, LINE 4A)</p> <p>CLARK IS A 236-BED ACUTE CARE FACILITY LOCATED ON A 22-ACRE CAMPUS THAT ALSO INCLUDES TWO MEDICAL OFFICE BUILDINGS AND AN OUTPATIENT SURGERY CENTER. SCOTT IS A 25-BED CRITICAL ACCESS HOSPITAL WITH A 24-HOUR PHYSICIAN-STAFFED EMERGENCY DEPARTMENT AND A COMPREHENSIVE LIST OF INPATIENT AND OUTPATIENT SERVICES.</p> <p>IN 2023, NHC, THROUGH ITS AFFILIATES, NORTON HOSPITALS INC. AND NORTON HEALTHCARE - INDIANA INC., HAD A TOTAL OF 2,254 LICENSED BEDS: NORTON AUDUBON HOSPITAL (AUDUBON), 432 BEDS; NORTON BROWNSBORO HOSPITAL (NBH), 197 BEDS; NORTON CHILDREN'S HOSPITAL (NCH), 300 BEDS; NORTON HOSPITAL (NORTON), 605 BEDS; NORTON WOMEN'S & CHILDREN'S HOSPITAL, (NWCH) 373 BEDS; NKDH, 86 BEDS; CLARK, 236 BEDS; SCOTT, 25 BEDS. THESE EIGHT HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK. NORTON PHARMACIES PLLC, A DISREGARDED ENTITY OF NHC, OPERATES FIVE RETAIL PHARMACIES AND ONE SPECIALTY PHARMACY THAT DISPENSE MEDICATIONS FOR THE CONVENIENCE OF NORTON HEALTHCARE'S PATIENTS AND EMPLOYEES.</p> <p>IN 2023, NHC, THROUGH ITS AFFILIATE, COMMUNITY MEDICAL ASSOCIATES INC. (CMA), HAD APPROXIMATELY 3.3 MILLION PATIENT ENCOUNTERS. NHC'S HOSPITALS, DIAGNOSTIC CENTERS AND NORTON CANCER INSTITUTE (NCI) SERVED 71,897 INPATIENTS AND 796,514 OUTPATIENTS, AND SAW 291,491 EMERGENCY ROOM VISITS. IN ADDITION, NHC HOSPITALS' OPERATING ROOMS CARED FOR 18,118 INPATIENT SURGICAL PATIENTS AND 45,291 OUTPATIENT SURGICAL PATIENTS. ADDITIONALLY, 9,092 BABIES WERE DELIVERED AT NHC BIRTHING FACILITIES.</p> <p>NHC'S COMMITMENT TO THE COMMUNITY</p> <p>NHC IS COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY AND PROVIDES FUNDING FOR A WIDE ARRAY OF LIFESAVING AND LIFE-ENHANCING SERVICES THAT BENEFIT THE COMMUNITIES WE SERVE. IN 2023, UNDER ITS CHARITY CARE PROGRAM, NHC PROVIDED FREE CARE TO 4,407 PATIENTS AT A COST OF \$21.1 MILLION. NHC ALSO 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, 6,812 PATIENTS WERE PROVIDED CARE AT DISCOUNTED RATES. ANOTHER CONTRIBUTION TO THE COMMUNITY WAS EDUCATIONAL SUPPORT OF \$76.1 MILLION, PRIMARILY TO THE UNIVERSITY OF LOUISVILLE (UOFL) SCHOOL OF MEDICINE. COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED \$48.0 MILLION AND CONTRIBUTIONS TO COMMUNITY GROUPS WERE \$2.3 MILLION.</p> <p>NHC EMPLOYEES DONATED MORE THAN 211,000 HOURS OF COMMUNITY SERVICE, A BENEFIT VALUED AT MORE THAN \$1.5 MILLION IN SALARIES. IN ADDITION, MANY EMPLOYEES SELF-REPORTED PERSONAL VOLUNTEER ACTIVITIES.</p> <p>NHC PROVIDES PROGRAMMATIC SUPPORT TO THE UOFL SCHOOL OF MEDICINE THROUGH FUNDING AND FACILITIES. DURING THE 2023 CALENDAR YEAR, 206 RESIDENTS COMPLETED CLINICAL ROTATIONS IN 53 SPECIALTIES AT NHC FACILITIES. RESIDENCY PROGRAMS ARE PART OF THE \$76.1 MILLION IN EDUCATIONAL SUPPORT AND CLINICAL FUNDING PROVIDED TO THE MEDICAL SCHOOL.</p> <p>CONTRIBUTIONS TO THE COMMUNITY</p> <p>NHC EMPLOYEES AND PHYSICIANS GAVE NEARLY \$844,249.20 IN THE 2023-2024 COMBINED GIVING CAMPAIGN TO HELP SUPPORT NONPROFIT 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 THE CHILDREN'S HOSPITAL FOUNDATION, INC. (CHF) AND NORTON HEALTHCARE FOUNDATION (NHF).</p> <p>IN 2023, 68 EMPLOYEES HELPED "RAISE THE ROOF" ON NHC'S 18TH HABITAT FOR HUMANITY HOME AT 6421 HACKEL DR. IN LOUISVILLE, KENTUCKY.</p> <p>IN 2023, AN ESTIMATED 1,650 NHC EMPLOYEES DONATED TIME AND FUNDS TO PLAN, PURCHASE AND DELIVER GIFTS, FOOD AND CLOTHING FOR THE CARING TREE PROGRAM. THE PROGRAM ASSISTED 840 EMPLOYEES AND THEIR 1,789 CHILDREN BY PROVIDING FOR THEIR FAMILIES AT CHRISTMAS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT #2</p>	<p>NHC DONATED 210 SYRINGE PUMPS TO SMITHS MEDICAL (SMITH'S) IN 2023. SMITH'S IS A LEADING GLOBAL MANUFACTURER OF SPECIALTY MEDICAL DEVICES THAT PROVIDES INNOVATIVE AND LIFESAVING SOLUTIONS FOR THE WORLD'S HEALTH CARE MARKETS. THE COMPANY SPECIALIZES IN INFUSION THERAPY, VASCULAR ACCESS AND VITAL CARE. ADDITIONALLY, NHC DONATED 18 VENTILATORS AND ONE ANESTHESIA MACHINE.</p> <p>THE INSTITUTE FOR HEALTH EQUITY (IHE), A PART OF NHC WAS FORMED IN 2020 TO ADDRESS HEALTH AND RACIAL INEQUITIES IN OUR COMMUNITY. IHE'S MAIN OFFICE, LOCATED IN THE VILLAGE @ WEST JEFFERSON IN THE RUSSELL NEIGHBORHOOD OF WEST LOUISVILLE, PROVIDES COMMUNITY MEETING SPACES FOR MENTAL HEALTH SERVICES, SUPPORT FOR CHRONIC DISEASE MANAGEMENT, AND ACCESS TO PREVENTION AND WELLNESS RESOURCES. NHC'S COMMUNITY MEDICAL DIRECTORS, ALL PRACTICING PHYSICIANS, ARE ROOTED WITHIN IHE TO PROVIDE SERVICES AND HEALTH EDUCATION IN COMMUNITIES AND NEIGHBORHOODS WITH THE LARGEST NEEDS. THE IHE ALSO SERVES AS A RESOURCE FOR PHYSICIANS AND OTHER CAREGIVERS BY STRENGTHENING KNOWLEDGE OF SOCIAL DRIVERS OF HEALTH INEQUITY AND ADVOCATING FOR POLICY CHANGES TO IMPROVE SOCIAL DETERMINANTS OF HEALTH FOR UNDERSERVED POPULATIONS.</p> <p>NORTON WEST LOUISVILLE HOSPITAL, OPENING IN LATE 2024, WILL OFFER COMPREHENSIVE SERVICES, INCLUDING ADULT AND PEDIATRIC PRIMARY CARE PHYSICIAN OFFICES, EMERGENCY ROOM SERVICES, INPATIENT SERVICES AND OUTPATIENT FUNCTIONS. IMAGING SERVICES, INCLUDING X-RAYS AND CT SCANS, WILL BE AVAILABLE, ALONG WITH SPECIALTY SERVICES SUCH AS WOMEN'S HEALTH, CARDIOLOGY, NEUROLOGY AND ENDOCRINOLOGY. SOME PHYSICIAN OFFICES WILL OFFER EVENING HOURS. THIS HOSPITAL, THE FIRST TO BE BUILT IN WEST LOUISVILLE IN MORE THAN 150 YEARS, WILL BE UNLIKE ANY OTHER MEDICAL FACILITY IN THAT COMMUNITY AND WILL CREATE MORE THAN 200 NEW JOBS.</p> <p>THE NEW HOSPITAL IS PART OF THE NHC GOODWILL OPPORTUNITY CAMPUS, A \$100 MILLION INVESTMENT IN WEST LOUISVILLE THAT WILL BRING A COLLECTION OF LIFE-ENHANCING PROGRAMS AND SERVICES TO ONE OF KENTUCKY'S MOST UNDERSERVED COMMUNITIES. THE PROJECT WAS ANNOUNCED ON FEB. 23, 2022, BY NHC, GOODWILL KENTUCKY AND KENTUCKY GOV. ANDY BESHEAR. THE GROUNDBREAKING CEREMONY FOR THE CAMPUS TOOK PLACE ON JUNE 28, 2022.</p> <p>COMMUNITY EDUCATION AND WORKFORCE DEVELOPMENT</p> <p>AS ONE OF KENTUCKY'S LARGEST HEALTH CARE SYSTEMS, NHC HAS ESTABLISHED A CULTURE OF CONTINUAL, LIFELONG LEARNING. OPPORTUNITIES ARE AVAILABLE THROUGH OUR HUMAN RESOURCES DEPARTMENT'S WORKFORCE DEVELOPMENT (WORKFORCE DEVELOPMENT) TEAM AND OUR NHC INSTITUTE FOR EDUCATION & DEVELOPMENT (IED).</p> <p>THE WORKFORCE DEVELOPMENT TEAM 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. NHC ENCOURAGES AND SUPPORTS THE CAREER GOALS OF EMPLOYEES AND THEIR DEPENDENTS BY PROVIDING TUITION 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 2023, WORKFORCE DEVELOPMENT FINANCIALLY SUPPORTED NEARLY 950 STUDENTS WITH OVER \$7.6 MILLION IN EDUCATIONAL ASSISTANCE PROGRAMS.</p> <p>*IN 2023, THE WORKFORCE DEVELOPMENT TEAM PROVIDED NEARLY 1,700 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 NHC SCHOLARS PROGRAM, A STUDENT LOAN PROGRAM FOR EMPLOYEES AND NONEMPLOYEES, PROVIDES EDUCATIONAL FUNDING TO STUDENTS INTERESTED IN PURSUING HEALTH CARE-RELATED DEGREES IN KEY AREAS OF WORKFORCE NEED. IT IS AN AFFILIATION BETWEEN NHC AND OVER 100 COLLEGES AND UNIVERSITIES NATIONALLY. SINCE 2014, THIS PROGRAM HAS ASSISTED MORE THAN 1,200 GRADUATES CONTINUE THEIR CAREERS WITH NHC.</p> <p>*THE STUDENT NURSE APPRENTICESHIP PROGRAM (SNAP) IS A 12- TO 18-MONTH APPRENTICE MODEL LET BY NHC CENTER FOR NURSING PRACTICE, A PART OF IED. STUDENT NURSES IN THE PROGRAM ENGAGE IN HANDS-ON LEARNING WITH AN EXPERIENCED NURSE WHILE LIVING THE MISSION OF NHC.</p> <p>*STARTING IN 2018, NHC WAS ONE OF THE FOUNDING PARTNERS AND CONTINUING THROUGH 2023 PARTICIPATES IN THE JEFFERSON COUNTY PUBLIC SCHOOLS' (JCPS) ACADEMIES OF LOUISVILLE, A STRATEGIC PIPELINE DEVELOPMENT PROGRAM ESTABLISHED IN CONJUNCTION WITH THE LOCAL PUBLIC SCHOOL SYSTEM. JCPS CREATED AN ACADEMY MODEL IN WHICH STUDENTS HAVE THE OPPORTUNITY TO SELECT CAREER-FOCUSED EDUCATION AND EARN INDUSTRY-RECOGNIZED CREDENTIALS WHILE IN HIGH SCHOOL. NHC TRANSFORMED ITS SUMMER PROGRAM AND PREVIOUS HIGH SCHOOL SCHOLARSHIP OFFERINGS INTO A COMPREHENSIVE INTERNSHIP PROGRAM FOR STUDENTS ON THE HEALTH CARE ACADEMY TRACK.</p> <p>*IN 2019, NHC ANNOUNCED A STRATEGIC PARTNERSHIP PROGRAM THAT IS ONGOING THROUGH 2023 WITH UPS AND ITS METROPOLITAN COLLEGE PROGRAM. NHC-UPS HEALTH CARE CAREER TRACKS PROVIDES A TWO-PLUS-TWO METHOD, SPLITTING A FOUR-YEAR BACHELOR'S DEGREE INTO TWO PARTS.</p> <p>*IN 2019, NHC LAUNCHED AND HAS CONTINUED THROUGH 2023 THE SURGICAL TECHNOLOGIST APPRENTICESHIP PROGRAM AND THE RESPIRATORY THERAPY APPRENTICE PROGRAM THAT ALLOW STUDENTS TO WORK AND LEARN WITH TUITION ASSISTANCE AS THEY GROW THEIR CAREERS WITH NHC. 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 NHC WORKFORCE. SEVERAL APPRENTICESHIP COHORTS RUN THROUGHOUT EACH YEAR INCLUDING 2023.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT #3</p>	<p>*IN 2022, NHC CENTER FOR NURSING PRACTICE (CNP), A PART OF IED, CREATED THE STUDENT HEALTHCARE ASSISTANT EMPLOYMENT OPPORTUNITY. CONTINUING THROUGH 2023 COLLEGE STUDENTS ENROLLED IN A HEALTH CARE DISCIPLINE HAVE THE OPPORTUNITY TO LEARN ABOUT PROVIDING DIRECT PATIENT CARE WHILE ENROLLED IN THEIR ACADEMIC PROGRAM, WITH EMPHASIS ON SCHEDULE FLEXIBILITY AND CLINICAL EXPERIENCE.</p> <p>IED PROVIDES LEARNING OPPORTUNITIES TO ENHANCE THE PROFESSIONAL AND PERSONAL ASPECTS OF STUDENT AND EMPLOYEE GROWTH. IT CONSISTS OF EIGHT CENTERS: ACADEMIC & SCHOLARLY AFFAIRS, ALLIED HEALTH EDUCATION, CONTINUING MEDICAL EDUCATION, ELEARNING & CLINICAL DOCUMENTATION SUPPORT, NURSING PRACTICE, PHILANTHROPY, PROFESSIONAL GROWTH AND SYSTEM NURSING & ANCILLARY EDUCATION. OFFERINGS INCLUDE GENERAL ENRICHMENT COURSES, PERSONAL AND PROFESSIONAL DEVELOPMENT AND FORMAL PROGRAMMING, ALL WHILE HONORING NHC'S COMMITMENT TO LIFELONG LEARNING. A VARIETY OF ONLINE, HYBRID AND INSTRUCTOR-LED SESSIONS CREATE A UNIQUE LEARNING ENVIRONMENT FOR EACH PERSON'S NEEDS. BELOW ARE A FEW HIGHLIGHT EXAMPLES.</p> <p>*AS THE FIRST PRELICENSURE REGISTERED NURSE APPRENTICESHIP PROGRAM IN KENTUCKY, AND THE FIRST OF ITS KIND IN THE UNITED STATES, SNAP IS A 12- TO 18-MONTH HYBRID READINESS FOR NURSING PRACTICE PROGRAM DEVELOPED AND LED BY THE CENTER FOR NURSING PRACTICE. SYSTEM-EMPLOYED STUDENT NURSES ENGAGE IN CLINICAL AND HUMAN SKILLS DEVELOPMENT THROUGH THREE TIERS: CULTURE, CLINICAL AND CONFIDENCE. GRADUATES OF SNAP RETAIN AS NHC NURSES AT 90%, WITH FIRST-YEAR REGISTERED NURSE RETENTION AT 92%. OF SIX COMPLETE COHORTS, 27 SNAP GRADUATES WERE PROMOTED TO FORMAL NHC LEADERSHIP POSITIONS. FROM SNAP'S INCEPTION IN 2017, TO THE END OF COHORT 6 IN 2023, SNAP PREVENTED \$39+ MILLION IN FIRST-YEAR REGISTERED NURSE TURNOVER COSTS, DECREASED REGISTERED NURSE NEW GRADUATE ORIENTATION LENGTH ON AVERAGE TWO TO THREE WEEKS, AND CREATED A RECRUITMENT PIPELINE FOR NHC NURSES.</p> <p>*CONSISTENCY, EASE OF USE AND SYSTEM SUPPORT DROVE THE 2020 DECISION TO STREAMLINE ALL NHC UNDERGRADUATE NURSING AND PARAMEDIC CLINICAL PLACEMENTS TO THE CNP. GROUP AND INDIVIDUAL LEARNING OPPORTUNITIES ARE FACILITATED BY THE SCHOOLS OF NURSING TEAM. ON AVERAGE, THIS TEAM SUPPORTS 800+ STUDENT ENCOUNTERS PER WEEK, SIX HOSPITAL LOCATIONS, 50+ AMBULATORY LOCATIONS, 21 ACADEMIC INSTITUTIONS, TWO ACADEMIC-PRACTICE PARTNERSHIPS, JOINT AND DUAL EMPLOYEE CLINICAL INSTRUCTOR APPOINTMENTS, AND DEDICATED EDUCATION UNITS. FROM ONE ACADEMIC-PRACTICE PARTNERSHIP ALONE, A 16.2% INCREASE WAS GAINED IN STUDENT GRADUATES TO NHC REGISTERED NURSE POSITION ACCEPTANCE.</p> <p>*IN 2023, THE CNP CREATED THE STUDENT HEALTHCARE ASSISTANT EMPLOYMENT OPPORTUNITY. SYSTEM-EMPLOYED STUDENTS WHO ARE ENROLLED IN A COLLEGIATE HEALTH CARE DISCIPLINE TRACK LEVERAGE A CORE SET OF COMPETENCIES TO PROVIDE PATIENT CARE WITHIN NHC HOSPITALS. SPANNING 13 HEALTH CARE DISCIPLINES, THE ROLE HIGHLIGHTS SCHEDULE FLEXIBILITY, PROFESSIONAL ACCOUNTABILITY AND CLINICAL COMPETENCY, ALL WHILE DIRECTLY SUPPORTING OUR PATIENT CARE NEEDS. IN THE FIRST FIVE MONTHS OF 2024, STUDENT HEALTHCARE ASSISTANTS AVERAGED 51 FTE PER MONTH IN PATIENT CARE SUPPORT FOR SIX OF OUR NHC HOSPITALS. FOR RETENTION, 71% OF ELIGIBLE STUDENT HEALTHCARE ASSISTANT GRADUATES TRANSITION TO NHC CAREER POSITIONS.</p> <p>NORTON FAITH & HEALTH MINISTRIES</p> <p>NORTON FAITH & HEALTH MINISTRIES (NHFM) PARTNERS WITH FAITH COMMUNITIES TO WEAVE TOGETHER HEALTH AND WELLNESS PROMOTION WITH INTENTIONAL CARE OF THE SPIRIT. MENTORING, EDUCATIONAL RESOURCES AND NETWORKING OPPORTUNITIES ARE PROVIDED TO ASSIST HEALTH MINISTRY COORDINATORS AND FAITH COMMUNITY NURSES IN THEIR MINISTRY. IN 2023, NHFM CELEBRATED 20 YEARS OF SERVICE AND ENGAGED IN 152 EVENTS WITH FAITH PARTNERS. INITIATIVES INCLUDED, BUT WERE NOT LIMITED TO:</p> <ul style="list-style-type: none"> *PROMOTING WHOLE-PERSON HEALTH AND WELLNESS, PROVIDING HEALTH EDUCATION TOOLS, OFFERING HEALTH SCREENINGS AND PROVIDING ONE-ON-ONE HEALTH MINISTRY MENTORING. *COORDINATING AN ANNUAL FAITH LEADER CONFERENCE CALLED 'RESOURCES FOR FAITH LEADERS: CONSIDERATIONS FOLLOWING TRAUMA'. *SPONSORING HEALTH MINISTRY NETWORKING PROGRAMS ON HEALTH EDUCATION DISPLAYS, SUPPORT FOR THOSE WITH CANCER AND HOLDING A SPECIAL BLESSING SERVICE FOR FAITH PARTNERS. *PARTNERING WITH THE KENTUCKY HEART DISEASE AND STROKE PREVENTION TASK FORCE TO PROVIDE CARDIOVASCULAR ASSESSMENTS, RISK-REDUCTION INFORMATION AND EDUCATION ON THE BLOOD PRESSURE AWARENESS PROGRAM. <p>NHFM CONTINUED TO SERVE AS A TRUSTED SOURCE FOR HEALTH AND WELLNESS INFORMATION BY COORDINATING SUBJECT MATTER EXPERTS AND SPEAKERS FOR A VARIETY OF HEALTH TOPICS. IT ALSO DISTRIBUTED ELECTRONIC CORRESPONDENCE TO A NETWORK OF HEALTH MINISTRIES, A NEWSLETTER TO 1,400 SUBSCRIBERS, AND MULTIPLE ISSUES OF THE "HEALTH MINISTRIES CONNECTION" NEWSLETTER TO FAITH COMMUNITIES, NHC EMPLOYEES AND MORE.</p> <p>PASTORAL CARE DEPARTMENT</p> <p>CHAPLAINS ARE A VITAL PART OF THE HOLISTIC CARE PROVIDED AT NHC. IN 2023, STAFF CHAPLAINS WORKED WITH CHAPLAINS IN TRAINING THROUGH THE CLINICAL PASTORAL EDUCATION PROGRAM, BRINGING COMFORT AND HOPE TO NHC PATIENTS, FAMILIES AND STAFF 24 HOURS A DAY, 7 DAYS A WEEK.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT #4</p>	<p>THE LARGEST GROWTH AREA FOR THE CHAPLAINS WAS IN THE OUTPATIENT SERVICES AREAS AS ONE OF THE STAFF CHAPLAINS TRAVELED THE REGION TO SUPPORT STAFF, PARTICIPATE IN SUPPORT GROUPS AND OFFER EDUCATION TO PATIENTS AND FAMILIES.</p> <p>CHAPLAIN REFERRALS AND EMPLOYEE RESOURCES CONTINUE TO BE REGULARLY HIGHLIGHTED IN LEADERSHIP COMMUNICATIONS AS CHAPLAINS OFFER CREATIVE WAYS TO HELP STAFF INCREASE RESILIENCE AND FIND MEANING IN THEIR WORK. CHAPLAINS PROVIDED CARE IN NEARLY 29,000 DOCUMENTED PATIENT ENCOUNTERS. IN ADDITION TO SERVING THOUSANDS OF FAMILY MEMBERS. SOME OF THE MANY REASONS CHAPLAINS BECAME INVOLVED IN THE CARE OF PATIENTS AND FAMILIES INCLUDED:</p> <ul style="list-style-type: none"> *GRIEF SUPPORT AND FACILITATION OF DECISION-MAKING AT THE TIME OF DEATH *FAMILY SUPPORT FOR PEDIATRIC TRAUMA PATIENTS *CONVERSATIONS ABOUT END-OF-LIFE DECISIONS AND GOALS OF CARE *EDUCATION ABOUT AND ENACTING ADVANCE DIRECTIVES *OFFERING RELIGIOUS RITUALS AND LITERATURE *DISCUSSING ETHICAL DILEMMAS *PROVIDING COMFORT AND CONVERSATION WITH PATIENTS WHO WERE LONELY, AFRAID, CONFLICTED, STRUGGLING OR CELEBRATING GOOD NEWS <p>CHAPLAINS CARE FOR PEOPLE, REGARDLESS OF THEIR RELIGIOUS OR SPIRITUAL BACKGROUNDS AND BELIEFS, HELPING 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 NHC SYSTEM.</p> <p>NORTON HEART & VASCULAR INSTITUTE</p> <p>NORTON HEART & VASCULAR INSTITUTE (NHVI), A PART OF NHC, IS THE LOUISVILLE AREA'S LEADING CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT PROGRAM. EACH YEAR, NHVI PROVIDES DIAGNOSTIC, MEDICAL, INTERVENTIONAL AND SURGICAL CARE FOR THOUSANDS OF PATIENTS FROM KENTUCKY AND SOUTHERN INDIANA. A TEAM OF SPECIALISTS TREATS PATIENTS AT NHC'S FOUR ADULT ACUTE-CARE HOSPITALS IN LOUISVILLE AND NUMEROUS DIAGNOSTIC OUTPATIENT AND SPECIALTY CENTERS THROUGHOUT GREATER LOUISVILLE. ALL FOUR OF THE HOSPITALS ARE ACCREDITED BY THE AMERICAN COLLEGE OF CARDIOLOGY'S ACCREDITATION SERVICES AS CHEST PAIN CENTERS. THREE OF THEM - AUDUBON, NBH AND NORTON - SERVE AS AMERICAN HEART ASSOCIATION AWARD-WINNING REGIONAL PERCUTANEOUS CORONARY INTERVENTION RECEIVING CENTERS. AUDUBON HAS BEEN RECOGNIZED YEAR AFTER YEAR WITH THE AMERICAN COLLEGE OF CARDIOLOGY'S HEARTCARE CENTER: NATIONAL DISTINCTION OF EXCELLENCE ACCREDITATION. IT IS THE ONLY HOSPITAL IN LOUISVILLE WITH THIS DISTINCTION.</p> <p>NHVI OFFERS A NATIONALLY RECOGNIZED ADVANCED HEART FAILURE AND RECOVERY PROGRAM, WITH EXPERTISE IN THE MANAGEMENT OF END-STAGE HEART FAILURE, MECHANICAL CIRCULATORY SUPPORT IMPLANTATION AND SUPPORT OF PATIENTS WHO REQUIRE HEART TRANSPLANTATION. THE NHVI HEART RHYTHM CENTER PROVIDES STATE-OF-THE-ART MONITORING AND A COMPREHENSIVE SUITE OF TREATMENT OPTIONS FOR ALL TYPES OF HEART ARRHYTHMIAS. OUR EXPERIENCED TEAM OF CARDIOTHORACIC AND VASCULAR SURGEONS PROVIDES SURGICAL CAPABILITIES THAT INCLUDE VENTRICULAR ASSIST DEVICE IMPLANTATION, MINIMALLY INVASIVE TREATMENTS FOR ATRIAL FIBRILLATION, CARDIAC VALVE REPAIR AND REPLACEMENT, AND REPAIR OF LIFE-THREATENING VASCULAR CONDITIONS. VASCULAR SURGEONS TREAT THE SPECTRUM OF ARTERIAL AND VENOUS DISEASE WITH BOTH ENDOVASCULAR AND OPEN SURGICAL PROCEDURES. MORE INFORMATION IS AVAILABLE AT NORTONHEARTANDVASCULARINSTITUTE.COM.</p> <p>NORTON ORTHOPEDIC INSTITUTE</p> <p>NORTON ORTHOPEDIC INSTITUTE (NOI) PROVIDES ADVANCED ORTHOPEDIC CARE FOR ALL BONES AND JOINTS, AND FOR PEOPLE OF ALL AGES. NOI 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. NOI'S HIP AND KNEE REPLACEMENT PROGRAM HAS BEEN CERTIFIED AS AN ORTHOPAEDIC CENTER OF EXCELLENCE BY DNV, 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, NOI OFFERS SEVERAL SPECIALTY CENTERS FOCUSED ON PROVIDING EXPERTISE IN GENERAL ORTHOPEDICS, JOINT REPLACEMENT, INJURIES, TRAUMA, PEDIATRICS, ONCOLOGY, SPINAL CONDITIONS AND SPORTS HEALTH.</p> <p>NORTON WOMEN'S CARE</p> <p>NORTON WOMEN'S CARE (NWC) OFFERS A COMPLETE RANGE OF SERVICES WITH AN EMPHASIS ON CARING FOR THE WHOLE PERSON - MIND, BODY AND SPIRIT. SERVICES FOCUS ON THE HEALTH AND WELLNESS AT ALL STAGES OF LIFE - ADOLESCENCE, PREPREGNANCY, PREGNANCY, MOTHERHOOD, MIDLIFE AND BEYOND. MORE PATIENTS CHOOSE NWC AT NORTON AND NWCH TO DELIVER THEIR BABIES THAN ANY OTHER FACILITY IN THE REGION. SPECIALTY SERVICES INCLUDE FULL GYNECOLOGIC CARE; A PELVIC HEALTH PROGRAM; OBSTETRICS, INCLUDING HIGH-RISK PREGNANCY CARE; RADIO-OBSTETRICS; SUPPORT FROM CERTIFIED NURSE MIDWIVES AND DOULAS; NEWBORN CARE WITH ACCESS TO LEVEL III AND IV NEONATAL INTENSIVE CARE UNITS; CANCER PREVENTION AND TREATMENT, INCLUDING A COMPREHENSIVE BREAST HEALTH PROGRAM; A DEDICATED WOMEN'S HEART AND VASCULAR CARE, EDUCATION AND SUPPORT PROGRAM; A BONE HEALTH PROGRAM ADDRESSING OSTEOPOROSIS, RHEUMATOLOGY AND PREVENTION OF OTHER ORTHOPEDIC DISEASES; AND NORTON WOMEN'S MENTAL HEALTH SERVICES FOR EVALUATION AND TREATMENT OF ISSUES INCLUDING DEPRESSION, PREMENSTRUAL DYSPHORIC DISORDER, INFERTILITY AND MENOPAUSE.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT #5</p>	<p>NWC ALSO OFFERS A VARIETY OF EDUCATIONAL WELLNESS PROGRAMS THROUGH THE MARSHALL WOMEN'S HEALTH & EDUCATION CENTER ON THE NHC - ST. MATTHEWS CAMPUS. MORE INFORMATION IS AVAILABLE AT NORTONWOMENSCARE.COM.</p> <p>IN 2023, NWC BIRTHING FACILITIES AT NORTON, NWCH, NKDH, AND CLARK PROVIDED CARE AND MEDICAL SERVICES FOR 9,092 DELIVERIES. NWC WAS RECOGNIZED AS HIGH PERFORMING IN ADULT MATERNITY CARE (UNCOMPLICATED PREGNANCY) BY U.S. NEWS & WORLD REPORT.</p> <p>NORTON CHILDREN'S PREVENTION & WELLNESS</p> <p>NORTON CHILDREN'S PREVENTION & WELLNESS (NCPW) IS SUPPORTED BY CHF, WHICH RAISES FUNDS EXCLUSIVELY FOR THE NOT-FOR-PROFIT NCH AND ITS SISTER FACILITIES. THROUGH DONATIONS, VOLUNTEERISM AND COMMUNITY SUPPORT, THE FOUNDATION IS ABLE TO PROVIDE FUNDING FOR EQUIPMENT, NEW TECHNOLOGIES, CLINICAL RESEARCH, CHILD ADVOCACY AND HEALTH EDUCATION FOR PATIENTS, FAMILIES, MEDICAL STAFF AND THE COMMUNITY.</p> <p>*CHILD PASSENGER SAFETY TECHNICIANS CHECK CAR AND BOOSTER SEATS AND ALSO PROVIDE CAR AND BOOSTER SEATS AT FREE CHECKUP CLINICS STATEWIDE. IN 2023, 650 VIRTUAL AND IN-PERSON CAR SEAT CHECKS WERE COMPLETED. ADDITIONALLY, 90 NEW CHILD PASSENGER SAFETY TECHNICIANS WERE CERTIFIED ON HOW TO PROPERLY INSTALL CAR SEATS. *MORE THAN 9,500 THIRD AND FOURTH GRADERS ACROSS KENTUCKY LEARNED ABOUT BICYCLE SAFETY THROUGH THE NCH BIKE SAFETY RODEO IN 2023. *THE SAFETY CITY PROGRAM WELCOMED OVER 5,500 SECOND-GRADE STUDENTS TO LEARN ABOUT BIKE AND PEDESTRIAN SAFETY. *IN A VIRTUAL PROGRAM, MORE THAN 6,200 KINDERGARTEN STUDENTS PARTICIPATED IN THE 40TH ANNUAL BUILDING HEALTH SUPERHEROES (RENAMED) EVENT. BUILDING HEALTHY SUPERHEROES IS DESIGNED TO TEACH HEALTHY AND SAFE LIFESTYLE CHOICES FOR CHILDREN. THIS SUPERHERO-THEMED VIRTUAL OPTION PROVIDES TEACHERS WITH RESOURCES TO ADMINISTER THE COURSE, AND STUDENTS GRADUATE AS A "HEALTHY SUPERHERO" AT THE CONCLUSION OF THE CLASS. *NCH FOOD PANTRIES SERVED OVER 23,000 INDIVIDUALS WITH FOOD INSECURITY NEEDS, A MORE THAN 10% INCREASE COMPARED TO 2022. *NCPW PROVIDED ORAL EDUCATION AND SUPPLIES TO OVER 1,500 COMMUNITY MEMBERS. *VIRTUAL CLASSES CONTINUED IN 2023, SERVING OVER 1,000 INDIVIDUALS WITH PREVENTION AND WELLNESS PROGRAMMING. EVENTS INCLUDED COOKING WORKSHOPS, CHILD SAFETY CLASSES AND SAFE GRANDPARENTING CLASSES. *THE NEW SAFETY CARE-A-VAN PROGRAM LAUNCHED AND DISTRIBUTED OVER 500 PIECES OF SAFETY EQUIPMENT AND EDUCATIONAL MATERIALS TO FAMILIES. IN EXCHANGE, OVER 200 SAFETY SURVEYS WERE COLLECTED TO HELP NCPW TAILOR THEIR PROGRAMMING TO COMMUNITY NEED. *THE "JUST FOR KIDS" TRANSPORT TEAM TRANSPORTS BABIES AND CHILDREN FROM ACROSS THE REGION TO NCH. TRANSPORTATION IS PROVIDED BY HELICOPTER AND FIVE SPECIALLY EQUIPPED AMBULANCES KNOWN AS MOBILE INTENSIVE CARE UNITS. IN 2023, 2,904 TRANSPORTATION TRIPS WERE COMPLETED.</p> <p>KENTUCKY POISON CONTROL CENTER OF NCH</p> <p>NCH IS HOME TO THE KENTUCKY POISON CONTROL CENTER (POISON CONTROL). IN 2023, THE CENTER MANAGED NEARLY 40,000 INDIVIDUAL CASES FROM MORE THAN 40,000 CALLS AND PROVIDED ASSISTANCE AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR THROUGH MORE THAN 40,000 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 PRIMARY MISSION OF POISON CONTROL OF NCH IS TO REDUCE ILLNESS AND DEATH FROM POISONING IN KENTUCKY. POISON CONTROL PROVIDES 24/7 FREE AND CONFIDENTIAL ACCESS TO SPECIALLY TRAINED NURSES, PHARMACISTS AND PHYSICIANS WHO ARE CERTIFIED IN TOXICOLOGY. THEY ARE SPECIALISTS IN COMMUNICATING ADVICE TO HEALTH CARE PROFESSIONALS, FIRST RESPONDERS, PATIENTS, PARENTS, FAMILY MEMBERS, THE GENERAL PUBLIC AND THE MEDIA. SOME OF THE MORE COMMON CALLS RECEIVED INVOLVE MEDICATIONS, TOBACCO PRODUCTS, HOUSEHOLD CLEANING PRODUCTS, PLANTS AND PERSONAL CARE ITEMS. CALLS ALSO ARE ANSWERED ABOUT WORK-RELATED EXPOSURES IN FARMING AND INDUSTRY, FOOD POISONING, INSECT BITES AND SNAKEBITES, AND A VARIETY OF OTHER POTENTIAL HAZARDS.</p> <p>ON AVERAGE, POISON CONTROL'S HOTLINE AT (800) 222-1222 RECEIVES MORE THAN 40,000 CALLS ANNUALLY, 24 HOURS A DAY, 365 DAYS A YEAR. THREE OF EVERY FOUR PATIENTS FROM THOSE CALLS ARE SUCCESSFULLY MANAGED SAFELY AND INEXPENSIVELY AT HOME, REDUCING UNNECESSARY EMERGENCY ROOM VISITS AND/OR SHORTENING HOSPITAL STAYS. MORE INFORMATION IS AVAILABLE AT KYPOISONCONTROL.COM.</p> <p>NORTON NEUROSCIENCE INSTITUTE</p> <p>ESTABLISHED IN EARLY 2009, NORTON NEUROSCIENCE INSTITUTE (NNI) IS THE REGION'S LEADING PROVIDER OF NEUROLOGIC CARE. THE MULTIDISCIPLINARY COMPREHENSIVE PROGRAM HAS MORE THAN 120 SUBSPECIALTY FELLOWSHIP-TRAINED NEUROSURGEONS, NEUROLOGISTS, NEUROPSYCHOLOGISTS AND ADVANCED PRACTICE PROVIDERS. THESE SPECIALISTS ARE TRAINED TO PROVIDE PATIENTS AND THEIR FAMILIES WITH ADVANCED TREATMENT FOR COMPLEX NEUROLOGIC DISORDERS, INCLUDING ALS; ANEURYSMS; BRAIN TUMORS; EPILEPSY; HEADACHE AND CONCUSSION; MEMORY AND DEMENTIA DISORDERS, MOVEMENT DISORDERS, INCLUDING PARKINSON'S DISEASE; MULTIPLE SCLEROSIS; PEDIATRIC NEUROSURGERY; SPINAL INJURIES AND DISORDERS; STROKE; AND MORE. PATIENTS ALSO HAVE ACCESS TO NNI CRESSMAN NEUROLOGICAL REHABILITATION, WHICH OFFERS ADVANCED TECHNOLOGY AND SPECIALIZED SERVICES IN ONE LOCATION.</p> <p>NNI PROVIDES LEADERSHIP FOR A REGIONAL STROKE CARE NETWORK. ALL FOUR OF NHC'S ADULT-SERVICE HOSPITALS IN LOUISVILLE ARE CERTIFIED BY DNV, WITH NBH DESIGNATED AS A COMPREHENSIVE STROKE CENTER, REPRESENTING THE HIGHEST LEVEL OF STROKE CARE. IN ADDITION, THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES PROGRAM HAS CERTIFIED THE SAME FOUR HOSPITALS, WITH SILVER PLUS LEVEL FOR AUDUBON AND NWCH, AND</p>

Return Reference - Identifier	Explanation
	GOLD PLUS LEVEL FOR NBH AND NORTON.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT #6	<p>NNI IS A LEADER IN THE REGION FOR PROVIDING INNOVATIVE SURGERY TECHNOLOGY, SUCH AS NEUROPACE, NEUROBLATE AND ROSA (A ROBOTIC SURGICAL ASSISTANT) AND CUTTING-EDGE TREATMENT FOR BRAIN TUMORS, INCLUDING TRUBEAM AND OPTUNE THERAPIES.</p> <p>AS PART OF THE COMPREHENSIVE CARE PROVIDED BY NNI, PATIENTS AND THEIR FAMILIES HAVE ACCESS TO SUPPORT RESOURCES TO MANAGE THEIR DIAGNOSES THROUGH TWO NNI RESOURCE CENTERS. THE RESOURCE CENTERS OFFER DEDICATED PATIENT NAVIGATORS, SUPPORT GROUPS, EXERCISE PROGRAMS AND EXTENSIVE EDUCATIONAL RESOURCES.</p> <p>CMA</p> <p>CMA OFFICES PROVIDE PRIMARY CARE FOR ADULTS IN LOUISVILLE, SOUTHERN INDIANA AND SURROUNDING AREAS AT OVER 35 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, CMA - LA CLINICA PRESTON, NHCS 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 HISPANIC COMMUNITY AND FAMILIES.</p> <p>NORTON PREVENTION & WELLNESS</p> <p>NORTON PREVENTION & WELLNESS (NPW) IS SUPPORTED IN PART BY NHF, WHICH RAISES FUNDS EXCLUSIVELY FOR NHC'S ADULT-SERVICE HOSPITALS AND SERVICES.</p> <p>*IN 2023, NPW STAFF PROVIDED PREVENTIVE SCREENINGS ABOARD THE NPW MOBILE PREVENTION CENTER (MPC) IN COLLABORATION WITH VARIOUS COMMUNITY PARTNERS. MAMMOGRAMS AND WELLNESS EXAMS, INCLUDING CERVICAL CANCER SCREENINGS, WERE PROVIDED TO 1,567 WOMEN. OF THOSE, APPROXIMATELY 13% HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS AND 11% HAD NEVER HAD A MAMMOGRAM. OF THE 162 MPC EVENTS, OVER HALF TOOK PLACE IN UNDERSERVED COMMUNITIES AND OVER 60% OF PATIENTS CAME FROM MEDICALLY UNDERSERVED AREAS.</p> <p>*EDUCATION ON CARDIOVASCULAR HEALTH, EFFECTS OF SMOKING, PROSTATE HEALTH, BREAST HEALTH AND WOMEN'S HEALTH, COLON HEALTH AND MORE WAS PROVIDED TO OVER 7,300 COMMUNITY MEMBERS AT VARIOUS EVENTS, SUCH AS HEALTH FAIRS AND PRESENTATIONS.</p> <p>*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 88 PEOPLE AND 90 PEOPLE RECEIVED AT-HOME TESTING KITS. TO HELP ELIMINATE BARRIERS TO CARE, NPW 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 4,203 HEALTH SCREENINGS (BLOOD PRESSURE, BODY MASS INDEX, GLUCOSE AND CHOLESTEROL LEVELS) FOR 2,068 PARTICIPANTS IN MULTIPLE LOCATIONS THROUGHOUT JEFFERSON COUNTY AND SURROUNDING COUNTIES, INCLUDING IN SOUTHERN INDIANA. NEW IN 2023, HGBA1C SCREENING IS NOW AVAILABLE FOR PARTICIPANTS WITH ABNORMAL GLUCOSE LEVELS. EACH PARTICIPANT RECEIVED EDUCATION ON HEALTHY LIFESTYLE CHOICES, SUCH AS DIET AND EXERCISE.</p> <p>*OVER 30 GROUP EDUCATION/PRESENTATIONS ON VARIOUS HEALTH AND WELLNESS TOPICS WAS PROVIDED THROUGHOUT THE YEAR, REACHING 2,182 PARTICIPANTS.</p> <p>*NPW CONDUCTED 12 AMERICAN LUNG ASSOCIATION FREEDOM FROM SMOKING CLASSES IN 2023. NEARLY HALF OF THE ATTENDEES REPORTED BEING TOBACCO-FREE.</p> <p>*IN 2023, THE GET HEALTHY WALKING CLUB INCREASED BY OVER 2,900 MEMBERS AND REACHED OVER 10,400 TOTAL MEMBERS. WITH A MEMBERSHIP CARD, CLUB MEMBERS HAVE FREE ACCESS TO WALK AT THE LOUISVILLE ZOO EACH DAY FROM MARCH THROUGH OCTOBER, FROM 8 TO 9:30 A.M.</p> <p>*IN 2023, NPW BEGAN OFFERING HANDS-ONLY CPR CLASSES IN THE COMMUNITY IN COLLABORATION WITH COMMUNITY PARTNERS. MORE THAN 85 PEOPLE RECEIVED THIS INSTRUCTION AT FIVE EVENTS.</p> <p>*NPW WAS THE PRIMARY COORDINATOR FOR THE HISPANIC HEALTH FAIR AND THE GET HEALTHY WALKING CLUB EXPO, BRINGING TOGETHER MANY VENDORS AND SERVICES IN ONE LOCATION TO SERVE ALL AGES.</p> <p>*ALL PARTICIPANTS WHO HAD ABNORMAL RESULTS FROM ANY OF OUR HEALTH SCREENING EVENTS ALSO RECEIVED NAVIGATION ASSISTANCE WITH A REGISTERED NURSE TO CONNECT THEM TO RESOURCES WITHIN NHC OR THE COMMUNITY, AND ASSIST THEM IN OVERCOMING BARRIERS TO ACCESS CARE.</p> <p>NORTON RESEARCH INSTITUTE</p> <p>NHC GUIDES ONE OF THE LARGEST PORTFOLIOS OF CLINICAL RESEARCH OF ANY COMMUNITY HEALTH CARE SYSTEM IN THE UNITED STATES. ORIGINALLY OPENED IN 2001 AS NHC RESEARCH OFFICE, NORTON RESEARCH INSTITUTE (NRI) IS DEDICATED TO CONDUCTING HIGH-QUALITY, CUTTING-EDGE RESEARCH THAT BRINGS NEW TREATMENTS TO THOSE WHO NEED IT MOST. NRI SUPPORTS OUR COMMUNITY'S MEDICAL PROVIDERS WHO ARE AT THE LEADING EDGE OF ADVANCEMENTS AND DISCOVERIES. NRI INCLUDES OVER 300 CLINICAL RESEARCH PROFESSIONALS PROVIDING SUPPORT FOR ACTIVE STUDIES, INCLUDING TRANSLATIONAL RESEARCH, DEVICE STUDIES, HEALTH OUTCOME STUDIES, BIOREPOSITORY AND BENCH LAB RESEARCH, DATA COLLECTION AND PHASE 1, PHASE 2 AND PHASE 3 CLINICAL TRIALS. OUR PORTFOLIO OF MORE THAN 500 STUDIES STRETCHES OVER MORE THAN 30 SPECIALTIES ACROSS THE SPECTRUM OF ADULT CARE. NRI IS FOCUSED ON CONDUCTING RESEARCH IN A MANNER THAT PROTECTS THE RIGHTS AND WELL-BEING OF ALL WHO PARTICIPATE IN CLINICAL TRIALS AND IS DEDICATED TO UPHOLDING ETHICAL STANDARDS IN OUR RESEARCH PRACTICES.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT #7</p>	<p>*AREAS OF CLINICAL RESEARCH FOCUS INCLUDE PEDIATRICS, ONCOLOGY, CARDIOLOGY, ORTHOPEDICS AND SPINE, INFECTIOUS DISEASES, NEUROLOGY, NEUROSURGERY AND PULMONOLOGY.</p> <p>*THE PEDIATRIC RESEARCH PORTFOLIO THROUGH NORTON CHILDREN'S RESEARCH INSTITUTE, AFFILIATED WITH THE UOFL SCHOOL OF MEDICINE, IS CRITICAL TO THE MISSION OF THE ONLY PEDIATRIC HOSPITAL IN OUR SERVICE AREA; NCH</p> <p>*NHC 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 2023 NHC STARTED BUILDING RESEARCH CAPACITY AND INFRASTRUCTURE (INCLUDING A RESEARCH LABORATORY) TO ADDRESS PARKINSON'S DISEASE, MOVEMENT DISORDERS AND MEMORY DISORDERS.</p> <p>NCI</p> <p>AS THE LEADING PROVIDER OF CANCER CARE IN LOUISVILLE AND SOUTHERN INDIANA, NCI'S MISSION IS TO BLEND COMPREHENSIVE TREATMENT AND SERVICES WITH COMPASSION, HOPE AND HEALING FOR PATIENTS AND THEIR FAMILIES. THROUGH A MULTIDISCIPLINARY APPROACH, ITS TEAM OFFERS PATIENTS THE LATEST IN TREATMENTS AND TECHNOLOGY FOCUSED ON CANCER PREVENTION, DIAGNOSIS, CARE AND SURVIVORSHIP. THE INSTITUTE'S SPECIALISTS COVER A BROAD RANGE OF ONCOLOGY SUBSPECIALTIES, INCLUDING BEHAVIORAL, BREAST MEDICAL AND RADIATION, GASTROINTESTINAL MEDICAL AND RADIATION, GENITOURINARY MEDICAL AND RADIATION, GYNECOLOGIC, HEAD AND NECK MEDICAL AND SURGICAL, NEUROLOGIC, ORTHOPEDIC, SARCOMA AND CONNECTIVE TISSUE MEDICAL, AND THORACIC MEDICAL AND RADIATION ONCOLOGY, AS WELL AS CANCER GENETICS, HEMATOLOGY AND ONCOLOGIC DERMATOLOGY. NCI OFFERS STATE-OF-THE-ART MEDICAL, SURGICAL AND RADIATION THERAPIES, INCLUDING MINIMALLY INVASIVE ROBOTIC SURGERY, STEREOTACTIC RADIOSURGERY (NOVALIS TX AND TRUEBEAM STX) AND ADVANCED BRACHYTHERAPY. PATIENTS HAVE ACCESS TO GROUNDBREAKING RESEARCH THROUGH ITS PARTICIPATION IN DOZENS OF INNOVATIVE NATIONAL CANCER INSTITUTE AND INDUSTRY-SPONSORED CLINICAL TRIALS. EXTENSIVE EDUCATIONAL, PHYSICAL AND EMOTIONAL SUPPORT SERVICES, INCLUDING SUPPORT GROUPS, SEMINARS, ART AND MUSIC THERAPY, MASSAGE THERAPY, YOGA AND NUTRITIONAL COUNSELING ARE AVAILABLE THROUGH FIVE NCI RESOURCE CENTERS. NCI IS DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS THE ONLY ACCREDITED INTEGRATED NETWORK CANCER PROGRAM IN KENTUCKY. MORE INFORMATION IS AVAILABLE AT NORTONCANCERINSTITUTE.COM.</p> <p>COMMUNITY SUPPORT FROM OUR FOUNDATIONS</p> <p>IN 2023, CHF AND NHF RAISED \$30.9 MILLION IN SUPPORT OF CARE AT NCH AND ITS SISTER FACILITIES, AND NHC'S ADULT-SERVICE FACILITIES. GRANTS TOTALING MORE THAN \$24.5 MILLION WERE INVESTED IN NHC 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>*CREATION OF THE NCH'S AUTISM CENTER PLAYGROUND *VANS FOR NEONATAL-PEDIATRIC MOBILE OUTREACH AND NORTON CHILDREN'S MEDICAL GROUP CARDIOLOGY OUTREACH *THE HEEL, DOG, HEAL FACILITY DOG PROGRAM ACROSS NHC FACILITIES, INCLUDING 12 TRAINED DOGS AND THEIR HANDLERS *TRANSITION TO ADULT DIABETES PROGRAM AT WENDY NOVAK DIABETES INSTITUTE *CREATION OF NRI *EQUIPMENT FOR NHC BIOSKILLS LAB *NORTON ECARE SCHOOL TELEHEALTH *EXPRESSIVE THERAPISTS FOR NCI PAT HARRISON RESOURCE CENTER *NWC'S DOULA PROGRAM</p>
<p>FORM 990, PART V, LINE 1A - COMMON PAYING AGENT 1099S</p>	<p>NORTON HEALTHCARE, INC. (NHC), EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NHC, 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 NHC. ON BEHALF OF THESE NAMED ENTITIES. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2023 BY NHC WAS 1,257. NHC HAS 132 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2023. NHC, THE COMMON PAYING AGENT, REPORTED 798 VENDORS ON FORM 1096 FOR 2023.</p>
<p>FORM 990, PART V, LINE 1B - W-2 G COMMON PAYING AGENT</p>	<p>NORTON HEALTHCARE INC., AS THE COMMON PAYING AGENT, FILED THREE FORM W-2GS ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION, INC. AND FILED ONE FORM W-2G ON BEHALF OF NORTON HEALTHCARE FOUNDATION, INC.</p>
<p>FORM 990, PART V, LINE 1C - COMMON PAYING AGENT FOR VENDORS</p>	<p>NORTON HEALTHCARE, INC. (NHC), EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NHC AND ALL AFFILIATES. NHC 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.</p>
<p>FORM 990, PART V, LINE 2A - COMMON PAYING AGENT FOR EMPLOYEES</p>	<p>NORTON HEALTHCARE, INC. (NHC) EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HEALTHCARE FOUNDATION, INC., NORTON KING'S DAUGHTERS' HOSPITAL, NORTON HEALTHCARE - INDIANA, INC., AND THE CHILDREN'S HOSPITAL FOUNDATION, INC. THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NHC. ON BEHALF OF THESE NAMED ENTITIES. NHC HAS APPROXIMATELY 5,806 EMPLOYEES. NHC, THE COMMON PAYING AGENT, REPORTED 24,988 EMPLOYEES ON FORM W-3 FOR 2023.</p>

Return Reference - Identifier	Explanation
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
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	JAMES FRAZIER, STEVE HEILMAN, DOUGLAS WINKELHAKE - BUSINESS RELATIONSHIP RUSSELL F. COX, MICHAEL W. GOUGH, 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 3, 2024 NORTON HEALTHCARE, INC. (NHC) FINANCE COMMITTEE MEETING AND AT THE OCTOBER 17, 2024 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., NORTON KING'S DAUGHTERS' HEALTH, 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 2022 FOR THE 2023 COMPENSATION REVIEW AND MET IN 2022 FOR THE 2023 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. THE FORM 990 TAX RETURN IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
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., NORTON HEALTHCARE FOUNDATION, INC., THE CHILDREN'S HOSPITAL FOUNDATION, INC., NORTON KING'S DAUGHTERS' HEALTH, INC., AND NORTON HEALTHCARE-INDIANA, 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 ON THE FORM 990 AS REPORTABLE COMPENSATION TO THE TRUSTEE RECEIVING STIPENDS IN 2023.

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	58,204,479	48,018,695	10,185,784	
	OTHER EXPENSES	2,582,901	1,015,080	1,567,821	
	CONTRACT LABOR	1,815,268	1,555,685	259,583	
	PROFESSIONAL FEES	155,233	155,233		
	RESEARCH DEPARTMENT FEES	602,997	602,997		
	COLLECTION FEES	1,967,268	1,504,960	462,308	
	MARKETING FEES	6,337,294	2,534,284	3,803,010	
Total	71,665,440	55,386,934	16,278,506	0	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCE	<p>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, 2023. THE OTHER COMPONENTS OF NET PERIODIC PENSION COST WAS \$5.2 MILLION FOR YEAR ENDED DECEMBER 31, 2023.</p>				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	AFFILIATE TRANSFER				430,065
	SWAP MARK TO MARKET ADJUSTMENT				18,234,994
	CHANGE IN MINIMUM PENSION LIABILITY				13,699,491
	CHANGE IN NET PERIODIC PENSION COST				- 5,170,818
	LOSS ON DEBT REFINANCING				- 4,301,408
	OTHER				- 3,441,151

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name 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

2023

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	113,851,851	15,320,098	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	NORTON HEALTHCARE, INC.	✓	
(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	NORTON HEALTHCARE, INC.	✓	
(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	NORTON HEALTHCARE, INC.	✓	
(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	NORTON HEALTHCARE, INC.	✓	
(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	NORTON HEALTHCARE, INC.	✓	
(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	NORTON HEALTHCARE, INC.	✓	
(7) NORTON KING'S DAUGHTERS' HEALTH, INC. (35-0895832) ACCOUNTING 224 E. BROADWAY, LOUISVILLE, KY 40202	PROVIDE HOSPITAL SERVICES	IN	501(C)(3)	3	NORTON HEALTHCARE - INDIANA, INC.	✓	

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)	✓	
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

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	2,407,177,281	FMV
(2) NORTON HOSPITALS, INC.	S	2,605,449,535	FMV
(3) COMMUNITY MEDICAL ASSOCIATES, INC.	R	986,527,930	FMV
(4) COMMUNITY MEDICAL ASSOCIATES, INC.	S	631,598,687	FMV
(5) NORTON PROPERTIES, INC.	R	116,752,053	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)													

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	INVESTS IN PARTNERSHIPS THAT PROVIDE MEDICAL SERVICES	KY	NORTON HEALTHCARE, INC.	C CORPORATION	N/A	N/A	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	70,170,471	FMV
(7) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	R	17,488,028	FMV
(8) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	S	10,312,321	FMV
(9) NORTON HEALTHCARE FOUNDATION, INC.	R	4,109,508	FMV
(10) NORTON HEALTHCARE FOUNDATION, INC.	S	1,745,595	FMV
(11) NORTON ENTERPRISES, INC.	R	16,500,221	FMV
(12) NORTON ENTERPRISES, INC.	S	15,202,230	FMV
(13) NORTON KING'S DAUGHTERS' HEALTH, INC.	R	8,311,308	FMV
(14) NORTON KING'S DAUGHTERS' HEALTH, INC.	S	15,109,533	FMV
(15) NORTON HEALTHCARE FOUNDATION, INC.	C	8,944,351	FMV
(16) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	C	2,698,560	FMV