

PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2018**Open to Public Inspection**

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20																					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NORTON HEALTHCARE, INC.</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">ACCOUNTING, 224 E BROADWAY 5TH FL</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td colspan="2">LOUISVILLE, KY 40202</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: RUSSELL F. COX 4967 US HIGHWAY 42, SUITE 100, LOUISVILLE, KY 40222</td> </tr> <tr> <td colspan="2">H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">H(c) Group exemption number ▶</td> </tr> </table>	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		F Name and address of principal officer: RUSSELL F. COX 4967 US HIGHWAY 42, SUITE 100, LOUISVILLE, KY 40222		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		H(c) Group exemption number ▶	
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 61-1028725																				
J Website: ▶ WWW.NORTONHEALTHCARE.COM	E Telephone number (502) 629-8249																				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	G Gross receipts \$ 570,840,343																				
L Year of formation: 1983	M State of legal domicile: KY																				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: NORTON HEALTHCARE'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND HONORS OUR FAITH HERITAGE.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 23
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 22
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 2,743
	6	Total number of volunteers (estimate if necessary) 6 12
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 38 7b 308,388	
Revenue	8	Contributions and grants (Part VIII, line 1h) 969,493 964,807
	9	Program service revenue (Part VIII, line 2g) 165,953,019 321,907,901
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 43,310,438 63,201,899
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,451,000 3,350,141
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 212,683,950 389,424,748
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,910,387 3,312,212
	14	Benefits paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 150,900,280 179,647,109
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 128,568,411 152,411,384
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 281,379,078 335,370,705
19	Revenue less expenses. Subtract line 18 from line 12 (68,695,128) 54,054,043	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1,798,724,698 1,830,303,653
	21	Total liabilities (Part X, line 26) 2,211,956,402 2,296,959,083
	22	Net assets or fund balances. Subtract line 21 from line 20 (413,231,704) (466,655,430)

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title ADAM KEMPF, CFO				
Paid Preparer Use Only	Print/Type preparer's name RACHEL SPURLOCK	Preparer's signature <i>Rachel Spurlock</i>	Date 11/11/2019	Check <input type="checkbox"/> if self-employed	PTIN P00520729
	Firm's name ▶ CROWE LLP	Firm's EIN ▶ 35-0921680			
	Firm's address ▶ 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122	Phone no. (502) 326-3996			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NORTON HEALTHCARE, INC.	Employer identification number (EIN) or 61-1028725
	Number, street, and room or suite no. If a P.O. box, see instructions. ACCOUNTING, 224 E BROADWAY 5TH FL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **HELENA SCHULZ**

Telephone No. ► **(502) 629-8263** Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15**, 20 **19**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 **18** or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

NORTON HEALTHCARE'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND HONORS OUR FAITH HERITAGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 259,967,135 including grants of \$ 3,312,212) (Revenue \$ 361,665,400)

NORTON HEALTHCARE, INC. (NHC) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY. IN 2018 NHC, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC., HAD A TOTAL OF 1,837 LICENSED BEDS: NORTON HOSPITAL (NORTON) - 605 BEDS; NORTON CHILDREN'S HOSPITAL (NCH)- 300 BEDS; NORTON AUDUBON HOSPITAL (AUDUBON) - 432 BEDS; NORTON WOMEN'S AND CHILDREN'S HOSPITAL (NWCH)- 373 BEDS; AND NORTON BROWNSBORO HOSPITAL(NBH) - 127 BEDS. THESE FIVE HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK.
(CONTINUED IN SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 259,967,135

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" 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? If "Yes," complete Schedule J	<input checked="" 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<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 checked="" type="checkbox"/>	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<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? If "Yes," complete Schedule L, Part I		<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? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<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? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<input checked="" type="checkbox"/>	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" 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)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<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? If "Yes," complete Schedule R, Part VI		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" 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	1a	531
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	3
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"/>	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,743
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 in 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 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	✓

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
HELENA SCHULZ, ACCOUNTING, 224 E BROADWAY, 5TH FL, LOUISVILLE, KY 40202-2025, (502) 629-8263

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

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

- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(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			
(1) RUSSELL F. COX PRESIDENT & CEO/TRUSTEE	30.0 20.0	✓		✓				2,023,748	0	139,421
(2) GARY L. STEWART CHAIR	10.0 3.5	✓						1,600	0	0
(3) EDIE NIXON VICE CHAIR	6.0 2.5	✓						0	0	0
(4) MARIA L. BOUVETTE TRUSTEE (PARTIAL YEAR)	1.0 2.5	✓						1,600	0	0
(5) BRENDAN CANAVAN TRUSTEE	1.0 2.5	✓						0	0	0
(6) SUE DAVIS, EDD, RN TRUSTEE	1.0 2.5	✓						1,600	0	0
(7) MARSHALL FARRER TRUSTEE	1.0 2.5	✓						0	0	0
(8) LEE K. GARLOVE TRUSTEE	1.0 3.5	✓						3,200	0	0
(9) MARIA GERWING HAMPTON TRUSTEE	3.0 2.5	✓						0	0	0
(10) CRAIG D. GRANT TRUSTEE	1.0 2.5	✓						1,600	0	0
(11) RICK GUILLAUME CHAIR EMERITUS	2.0 2.5	✓						0	0	0
(12) MARTHA K. HEYBURN, M.D. TRUSTEE	3.0 2.5	✓						0	0	0
(13) RITA HUDSON SHOURDS, EDD TRUSTEE	1.0 2.5	✓						0	0	0
(14) RICHARD R. IVEY TRUSTEE	1.0 2.5	✓						1,600	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RONALD LEHOCKY, M.D. TRUSTEE	3.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) GAIL LYTTLE TRUSTEE	1.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,600	0	0
(17) GREGORY E. MAYES TRUSTEE	5.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,600	0	0
(18) BARRY PENNYBAKER TRUSTEE	1.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) ERWIN ROBERTS TRUSTEE	1.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) DONALD H. ROBINSON TRUSTEE	5.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) G. HUNT ROUNSAVALL, JR. TRUSTEE	4.0 3.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,600	0	0
(22) REV WILLIAM J. SCHULTZ TRUSTEE	3.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) JAMES L. SUBLETT, M.D. TRUSTEE	1.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,600	0	0
(24) RICHARD S. WOLF, M.D. CHAIR EMERITUS	1.0 2.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,600	0	0
(25) (SEE STATEMENT)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Sub-total								2,042,948	0	139,421
c Total from continuation sheets to Part VII, Section A								14,176,501	865,689	2,527,714
d Total (add lines 1b and 1c)								16,219,449	865,689	2,667,135

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 **▶** 264

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, 1661 LYNDON FARM CT, LOUISVILLE, KY 40223	PROFESSIONAL SERVICES	9,392,492
HURON CONSULTING SERVICES LLC, 3005 MOMENTUM PLACE, CHICAGO, IL 60689-5330	PROFESSIONAL SERVICES	4,391,692
EPIC SYSTEMS CORPORATION, P. O. BOX 88314, MILWAUKEE, WI 53288-0314	SOFTWARE MAINTENANCE AND SUPPORT	4,381,176
BROOKSOURCE, P.O. BOX 55767, INDIANAPOLIS, IN 46205	PROFESSIONAL SERVICES	3,310,220
THE CSI COMPANIES, INC., P.O. BOX 890841, CHARLOTTE, NC 28289-0841	PROFESSIONAL SERVICES	2,517,605

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 **▶** 130

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	964,807			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			964,807		
Program Service Revenue				Business Code			
	2a	MANAGEMENT FEES	900099	314,285,535	314,285,535		
	b	CLINICAL RESEARCH TRIALS	900099	7,365,354	7,365,354		
	c	EDUCATION PROGRAMS	900099	257,012	257,012		
	d						
	e						
	f	All other program service revenue			0	0	0
	g	Total. Add lines 2a-2f ▶			321,907,901		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			25,469,177		25,469,177
	4	Income from investment of tax-exempt bond proceeds ▶			1,325,364		1,325,364
	5	Royalties ▶					
		(i) Real	(ii) Personal				
	6a	Gross rents	100,000				
	b	Less: rental expenses					
	c	Rental income or (loss)	100,000	0			
	d	Net rental income or (loss) ▶			100,000	100,000	
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	217,822,953				
	b	Less: cost or other basis and sales expenses			181,415,595		
	c	Gain or (loss)	36,407,358	0			
	d	Net gain or (loss) ▶			36,407,358	36,407,358	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			Business Code				
11a	CREDIT CARD REBATE	900099	883,108	883,108			
b	EMPLOYEE EMERGENCY FUND	900099	195,587	195,587			
c	MISCELLANEOUS INCOME	900099	2,171,446	2,171,446			
d	All other revenue			0	0	0	
e	Total. Add lines 11a-11d ▶			3,250,141			
12	Total revenue. See instructions ▶			389,424,748	361,665,400	0	26,794,541

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	3,163,775	3,163,775		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	148,437	148,437		
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	13,160,113	7,029,325	6,130,788	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	40,514	40,514		
7 Other salaries and wages	133,590,174	116,525,892	17,064,282	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,060,238	5,510,126	550,112	
9 Other employee benefits	16,046,103	14,106,495	1,939,608	
10 Payroll taxes	10,749,967	9,245,490	1,504,477	
11 Fees for services (non-employees):				
a Management				
b Legal	4,106,845	3,451,492	655,353	
c Accounting	631,000	252,400	378,600	
d Lobbying	130,250	52,100	78,150	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,240,456		4,240,456	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	63,497,833	46,507,747	16,990,086	0
12 Advertising and promotion				
13 Office expenses	2,263,495	1,775,718	487,777	
14 Information technology				
15 Royalties				
16 Occupancy	9,853,725	7,897,722	1,956,003	
17 Travel	1,406,689	1,119,620	287,069	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	37,373,973		37,373,973	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,554,154	59,377	19,494,777	
23 Insurance	23,843,455	20,367,400	3,476,055	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL & REPAIR	44,363,310	40,002,782	4,360,528	
b RECRUITMENT	678,286	579,810	98,476	
c INTEREST ALLOCATION	(38,786,075)		(38,786,075)	
d INSURANCE ALLOCATION	(22,151,295)	(18,917,206)	(3,234,089)	
e All other expenses	1,405,283	1,048,119	357,164	0
25 Total functional expenses. Add lines 1 through 24e	335,370,705	259,967,135	75,403,570	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	(24,004,507)	1	(14,208,413)	
	2 Savings and temporary cash investments	145,766,990	2	208,661,448	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	10,518,320	4	9,592,183	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	22,139	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	794,161	8	848,618	
	9 Prepaid expenses and deferred charges	31,525,657	9	43,190,144	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 464,901,252			
	b Less: accumulated depreciation	10b 375,594,745			
	11 Investments—publicly traded securities	93,447,595	10c	89,306,507	
	12 Investments—other securities. See Part IV, line 11	1,114,100,833	11	1,017,378,856	
	13 Investments—program-related. See Part IV, line 11	396,299,336	12	423,869,660	
	14 Intangible assets	0	13	0	
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,276,313	15	51,642,511		
Liabilities	17 Accounts payable and accrued expenses	1,798,724,698	16	1,830,303,653	
	18 Grants payable	200,275,705	17	160,544,958	
	19 Deferred revenue	1,030,521	18	1,188,803	
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,095,766,975	20	1,065,947,166	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties		22	0	
	24 Unsecured notes and loans payable to unrelated third parties		23		
	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		24		
	26 Total liabilities. Add lines 17 through 25	914,883,201	25	1,069,278,156	
Net Assets or Fund Balances	27 Unrestricted net assets	2,211,956,402	26	2,296,959,083	
	28 Temporarily restricted net assets				
	29 Permanently restricted net assets				
	30 Capital stock or trust principal, or current funds				
	31 Paid-in or capital surplus, or land, building, or equipment fund				
	32 Retained earnings, endowment, accumulated income, or other funds				
	33 Total net assets or fund balances				
	34 Total liabilities and net assets/fund balances				
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				

Form **990** (2018)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	389,424,748
2	Total expenses (must equal Part IX, column (A), line 25)	2	335,370,705
3	Revenue less expenses. Subtract line 2 from line 1	3	54,054,043
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(413,231,704)
5	Net unrealized gains (losses) on investments	5	(98,336,665)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(9,141,104)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	(466,655,430)

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

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

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) ROBERT B. AZAR ----- SR VP CHIEF LEGAL OFFICER/SECRETARY	30.0 ----- 20.0			✓				1,953,813	0	127,178
(26) MICHAEL W. GOUGH ----- EXEC VP AND COO	30.0 ----- 20.0			✓				1,331,576	0	214,821
(27) ADAM KEMPF ----- SR VP, CFO/TREASURER	30.0 ----- 20.0			✓				587,990	0	116,583
(28) STEVEN HESTER, M.D. ----- DIV PRESIDENT PROVIDER OPS & SYS CMO	50.0 ----- 0.0				✓			1,000,203	0	194,986
(29) DOUGLAS WINKELHAKE ----- DIVISION PRESIDENT	50.0 ----- 0.0				✓			930,066	0	183,729
(30) TRACY WILLIAMS ----- SR VP & CNO	50.0 ----- 0.0				✓			685,784	0	50,971
(31) STEVE READY ----- SYS VP CIO	50.0 ----- 0.0				✓			685,520	0	136,948
(32) SCOTT WATKINS ----- SR VP OPERATIONS	50.0 ----- 0.0				✓			664,617	0	140,329
(33) JAMES FRAZIER, M.D. ----- VP MEDICAL AFFAIRS	50.0 ----- 0.0				✓			588,841	0	106,956
(34) STEVEN HEILMAN, M.D. ----- SYS VP ANCILLARY SERV & CMIO	50.0 ----- 0.0				✓			581,714	0	100,813
(35) MARY JO BEAN ----- SR VP PLANNING & BUS ANALYSIS	50.0 ----- 0.0				✓			515,996	0	99,109
(36) DANA ALLEN ----- SYS VP CHIEF MKTG & COMMUNICATION OFFICER	50.0 ----- 0.0				✓			489,816	0	40,327
(37) KATHLEEN EXLINE ----- VP PERF EXCEL & CARE CONTINUUM	50.0 ----- 0.0				✓			431,107	0	82,304
(38) JIM MEYERS ----- SYS VP REVENUE CYCLE	50.0 ----- 0.0				✓			403,166	0	84,311
(39) MARY LYNN MEYER ----- SR VP CDO	30.0 ----- 20.0				✓			211,547	380,303	104,537
(40) JENNIFER EVANS, M.D. ----- SYS VP WOMEN'S & PEDIATRIC SVC LINE	50.0 ----- 0.0					✓		470,098	0	83,909
(41) SHELLY GAST ----- SYS VP MNGD CARE & PAYOR STRATEGY	50.0 ----- 0.0					✓		391,328	0	72,398
(42) STEPHEN WYATT, M.D. ----- CHIEF RESEARCH EXECUTIVE	50.0 ----- 0.0					✓		384,995	0	23,219
(43) KIMBERLY THARP-BARRIE ----- SYS VP NURSING INST/OUTREACH	50.0 ----- 0.0					✓		382,858	0	64,821

(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			
(44) ALFONSO CORNISH ----- SYS VP LEARNING & ORG DEV	50.0 ----- 0.0					✓		382,797	0	319,815
(45) CHARLES BOHN ----- FORMER SYS VP CHIEF HR OFFICER	0.0 ----- 0.0						✓	630,718	0	101,696
(46) MICHAEL ESPOSITO ----- FORMER SYS VP CHIEF NETWORK DEVELOPMENT OFFICER	0.0 ----- 0.0						✓	299,283	0	14
(47) THOMAS JOHNSON ----- FORMER SYS VP PR-CHIEF COMMUNICATION OFFICER	0.0 ----- 0.0						✓	172,668	0	34,249
(48) KENNETH WILSON, M.D. ----- SYS VP CLINICAL EFFECTIVENESS	0.0 ----- 40.0						✓	0	485,386	43,693

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
Total					2,232,889,764	0

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2018. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		✓
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 (b) and (c) below.</i>		✓
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		✓
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 or 990-EZ).</i>		✓
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		✓
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		✓
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		✓
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 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 in (b) and (c) below, the governing body of a supported organization?	11a	✓
b A family member of a person described in (a) above?	11b	✓
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	✓

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Part I

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

Part I

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
NORTON HOSPITALS INC	61-0703799	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		1,753,918,387	
COMMUNITY MEDICAL ASSOCIATES, INC.	61-1276316	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	470,767,963	
NORTON HEALTHCARE FOUNDATION, INC.	31-0914919	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,665,885	
THE CHILDREN'S HOSPITAL FND, INC.	61-6027530	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,537,529	

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization
NORTON HEALTHCARE, INC.

Employer identification number
61-1028725

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private 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

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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		\$ 600,802	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 364,005	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.)

Name of organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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

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

Name of organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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?	✓		17,466
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		130,250
j Total. Add lines 1c through 1i			147,716
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	<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 \$130,250.</p> <p>PART II-B, LINE 1(G): EMPLOYEES OF NORTON HEALTHCARE, INC. ARE ENGAGED IN LOBBYING HEALTH POLICY ISSUES AT THE STATE LEVEL TO LOBBY THE EXECUTIVE AND LEGISLATIVE BRANCHES OF KENTUCKY'S GOVERNMENT. NORTON HEALTHCARE, INC. IS NOT REGISTERED TO LOBBY AT THE FEDERAL LEVEL. LOBBYING COMPENSATION PAID AND ACTIVITIES AS REPORTED TO THE KENTUCKY LEGISLATIVE ETHICS COMMITTEE IS \$17,466.</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

2018

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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

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

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

Part II Conservation Easements.

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,125,807		2,125,807
b Buildings		51,010,407	42,077,818	8,932,589
c Leasehold improvements				
d Equipment		389,048,472	332,782,822	56,265,650
e Other		22,716,566	734,105	21,982,461
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,306,507

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	286,889,737	
(B) REAL ESTATE MASTER TRUST UNITS	95,783,111	
(C) PRIVATE EQUITY MASTER TRUST	41,196,812	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	423,869,660	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYABLE TO AFFILIATES	849,180,715	
(3) SELF INSURANCE TRUST	85,040,564	
(4) OTHER LIABILITIES	45,389,126	
(5) OTHER INSURANCE	1,608,598	
(6) PENSION	77,149,040	
(7) DEFERRED INCOME LT	10,910,113	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,069,278,156	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		312,178,327
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		6,469,029
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			318,647,356
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			318,647,356

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

Cat. No. 50082W

Schedule F (Form 990) 2018

[illegible]

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

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

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 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

2018

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Part I General Information on Grants and Assistance

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

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

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	31-1053467	501(C)(3)	1,000,000				(SEE STATEMENT)
(2) (SEE STATEMENT)	61-6001316	JEFFERSON CO	360,000				(SEE STATEMENT)
(3) (SEE STATEMENT)	61-1276316	501(C)(3)	221,077				(SEE STATEMENT)
(4) (SEE STATEMENT)	61-6001218	STATE OF KY	220,000				(SEE STATEMENT)
(5) (SEE STATEMENT)	26-4345390	501(C)(3)	150,000				(SEE STATEMENT)
(6) (SEE STATEMENT)	47-3080680	501(C)(3)	100,000				(SEE STATEMENT)
(7) (SEE STATEMENT)	58-1735528	501(C)(3)	95,000				(SEE STATEMENT)
(8) LEADERSHIP LOUISVILLE CENTER 707 W MAIN ST, LOUISVILLE, KY 40202-2634	31-0958491	501(C)(3)	63,900				(SEE STATEMENT)
(9) (SEE STATEMENT)	61-0444680	501(C)(3)	57,500				(SEE STATEMENT)
(10) FAMILY COMMUNITY CLINIC, INC 1406 E. WASHINGTON ST, LOUISVILLE, KY 40206	27-2994215	501(C)(3)	50,000				(SEE STATEMENT)
(11) FUND FOR THE ARTS, INC 623 W. MAIN ST, LOUISVILLE, KY 40202	61-0479626	501(C)(3)	38,700				(SEE STATEMENT)
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 75
- 3** Enter total number of other organizations listed in the line 1 table ▶ 2

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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)	35	70,000			
2 (SEE STATEMENT)	76	78,437			
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) WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST, LOUISVILLE, KY 40202	23-7075524	501(C)(3)	35,000				GENERAL SUPPORT FOR CHILDREN WITH SPECIAL NEEDS
(13) YMCA OF GREATER LOUISVILLE INC 545 SOUTH SECOND ST, LOUISVILLE, KY 40202	61-0444843	501(C)(3)	33,900				SUPPORTING YOUTH MOTIVATION TO PURSUE EDUCATIONAL AND CAREER GOALS
(14) AMERICAN HEART ASSOCIATION PO BOX 841750, DALLAS, TX 75284-1750	13-5613797	501(C)(3)	32,500				SUPPORT HEART HEALTH AWARENESS
(15) LOUISVILLE/JEFFERSON CO METRO 9TH FLOOR, 531 COURT PLACE , STE 900, LOUISVILLE, KY 40202-3396	32-0049006	JEFFERSON CO	30,000				SUPPORTING HIKE BIKE AND PADDLE- PROMOTION OF HEALTHY LIFESTYLE
(16) WORLD TRIATHLON CORP 3407 W DR MARTIN LUTHER KING B, STE 100, TAMPA, FL 33607	59-2965638		30,000				SUPPORT FOR PROMOTING HEALTHY LIFESTYLES
(17) COLON CANCER PREVENTION PROJECT PO BOX 4039, LOUISVILLE, KY 40204	20-1510713	501(C)(3)	28,400				SUPPORT FOR COLON CANCER AWARENESS INITIATIVES
(18) FRIEND FOR LIFE A CANCER SUPPORT NETWORK 4003 KRESGE WAY , STE 100, LOUISVILLE, KY 40207	61-1139410	501(C)(3)	25,000				PROGRAM SUPPORT FOR PEER-TO-PEER CANCER PATIENT COUNSELING/RELATIONSHIPS
(19) AMERICAN CANCER SOCIETY, INC 1640 LYNDON FARM CT , STE 104, LOUISVILLE, KY 40223	13-1788491	501(C)(3)	22,500				SUPPORT FOR CANCER PREVENTION, OUTREACH, PATIENT SERVICES THROUGH RELAY FOR LIFE
(20) JUNIOR ACHIEVEMENT OF KENTUCKIANA, INC 1401 W MUHAMMAD ALI BLVD, LOUISVILLE, KY 40203-1745	61-0476694	501(C)(3)	22,300				SUPPORT INTRODUCTION OF YOUNG PEOPLE THROUGHOUT OUR COMMUNITY TO THE REALITIES AND POSSIBILITIES OF THE WORKING WORLD AND PERSONAL FINANCE
(21) CATHOLIC EDUCATION FOUNDATION INC. 401 W MAIN ST , STE 806, LOUISVILLE, KY 40202	61-1294640	501(C)(3)	22,000				SUPPORT THE GROWTH AND VITALITY OF CATHOLIC PARISHED AND SCHOOLS IN THE ARCHDIOCESE OF LOUISVILLE
(22) CHRISTIAN ACADEMY FOUNDATION, INC 700 S ENGLISH STATION RD, LOUISVILLE, KY 40245-3912	61-1323813	501(C)(3)	21,800				GENERAL EDUCATION SUPPORT
(23) BELLARMINE UNIVERSITY BURSAR'S OFFICE, 2001 NEWBURG RD., LOUISVILLE, KY 40205	61-0482955	501(C)(3)	21,700				GENERAL PROGRAM SUPPORT FOR STUDENT EDUCATION

(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
(24) KENTUCKY PHYSICIANS HEALTH FOUNDATION, INC 9000 WESSEX PLACE , STE 305, LOUISVILLE, KY 40222	61-1242062	501(C)(3)	21,000				SUPPORT FOR PHYSICIANS, PHYSICIAN'S ASSISTANTS, SURGICAL TECHNICIANS, GENETIC COUNSELORS AND ATHLETIC TRAINERS.
(25) THE CENTER FOR WOMEN AND FAMILIES, INC PO BOX 2048, LOUISVILLE, KY 40201-2048	61-0444846	501(C)(3)	20,500				SUPPORT FOR TRAUMA-INFORMED ADVOCACY AND SUPPORT FOR INDIVIDUALS, FAMILIES AND COMMUNITIES AFFECTED BY INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT
(26) LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY, LOUISVILLE, KY 40203	61-0444771	501(C)(3)	19,000				SUPPORT THE ASSISTANCE OF AFRICAN AMERICANS AND OTHER MINORITY GROUPS TO ATTAIN SOCIAL AND ECONOMIC EQUALITY AND STABILITY
(27) BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LN, STE B, LOUISVILLE, KY 40218	61-6057856	501(C)(3)	18,800				SUPPORT FOR ALL CHILDREN TO REACH THEIR POTENTIAL THROUGH PROFESSIONAL SUPPORTED 1:1 RELATIONSHIPS WITH VOLUNTEER MENTORS
(28) LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVE, LOUISVILLE, KY 40204	61-0449630	501(C)(3)	17,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE IN THE COUNTY AND SUPPORT OF BASELINE CONCUSSION TESTING BY PROVIDING SPECIALIZED FOOTBALL HELMETS.
(29) DOWNTOWN DEVELOPMENT CORPORATION 556 S FOURTH ST, LOUISVILLE, KY 40202	31-0992627	501(C)(3)	15,000				SUPPORTING SAFETY, CLEANLINESS AND SAFETY PROGRAMS FOR THE DOWNTOWN LOUISVILLE AREA REDEVELOPMENT AND PLANNING FOR DOWNTOWN DISTRICT
(30) ARTHRITIS FOUNDATION, KY CHAPTER 2908 BROWNSBORO RD , LOUISVILLE, KY 40206	61-0492349	501(C)(3)	15,000				SUPPORT FINDING A CURE AND CHAMPIONING THE FIGHT AGAINST ARTHRITIS THROUGH VITAL INFORMATION, ADVOCACY, SCIENCE AND COMMUNITY.
(31) HOSPARUS, INC 3532 EPHRAIM MCDOWELL DR., LOUISVILLE, KY 40205	61-0921718	501(C)(3)	12,900				PEDIATRIC BEREAVEMENT PROGRAM
(32) BRAIN INJURY ALLIANCE OF KENTUCKY 7321 NEW LAGRANGE RD, STE 100, LOUISVILLE, KY 40222	61-1128496	501(C)(3)	12,200				SUPPORT FOR OUTREACH AND EDUCATION FOR PATIENTS WITH BRAIN INJURIES

(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
(33) INDIA COMMUNITY FOUNDATION OF LOUISVILLE INC 12505 VALLEY PINE DR, LOUISVILLE, KY 40299	61-0989811	501(C)(3)	11,500				GENERAL PROGRAM SUPPORT TO PROMOTE THE INDIAN CULTURE AWARENESS
(34) THE HEALING PLACE 1020 W MARKET ST, LOUISVILLE, KY 40202	61-1164775	501(C)(3)	11,200				SUPPORT FOR INDIVIDUALS FACING DRUG, ALCOHOL, OTHER OTHER ADDICTIONS
(35) COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC WATERFRONT PLAZA, 325 W MAIN ST , STE 1110, LOUISVILLE, KY 40202	61-1100993	501(C)(3)	11,000				GENERAL PROGRAM SUPPORT
(36) LEUKEMIA AND LYMPHOMA SOCIETY 301 E MAIN ST, STE 100, LOUISVILLE, KY 40202	13-5655916	501(C)(3)	10,000				GENERAL SUPPORT FOR OUTREACH AND EDUCATION
(37) START THE HEART FOUNDATION 7611 WOLFEN RIDGE CT, PROSPECT, KY 40059	46-3998988	501(C)(3)	10,000				SUPPORT MISSION IS TO IMPROVE SURVIVAL OF CARDIAC ARREST VICTIMS THROUGH EDUCATION AND TRAINING.
(38) LOUISVILLE PRIDE FOUNDATION DBA LOUISVILLE PRIDE FESTIVAL 1205 EAST WASHINGTON ST, STE 103, LOUISVILLE, KY 40206	47-1945331	501(C)(3)	10,000				SUPPORT INCLUSION AND UNITY FOR ALL
(39) FAMILY SCHOLAR HOUSE, INC 403 REG SMITH CIRCLE, LOUISVILLE, KY 40208	61-1285124	501(C)(3)	10,000				SUPPORT MISSION OF EMPOWERING FAMILIES AND YOUTH TO SUCCEED IN EDUCATION AND ACHIEVE LIFE LONG SELF-SUFFICIENCY
(40) GREATER LOUISVILLE SPORTS COMMISSION 401 WEST MAIN ST , STE 2200, LOUISVILLE, KY 40202	61-1365860	501(C)(3)	10,000				PROMOTING HEALTHY LIFESTYLES
(41) LEADERSHIP KENTUCKY FOUNDATION, INC 464 CHENAULT RD, FRANKFORT, KY 40601-9260	31-1096215	501(C)(3)	9,600				GENERAL PROGRAM SUPPORT FOR LKY PROGRAMS
(42) VOLUNTEERS OF AMERICA OF KENTUCKY, INC 570 S 4TH ST #100, LOUISVILLE, KY 40202-2504	61-0480950	501(C)(3)	9,600				SUPPORT TO PROVIDE AFFORDABLE HOUSING AND OTHER ASSISTANCE TO LOW INCOME FAMILIES
(43) EPILEPSY FOUNDATION OF KENTUCKIANA, INC 982 EASTERN PARKWAY, LOUISVILLE, KY 40217-1566	61-1314540	501(C)(3)	9,500				EPILEPSY SUPPORT GROUPS AND OUTREACH
(44) NATIONAL MULTIPLE SCLEROSIS SOCIETY KENTUCKY-SOUTHEAST INDIANA CHAPTER, 1201 STORY AVE , STE 200, LOUISVILLE, KY 40208	13-5661935	501(C)(3)	9,200				SUPPORT EDUCATION AND RESOURCES RELATED TO MULTIPLE SCLEROSIS

(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
(45) LIFEHOUSE, INC. 2710 RIEDLING DR, LOUISVILLE, KY 40206	20-8514733	501(C)(3)	9,200				SUPPORTING EMOTIONAL, SPIRITUAL, PHYSICAL AND INTELLECTUAL NEEDS OF MOTHER AND BABY
(46) NEIGHBORHOOD HOUSE, INC 201 N. 25TH ST, LOUISVILLE, KY 40212	61-0445842	501(C)(3)	9,200				SUPPORT CHILDREN AND FAMILIES
(47) LEADERSHIP SOUTHERN INDIANA 8204 HWY. 311, SELLERSBURG, IN 47172	35-1644080	501(C)(3)	9,100				SUPPORT FOR LEADERSHIP DEVELOPMENT PROGRAM
(48) AMERICAN LUNG ASSOCIATION 10168 LINN STATION RD, STE 100, LOUISVILLE, KY 40223-3894	13-1632524	501(C)(3)	9,000				SUPPORT TO IMPROVE LUNG HEALTH AND PREVENTING LUNG DISEASE THROUGH EDUCATION, ADVOCACY AND RESEARCH
(49) ST. JOHN CENTER INC. 700 E. MUHAMMAD ALI BLVD., LOUISVILLE, KY 40202	61-1135907	501(C)(3)	8,000				SUPPORT HOMELESS POPULATION
(50) KOMEN KENTUCKY 1201 STORY AVE , STE 205, LOUISVILLE, KY 40206	75-2855046	501(C)(3)	8,000				PROGRAM SUPPORT FOR BREAST CANCER PATIENTS THROUGH KOMEN RACE FOR THE CURE
(51) 21ST CENTURY PARKS, INC 471 W MAIN ST, LOUISVILLE, KY 40202	20-1780317	501(C)(3)	7,900				SUPPORT PARKS INITIATIVE AND HEALTHY OUTDOOR LIVING
(52) INTEGRATING WOMAN LEADERS 47 W 96TH ST, INDIANAPOLIS, IN 46260	27-2546534	501(C)(3)	7,500				SUPPORT, EMPOWER, AND CONNECT WOMEN IN THE WORKPLACE
(53) BRIDGEHAVEN, INC 950 S FIRST ST, LOUISVILLE, KY 40203	61-0548949	501(C)(3)	7,500				MENTAL HEALTH SUPPORT
(54) SHIVELY AREA MINISTRIES, INC 4415 DIXIE HWY, LOUISVILLE, KY 40216	61-1134579	501(C)(3)	7,500				SUPPORT FOR HEALTH/WEELLNESS PROGRAMS, MEDICAL ASSISTANCE FOR UNDERSERVED POPULATION IN SHIVELY AREA
(55) KIDS CANCER ALLIANCE INC 607 W MAIN ST , STE 200, LOUISVILLE, KY 40202	61-1256743	501(C)(3)	7,500				SUPPORT PEDIATRIC CANCER PATIENTS
(56) MARYHURST, INC 1015 DORSEY LN, LOUISVILLE, KY 40223-2699	31-1542209	501(C)(3)	7,000				SUPPORT FOR EDUCATION, COUNSELING AND HOUSING FOR YOUNG WOMEN WHO ARE VICTIMS OF ABUSE
(57) CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN , STE 108, LOUISVILLE, KY 40218	13-1930701	501(C)(3)	6,900				SUPPORT FOR CYSTIC FIBROSIS PATIENT SUPPORT
(58) KENTUCKY CHAMBER OF COMMERCE 464 CHENAULT AVE., FRANKFORT, KY 40601	61-0405718	501(C)(6)	6,800				GENERAL SUPPORT
(59) TELUGU ASSOCIATION OF KENTUCKIANA 18725 WEATHERFORD CIR, LOUISVILLE, KY 40245	03-0528530	501(C)(3)	6,500				SUPPORT OF TELUGU PEOPLE IN THE COMMUNITY

(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
(60) BRIDGEMAN CHARITABLE GROUP, INC 3309 COLLINS LANE, LOUISVILLE, KY 40245	46-4406300	501(C)(3)	6,500				GENERAL PROGRAM SUPPORT FOR THE LOUISVILLE COMMUNITY
(61) JUVENILE DIABETES (W-9 JDRF INTERNATIONAL) 11902 BRINLEY AVE, STE 100, LOUISVILLE, KY 40243	23-1907729	501(C)(3)	6,000				SUPPORT DIABETES TYPE 1 RESEARCH
(62) REVOLUTION DEVELOPMENT CYCLING, INC 1806 GRESHAM RD, LOUISVILLE, KY 40205	81-2907077	501(C)(3)	6,000				SUPPORT TO PROMOTE HEALTHY LIFESTYLE
(63) MARCH OF DIMES FOUNDATION P. O. BOX 673667, MARIETTA, GA 30006	13-1846366	501(C)(3)	5,500				SUPPORT OUTREACH AND EDUCATION FOR FAMILIES WITH PREMATURE BABIES
(64) MORTON CENTER, INC 1028 BARRETT AVE, LOUISVILLE, KY 40204-1667	31-1068020	501(C)(3)	5,500				SUPPORT AND TREATMENT FOR ADDICTION
(65) NEWS AND TRIBUNE 221 SPRING ST, JEFFERSONVILLE, IN 47130	55-0870768		5,200				BREAST CANCER SUPPORT THROUGH POWER OF PINK EVENT
(66) UNIVERSITY OF LOUISVILLE EVPHA OFFICE, 323 E CHESTNUT ST , STE 312, LOUISVILLE, KY 40202	61-1014882	501(C)(3)	5,000				GENERAL EDUCATION SUPPORT
(67) WELLSPRING SPECIAL EVENT P.O.BOX 1927, LOUISVILLE, KY 40201-1927	31-1020023	501(C)(3)	5,000				SUPPORTING MENTAL HEALTH RECOVERY
(68) PRP ALUMNI ASSOCIATION, INC PO BOX 58051, LOUISVILLE, KY 40268	32-0087730	501(C)(3)	5,000				SPONSORSHIP OF EXCELLENCE IN EDUCATION AWARD FOR PRPAA
(69) LOUISVILLE MEDICAL LEGAL COMMUNITY HEALTH PARTNERSHIP, 600 W MAIN , STE 110, LOUISVILLE, KY 40202	35-2079715	501(C)(3)	5,000				GERERAL PROGRAM SUPPORT
(70) PREGNANCY HELPLINE INC OF LOUISVILLE 515 WEST OAK ST, LOUISVILLE, KY 40203	61-1055060	501(C)(3)	5,000				GENERAL PROGRAM SUPPORT FOR PREGNANCY CENTER
(71) KENTUCKY PEDIATRIC SOCIETY % MARY YORK, EXEC.DIRECTOR, 420 CAPITAL AVE, FRANKFORT, KY 40601	61-1125554	501(C)(3)	5,000				SUPPORT FOR CONTINUING MEDICAL EDUCATION FOR KY PEDIATRIC PHYSICIANS
(72) KENTUCKY HARVEST, INC 7705 NATIONAL TURNPIKE, LOUISVILLE, KY 40214	61-1135269	501(C)(3)	5,000				SUPPORTING NUTRITIONAL NEEDS OF THE COMMUNITY
(73) CENTER FOR INTERFAITH RELATION, INC 415 W MULHAMMED ALI BLVD, STE 101, LOUISVILLE, KY 40202	61-1149619	501(C)(3)	5,000				SUPPORTING DIVERSITY OF FAITH TRADITIONS, STRENGTHEN THE ROLE OF FAITH IN SOCIETY THROUGH COMMON ACTIONS
(74) AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DR, LOUISVILLE, KY 40214	61-1251305	501(C)(3)	5,000				SUPPORT FOR EDUCATION AND OUTREACH FOR LOUISVILLE'S REFUGEE, IMMIGRANT AND UNDERSERVED POPULATIONS

(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
(75) MUHAMMAD ALI MUSEUM AND EDUCATION CENTER, INC 144 N 6TH ST, LOUISVILLE, KY 40202	61-1323046	501(C)(3)	5,000				SUPPORT WOW MENTORING PROGRAM
(76) OVARIAN AWARENESS OF KENTUCKY 2300 HURSTBOURNE VILLAGE DRIVE, STE 900, LOUISVILLE, KY 40299	61-1393292	501(C)(3)	5,000				SUPPORT EDUCATION AND AWARENESS OF OVARIAN CANCER AND PROVIDE SUPPORT WOMEN WITH OVARIAN CANCER
(77) THE ALS ASSOCIATION KY CHAPTER 8640 HAINES DR , STE F, FLORENCE, KY 41017	94-3124729	501(C)(3)	5,000				SUPPORT FOR ALS PATIENT CARE SERVICES PROGRAM

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>ALL GRANT APPLICANTS ARE REQUIRED TO SUBMIT A GRANT APPLICATION TO THE MANAGER OF STEWARDSHIP. THE GRANT IS REVIEWED AND APPROVED BY NORTON HEALTHCARE MANAGEMENT. ALL GRANT REQUESTS GREATER THAN \$100,000 REQUIRE THE APPROVAL OF THE NORTON HEALTHCARE FOUNDATION, INC. BOARD OF DIRECTORS OR THE CHILDREN'S HOSPITAL FOUNDATION BOARD OF TRUSTEES. SELECTION CRITERIA INCLUDES APPROPRIATENESS OF THE REQUEST, LEVEL OF NEED AND WHETHER THE REQUEST IS IN ALIGNMENT WITH THE ORGANIZATION'S GOALS AND OBJECTIVES. UPON APPROVAL, THE GRANT IS ENTERED INTO THE GRANT DATABASE AND THE FINANCIAL SYSTEM. THE ORGANIZATION REQUIRES THAT A PROGRESS REPORT BE SUBMITTED MIDWAY THROUGH THE PROJECT, AND A FINAL REPORT IS REQUIRED AT THE END OF THE PROJECT FOR WHICH FUNDING IS RECEIVED. GRANT REPORT DEADLINES AND GUIDELINES THAT EXPLAIN WHAT TO INCLUDE IN REPORTS WILL BE SENT TO THE PROJECT DIRECTOR/GRANTEE UPON GRANT AWARD NOTIFICATION. GRANT REPORTS MUST INCLUDE AN ACCOUNTING OF FUNDS EXPENDED AND ENCUMBERED, INCLUDING SUPPORTING DOCUMENTATION. GRANT RECIPIENTS WHO FAIL TO SUBMIT REPORTS OR ACCOUNT FOR THE EXPENSE OF GRANT FUNDS WILL NOT BE ALLOWED TO APPLY FOR FUTURE FUNDING UNTIL THE REPORTING REQUIREMENTS ARE MET.</p> <p>GRANTS WILL BE AWARDED FROM THE BOARD-DESIGNED FUND TO ADVANCE INITIATIVES THAT ARE ALIGNED WITH OR A DIRECT PART OF NORTON HEALTHCARE STRATEGIC PLAN. AWARDS ARE GRANTED FOR EDUCATION, RESEARCH, WORKFORCE DEVELOPMENT, COMMUNITY HEALTH AND/OR TECHNOLOGY OR EQUIPMENT OF SPECIAL NATURE.</p> <p>CASH ASSISTANCE IS AWARDED THROUGH THE COMMUNITY INITIATIVE COMMITTEE AND EXPENSED IN THE YEAR THAT THE CASH ASSISTANCE IS AWARDED. A REQUEST PROCESS IS IN PLACE TO ENSURE THAT THE REQUEST IS IN ALIGNMENT WITH THE NORTON HEALTHCARE VALUES AND STRATEGIC PLAN.</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA, INC</p> <p>550 SOUTH 1ST ST, LOUISVILLE, KY 40202</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>JEFFERSON COUNTY PUBLIC SCHOOLS</p> <p>JEFFERSON CO.BOARD OF EDUCATION, 3332 NEWBURG RD, LOUISVILLE, KY 40218</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COMMUNITY MEDICAL ASSOCIATES, INC</p> <p>ACCOUNTING, 224 E. BROADWAY, LOUISVILLE, KY 40202-2025</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF KENTUCKY</p> <p>COLLEGE OF PHARMACY, 789 S LIMESTONE ST STE 114, LEXINGTON, KY 40536-0596</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>SHAWNEE CHRISTIAN HEALTHCARE CENTER, INC.</p> <p>234 AMY AVE, LOUISVILLE, KY 40212</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ONEWEST CORPORATION</p> <p>2028 W. BROADWAY, STE 104, LOUISVILLE, KY 40203</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>HABITAT FOR HUMANITY METRO LOUISVILLE, INC</p> <p>1620 BANK ST, LOUISVILLE, KY 40203</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>METRO UNITED WAY INC</p> <p>DEPT.52860, PO BOX 950148, LOUISVILLE, KY 40295-0148</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA, INC:</p> <p>SUPPORT THE EXPANSION OF RMH'S PROVISION OF TEMPORARY ACCOMMODATIONS FOR FAMILIES OF CHILDREN RECEIVING CARE WITHIN LOUISVILLE MEDICAL CENTER</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>JEFFERSON COUNTY PUBLIC SCHOOLS:</p> <p>PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE IN THE COUNTY AND SUPPORT OF BASELINE CONCUSSION TESTING BY PROVIDING SPECIALIZED FOOTBALL HELMETS.</p>

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COMMUNITY MEDICAL ASSOCIATES, INC: SUPPORT OF A NURSE PRACTITIONER FOR THE BELLARMINE STUDENT HEALTH CLINIC; SUPPORT LOCAL PUBLIC SCHOOLS FOR SCHOOL-BASED TELEMEDICINE SERVICES AND SUPPORT OF MENTAL/BEHAVIORAL HEALTHCARE AS A HOLISTIC APPROACH TO CANCER CARE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UNIVERSITY OF KENTUCKY: SUPPORT UNIVERSITY OF KENTUCKY PHARMACY COLLEGE AND HEALTHCARE LEADERSHIP PROGRAM - GRADUATE SCHOLARSHIP
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SHAWNEE CHRISTIAN HEALTHCARE CENTER, INC.: SUPPORT SCHC'S OPERATIONAL NEEDS DURING THE TIME OF PROVIDER TRANSITION FOR THE RESIDENTS IN THE SHAWNEE-CHICKASAW COMMUNITY.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ONEWEST CORPORATION: SUPPORT INVESTMENT IN WEST LOUISVILLE WITH ONEWEST COMMUNITY REVITALIZATION PROJECT.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HABITAT FOR HUMANITY METRO LOUISVILLE, INC: GENERAL PROGRAM SUPPORT FOR HOME BUILD PROJECT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LEADERSHIP LOUISVILLE CENTER: PROGRAM SUPPORT OF LEADERSHIP PROGRAMMING
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	METRO UNITED WAY INC: SUPPORT THE ENGAGEMENT OF THE COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FAMILY COMMUNITY CLINIC, INC: SUPPORT THE MISSION OF THE FAMILY COMMUNITY CLINIC TO MEET THE HEALTHCARE NEEDS OF UNINSURED PATIENTS IN THE LOUISVILLE COMMUNITY
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FUND FOR THE ARTS, INC: SUPPORTING THE DEVELOPMENT AND EDUCATION AND QUALITY OF LIFE THROUGH THE ARTS
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	UNDERGRADUATE SCHOLARSHIPS FOR STUDENTS PURSUING EDUCATION FOR A CAREER IN THE HEALTHCARE FIELD
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

2018

Open to Public Inspection

Employer identification number

61-1028725

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input 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 type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RUSSELL F. COX PRESIDENT & CEO/TRUSTEE	(i) 1,092,389	(ii) 539,014	(iii) 392,345	109,695	29,726	2,163,169	38,500
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	(i) 468,944	(ii) 173,855	(iii) 1,311,015	114,337	12,841	2,080,992	958,590
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	MICHAEL W. GOUGH EXEC VP AND COO	(i) 789,537	(ii) 310,970	(iii) 231,069	192,261	22,559	1,546,397	91,560
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4	ADAM KEMPF SR VP, CFO/TREASURER	(i) 382,599	(ii) 119,735	(iii) 85,657	91,525	25,058	704,573	37,372
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
5	STEVEN HESTER, M.D. DIV PRESIDENT PROVIDER OPS & SYS CMO	(i) 632,807	(ii) 239,148	(iii) 128,247	167,438	27,549	1,195,189	86,240
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
6	DOUGLAS WINKELHAKE DIVISION PRESIDENT	(i) 580,354	(ii) 214,851	(iii) 134,861	155,807	27,922	1,113,795	76,504
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
7	TRACY WILLIAMS SR VP & CNO	(i) 362,476	(ii) 139,413	(iii) 183,895	33,245	17,726	736,755	51,865
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
8	STEVE READY SYS VP CIO	(i) 464,015	(ii) 125,875	(iii) 95,629	111,274	25,674	822,468	50,516
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
9	SCOTT WATKINS SR VP OPERATIONS	(i) 409,364	(ii) 155,360	(iii) 99,893	113,800	26,529	804,946	48,488
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
10	JAMES FRAZIER, M.D. VP MEDICAL AFFAIRS	(i) 386,725	(ii) 108,378	(iii) 93,737	81,016	25,940	695,797	46,536
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
11	STEVEN HEILMAN, M.D. SYS VP ANCILLARY SERV & CMIO	(i) 384,868	(ii) 109,264	(iii) 87,583	74,608	26,205	682,527	45,364
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
12	MARY JO BEAN SR VP PLANNING & BUS ANALYSIS	(i) 320,858	(ii) 116,081	(iii) 79,057	80,611	18,498	615,105	35,629
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
13	DANA ALLEN SYS VP CHIEF MKTG & COMMUNICATION OFFICER	(i) 298,898	(ii) 93,810	(iii) 97,109	25,572	14,755	530,143	9,000
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
14	KATHLEEN EXLINE VP PERF EXCEL & CARE CONTINUUM	(i) 302,873	(ii) 73,223	(iii) 55,011	60,059	22,244	513,411	31,440
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
15	JIM MEYERS SYS VP REVENUE CYCLE	(i) 280,599	(ii) 75,828	(iii) 46,739	59,333	24,978	487,478	33,028
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
16	(SEE STATEMENT)	(i)						
		(ii)						

Schedule J (Form 990) 2018

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) MARY LYNN MEYER SR VP CDO	(i)	211,547	0	0	0	0	211,547	0
	(ii)	140,737	167,414	72,152	87,500	17,037	484,840	47,830
(17) JENNIFER EVANS, M.D. SYS VP WOMEN'S & PEDIATRIC SVC LINE	(i)	363,768	75,906	30,424	66,643	17,266	554,006	0
	(ii)	0	0	0	0	0	0	0
(18) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	(i)	277,967	71,417	41,944	55,603	16,795	463,726	0
	(ii)	0	0	0	0	0	0	0
(19) STEPHEN WYATT, M.D. CHIEF RESEARCH EXECUTIVE	(i)	329,663	31,277	24,054	19,160	4,059	408,214	0
	(ii)	0	0	0	0	0	0	0
(20) KIMBERLY THARP-BARRIE SYS VP NURSING INST/OUTREACH	(i)	252,196	69,300	61,362	55,086	9,735	447,679	0
	(ii)	0	0	0	0	0	0	0
(21) ALFONSO CORNISH SYS VP LEARNING & ORG DEV	(i)	212,594	64,071	106,133	309,728	10,088	702,613	7,572
	(ii)	0	0	0	0	0	0	0
(22) CHARLES BOHN FORMER SYS VP CHIEF HR OFFICER	(i)	0	150,426	480,292	82,508	19,188	732,413	476,862
	(ii)	0	0	0	0	0	0	0
(23) MICHAEL ESPOSITO FORMER SYS VP CHIEF NETWORK DEVELOPMENT OFFICER	(i)	0	87,222	212,060	0	14	299,297	157,807
	(ii)	0	0	0	0	0	0	0
(24) THOMAS JOHNSON FORMER SYS VP PR-CHIEF COMMUNICATION OFFICER	(i)	0	0	172,668	26,235	8,014	206,917	149,654
	(ii)	0	0	0	0	0	0	0
(25) KENNETH WILSON, M.D. SYS VP CLINICAL EFFECTIVENESS	(i)	0	0	0	0	0	0	0
	(ii)	303,241	80,332	101,812	25,574	18,119	529,079	9,854

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT	<p>DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE, INC. EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NORTON HEALTHCARE PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS. THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NORTON HEALTHCARE DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT.</p> <p>THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2018:</p> <p>RUSSELL F. COX - \$30,000 MICHAEL G. GOUGH - \$30,000 ROBERT B. AZAR - \$17,500 ADAM KEMPF - \$15,000 TRACY WILLIAMS - \$17,500 STEVE HESTER - \$17,500 SCOTT WATKINS - \$15,000 CHARLES BOHN - \$17,500 STEVE READY - \$10,000 JAMES FRAZIER - \$10,000 STEVE HEILMAN - \$10,000 KENNETH WILSON - \$10,000 DOUGLAS WINKLEHAKE - \$17,500 DANA ALLEN - \$15,000 THOMAS JOHNSON - \$3,462 MARY JO BEAN - \$15,000 KIMBERLY THARP-BARRIE - \$10,000 SHELLY GAST - \$10,000 JENNIFER EVANS - \$10,000 KATHLEEN EXLINE - \$10,000 JIM MEYERS - \$10,000</p>
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	SEVERANCE PAYMENT WAS RECEIVED DURING 2018 BY FORMER KEY EMPLOYEES, THOMAS JOHNSON IN THE AMOUNT OF \$114,205; CHARLES BOHN IN THE AMOUNT OF \$423,930 . OTHER COMPENSATION INCLUDED IN SCHEDULE J COLUMN B(III)

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-FLEX BENEFIT PLAN, 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 - \$83,271 MICHAEL W. GOUGH - \$166,273 ROBERT AZAR - \$95,263 ADAM KEMPF - \$72,433 MARY LYNN MEYER - \$65,110 DANA ALLEN - \$8,559 MARY JO BEAN - \$58,687 CHARLES BOHN - \$68,758 JENNIFER EVANS - \$52,893 SHELLY GAST - \$38,389 ALFONSO CORNISH - \$3,485 KATHLEEN EXLINE - \$42,720 JAMES FRAZIER - \$64,003 STEVEN HEILMAN - \$57,589 STEVEN HESTER - \$140,631 JIM MEYERS - \$40,209 STEVE READY - \$84,824 SCOTT WATKINS - \$84,337 TRACY WILLIAMS - \$14,982 KENNETH WILSON - \$8,138 DOUGLAS WINKELHAKE - \$125,279 STEPHEN WYATT - \$5,410 KIMBERLY THARP-BARRIE - \$34,903</p> <p>THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2018 AND CAN BE COMPRISED OF CURRENT AND OR PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS.</p> <p>NAME - PAYMENT RECEIVED RUSSELL F. COX - \$195,580 MICHAEL W. GOUGH - \$108,176 ROBERT AZAR - \$1,267,600 ADAM KEMPF - \$48,754 MARY LYNN MEYER - \$48,263 DANA ALLEN - \$53,240 MARY JO BEAN - \$41,167 CHARLES BOHN - \$61,491 JENNIFER EVANS - \$16,339 SHELLY GAST - \$28,004 ALFONSO CORNISH - \$42,352 MICHAEL ESPOSITO - \$200,060 KATHLEEN EXLINE - \$31,725 JAMES FRAZIER - \$58,324 STEVEN HEILMAN - \$55,088 STEVEN HESTER - \$87,022 THOMAS JOHNSON - \$58,040 JIM MEYERS - \$33,327 STEVE READY - \$60,874 SCOTT WATKINS - \$62,192 TRACY WILLIAMS - \$138,385 KENNETH WILSON - \$58,178 DOUGLAS WINKELHAKE - \$94,689 KIMBERLY THARP-BARRIE - \$35,828</p>
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	<p>IN 2018, 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

2018

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAL8	08/10/2011	75,000,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
B	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006		08/24/2011	23,775,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
C	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006		10/31/2012	21,100,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
D	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAW4	09/26/2013	200,000,887	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		16,050,000		14,700,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	75,000,300		23,775,000		21,100,000		200,060,571	
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	953,000		150,000		171,313		0	
8	Credit enhancement from proceeds	2,000		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		31,048	
10	Capital expenditures from proceeds	74,045,259		0		0		200,029,523	
11	Other spent proceeds	41		23,625,000		20,928,687		0	
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2011						2014	
		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) 2018

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 . . . ►		2.21 %		%		%		1.42 %
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 . . . ►		0.71 %		%		%		0.71 %
6 Total of lines 4 and 5		2.92 %		0.00 %		0.00 %		2.13 %
7 Does the bond issue meet the private security or payment test?		✓						✓
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						✓
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓						✓	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		✓
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?	✓		✓		✓		✓	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		08/11/2016		08/24/2016		10/29/2017		09/26/2018
3 Is the bond issue a variable rate issue?	✓		✓			✓	✓	

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Part I Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	11,710,000		36,015,000					
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	616,259,740		100,075,000					
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	1,948,813							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	4,540,316							
10	Capital expenditures from proceeds	249,979,946							
11	Other spent proceeds	308,563,977		100,075,000					
12	Other unspent proceeds	51,226,688							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓				
16	Has the final allocation of proceeds been made?		✓	✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

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

Cat. No. 50193E

Schedule K (Form 990) 2018

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 . . . ▶	0.96 %		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 . . . ▶	0.71 %		0.00 %					
6	Total of lines 4 and 5	1.67 %		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?		✓	✓					

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	ROW D, 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) - ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW B, TO REFUND A PORTION OF THE COUNTY OF JEFFERSON, KENTUCKY HEALTH SYSTEM REVENUE BONDS, SERIES 1997 (ALLIANT HEALTH SYSTEM, INC.) AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS.
SCHEDULE K, PART I, COLUMN (F) - ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW A, 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) - ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW C, TO REFUND THE REMAINDER OF THE COUNTY OF JEFFERSON, KENTUCKY HEALTH SYSTEM REVENUE BONDS, SERIES 1997 (ALLIANT HEALTH SYSTEM, INC.) AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS.
SCHEDULE K, PART I, COLUMN (F) - LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW E; 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) - LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW F: CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM VARIABLE RATE REVENUE REFUNDING BONDS, SERIES 2011D (NORTON HEALTHCARE, INC.) AND CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM VARIABLE RATE REVENUE BONDS, SERIES 2013B (NORTON HEALTHCARE, INC.)
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	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. 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. 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 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN D, E AND F - 2013 BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN D, E AND F - 2016 BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2016 BOND ISSUE WERE PAID FOR WITH INTEREST INCOME ACCRUED DURING THE FIRST BOND YEAR FROM THE BOND PROCEEDS. NO BOND PROCEEDS WERE USED TO PAY FOR THE COST OF ISSUANCE.
SCHEDULE K, PART III - PRIVATE BUSINESS USE	APPLICABLE QUESTIONS ARE LEFT BLANK DUE TO BONDS 8/24/11 AND 10/31/12 BEING 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 08/11/2016
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 08/24/2016
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 10/29/2017
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 9/26/2018
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 09/26/2018
SCHEDULE K, PART IV, LINE 5C - IS THE BOND ISSUE A VARIABLE RATE ISSUE?	COLUMN E - 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 L
(Form 990 or 990-EZ)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

2018**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 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) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 22,139						

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 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

(SEE STATEMENT)

Part II**Loans to and/or From Interested Persons** (continued)

(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) KATHLEEN EXLINE	NORTON HEALTHCARE, INC. HIGHLY COMPENSATED EMPLOYEE	NORTON HEALTHCARE, INC SCHOLAR PROGRAM (DISCLOSURE CONTINUED BELOW)		✓	28,309	22,139		✓	✓		✓	

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	\$40,514	COMPENSATION		✓

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE L, PART II, COLUMN (A) - SCHEDULE L, PART II, COLUMN (A) - PURPOSE OF LOAN	<p>NORTON HEALTHCARE SCHOLARS PROGRAM IS A STUDENT LOAN PROGRAM THAT PROVIDES EDUCATIONAL FUNDING TO STUDENTS INTERESTED IN PURSUING DESIGNATED HEALTHCARE CAREERS. IT IS AN AFFILIATION BETWEEN NORTON HEALTHCARE AND OVER 100 COLLEGES AND UNIVERSITIES NATIONALLY.</p> <p>THIS PROGRAM WAS STARTED BY NORTON HEALTHCARE AS A RESULT OF THE HEALTHCARE WORKER SHORTAGE AND WAS BEGUN AS A WORKFORCE DEVELOPMENT INITIATIVE TO ENSURE THE COMMUNITY HAS ENOUGH HEALTHCARE WORKERS. UPON GRADUATION, NORTON HEALTHCARE SCHOLARS BEGIN CAREERS WITH NORTON HEALTHCARE AND ARE ELIGIBLE TO HAVE THEIR LOAN FORGIVEN. CURRENTLY NORTON HEALTHCARE HAS 639 SCHOLARS IN SCHOOL. THIS PROGRAM HAS 417 GRADUATES AND 353 OF THESE GRADUATES HAVE CONTINUED THEIR CAREERS WITH NORTON HEALTHCARE. APPLICANTS ARE REVIEWED EACH YEAR FOR THIS PROGRAM. FOR 2018, 245 APPLICANTS WERE GRANTED ENROLLMENT INTO THE NORTON HEALTHCARE SCHOLARS PROGRAM. SCHOLARS WHO FAIL TO GRADUATE OR FULFILL THEIR COMMITMENT WITH NORTON HEALTHCARE ARE REQUIRED TO REPAY THE LOAN AT THE TIME OF WITHDRAWAL FROM THE PROGRAM.</p>

**SCHEDULE O
(Form 990 or 990-EZ)**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

2018

Open to Public Inspection

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

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT	<p>(CONTINUED FROM PART III)</p> <p>IN 2018, NHC, THROUGH ITS AFFILIATE, COMMUNITY MEDICAL ASSOCIATES, INC., HAD APPROXIMATELY 2.2 MILLION PATIENT ENCOUNTERS. NHC'S HOSPITALS, DIAGNOSTIC CENTERS AND NORTON CANCER INSTITUTE (NCI) SERVED 72,355 INPATIENTS, 560,845 OUTPATIENTS, AND 249,388 EMERGENCY ROOM VISITS. IN ADDITION NHC HOSPITALS' OPERATING ROOMS CARED FOR 20,947 INPATIENT SURGICAL PATIENTS AND 35,751 OUTPATIENT SURGICAL PATIENTS. ADDITIONALLY, 7,564 BABIES WERE DELIVERED AT NHC BIRTHING CENTERS.</p> <p>AS PART OF OUR COMMITMENT TO IMPROVING THE HEALTH OF OUR COMMUNITY, NHC PROVIDES FUNDING FOR A WIDE ARRAY OF LIFE-SAVING AND LIFE-ENHANCING SERVICES THAT BENEFIT THE COMMUNITIES WE SERVE. IN 2018, UNDER ITS CHARITY CARE PROGRAM, NHC PROVIDED FREE CARE TO 13,284 PATIENTS, AT A COST OF \$13.4 MILLION. ALSO, NHC GRANTS PATIENTS A DISCOUNT FROM BILLED CHARGES TO ANY INDIVIDUALS THAT HAVE NO ACCESS TO PRIVATE HEALTH INSURANCE OR DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE. UNDER THIS PROGRAM, 11,472 PATIENTS WERE PROVIDED CARE AT DISCOUNTED RATES. OTHER CONTRIBUTIONS TO THE COMMUNITY WERE THE UNPAID COST OF MEDICAID SERVICES OF \$95.4 MILLION AND EDUCATIONAL SUPPORT OF \$43.3 MILLION PRIMARILY TO THE UNIVERSITY OF LOUISVILLE'S SCHOOL OF MEDICINE. ALSO COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALLED \$10.1 MILLION, AND CONTRIBUTIONS TO COMMUNITY GROUPS WERE \$3.2 MILLION.</p> <p>AS NHC REPRESENTATIVES, OUR EMPLOYEES DONATED 53,607 HOURS OF COMMUNITY BENEFIT SERVICE, A BENEFIT VALUED AT MORE THAN \$1.0 MILLION. IN ADDITION, MANY EMPLOYEES SELF-REPORTED PERSONAL VOLUNTEER ACTIVITIES.</p> <p>NHC PROVIDES PROGRAMMATIC SUPPORT TO THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE THROUGH FUNDING AND FACILITIES. DURING THE 2018 CALENDAR YEAR, 180 RESIDENTS COMPLETED CLINICAL ROTATIONS IN 42 SPECIALTIES AT NHC FACILITIES. RESIDENCY PROGRAMS ARE PART OF THE \$43.3 MILLION IN EDUCATIONAL SUPPORT AND CLINICAL FUNDING PROVIDED TO THE SCHOOL.</p> <p>CONTRIBUTIONS TO THE COMMUNITY</p> <p>*NHC EMPLOYEES AND PHYSICIANS GAVE NEARLY \$952,775 TO THE 2018-2019 COMBINED GIVING CAMPAIGN TO HELP SUPPORT COMMUNITY ORGANIZATIONS ALSO COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF COMMUNITY RESIDENTS. SUPPORTED ORGANIZATIONS INCLUDE: THE WHAS CRUSADE FOR CHILDREN, METRO UNITED WAY, FUND FOR THE ARTS, THE CHILDREN'S HOSPITAL FOUNDATION (CHF) AND NORTON HEALTHCARE FOUNDATION (NHF).</p> <p>*MORE THAN 140 NHC EMPLOYEES "RAISED THE ROOF" ON A HABITAT FOR HUMANITY HOUSE ON BROADLEAF DRIVE IN LOUISVILLE, KY. THIS IS THE TWELFTH HABITAT HOME NHC EMPLOYEES HAVE BUILT.</p> <p>*IN 2018, MORE THAN 2,500 NHC EMPLOYEES DONATED TIME AND FUNDS TO PLAN, PURCHASE AND DELIVER GIFTS, FOOD AND CLOTHING FOR THE CARING TREE PROGRAM. THE PROGRAM ASSISTED 438 EMPLOYEES AND THEIR 975 CHILDREN/DEPENDENTS BY PROVIDING FOR THEIR FAMILIES AT CHRISTMAS.</p> <p>*MORE THAN 38,000 POUNDS OF USABLE SURPLUS MEDICAL SUPPLIES VALUED AT MORE THAN \$623,000 AND \$40,000 IN EQUIPMENT WERE DONATED FOR USE LOCALLY AND AROUND THE WORLD.</p> <p>COMMUNITY EDUCATION AND WORKFORCE DEVELOPMENT</p> <p>AS ONE OF KENTUCKY'S LARGEST HEALTHCARE SYSTEMS, NHC HAS ESTABLISHED A CULTURE OF CONTINUAL, LIFELONG LEARNING THROUGH THE DEPARTMENTS OF WORKFORCE DEVELOPMENT, NORTON INSTITUTE FOR NURSING AND NORTON UNIVERSITY.</p> <p>WORKFORCE DEVELOPMENT, ENCOURAGES CONTINUING EDUCATION, IMPROVES JOB PERFORMANCE AND PROVIDES FINANCIAL ASSISTANCE FOR DESIGNATED EDUCATIONAL PROGRAMS RELATED TO THE BUSINESS OPERATIONS OF THE ORGANIZATION. NHC ENCOURAGES AND SUPPORTS EMPLOYEES AND DEPENDENTS CAREER GOALS BY PROVIDING FINANCIAL ASSISTANCE AND SCHOLARSHIPS AS WELL AS OTHER ADVANCEMENT OPPORTUNITIES. ESTABLISHED IN THE EARLY 2000'S, THE OFFICE OF WORKFORCE DEVELOPMENT HAS ASSISTED MORE THAN 6,000 STUDENTS (74 PERCENT FRONTLINE) WITH TUITION ASSISTANCE. IN 2018, WORKFORCE DEVELOPMENT FINANCIALLY SUPPORTED 639 STUDENTS WITH NEARLY \$5.1 MILLION IN EDUCATIONAL ASSISTANCE PROGRAMS.</p> <p>*WORKFORCE DEVELOPMENT CAREER CENTER SERVED OVER 1,400 STUDENTS. EACH PROGRAM PARTICIPANT WORKED DIRECTLY WITH A CERTIFIED CAREER MANAGEMENT COACH, OFFERING SERVICES IN RESUME WRITING; CAREER AND EDUCATIONAL EXPLORATION; FINANCIAL ASSISTANCE OPPORTUNITIES FOR EDUCATIONAL PURSUIT; INTERVIEWING SKILLS AND MENTORING.</p> <p>*NORTON SCHOLARS ACCELERATED PROGRAM, A STUDENT LOAN PROGRAM, FOR EMPLOYEES AND NON-EMPLOYEES, PROVIDES EDUCATIONAL FUNDING TO STUDENTS INTERESTED IN PURSUING DESIGNATED HEALTHCARE CAREERS. IT IS AN AFFILIATION BETWEEN NHC AND OVER 100 COLLEGES AND UNIVERSITIES NATIONALLY. THIS PROGRAM HAS 2,736 GRADUATES AND 2,228</p>

Return Reference - Identifier	Explanation
	<p>OF THESE GRADUATES HAVE CONTINUED THEIR CAREERS WITH NHC.</p> <p>*IN 2014, NHC WAS A NATIONAL FUND FOR WORKFORCE SOLUTIONS CAREERSTAT FRONTLINE WORKER CHAMPION. SINCE 2011, NHC, THROUGH WORKFORCE DEVELOPMENT, HAS BEEN A PARTNER WITH THE CITY OF LOUISVILLE THROUGH A SUMMER JOB AND INTERNSHIP PROGRAM KNOWN AS THE MAYOR SUMMERS WORK PROGRAM, TO GIVE YOUNG ADULTS AN OPPORTUNITY TO BE EMPLOYED IN OUR HEALTHCARE ENVIRONMENT DURING THE SUMMER MONTHS. IN 2018, NHC EVOLVED THE SUMMER WORKS PROGRAM INTO A STRATEGIC PIPELINE DEVELOPMENT PROGRAM IN CONJUNCTION WITH OUR PUBLIC SCHOOL SYSTEM. JEFFERSON COUNTY PUBLIC SCHOOLS CREATED AN ACADEMY MODEL IN WHICH STUDENTS HAVE THE OPPORTUNITY TO SELECT FOCUSED EDUCATION AND INDUSTRY RECOGNIZED CREDENTIALS IN HIGH SCHOOL. NHC TRANSFORMED THE SUMMER PROGRAM AND PREVIOUS HIGH SCHOOL SCHOLARSHIPS INTO A COMPREHENSIVE THREE TIERED ACADEMY APPRENTICE PROGRAM FOR HEALTHCARE ACADEMY STUDENTS. THE MODEL IS A THREE TIERED APPRENTICE MODEL: EXPLORER, SUMMER EXTERN, AND APPRENTICE. BEGINNING WITH A STUDENT'S JUNIOR YEAR, THE STUDENT WILL EXPLORE CAREER PATHWAYS IN ONE OF 4 KEY AREAS: PATIENT CARE, MEDICAL OFFICE, ALLIED HEALTH, AND PHARMACY TECHNICIAN. NHC PRIMARILY FOCUSED ON PATIENT CARE AND MEDICAL OFFICE IN 2018. EACH PHASE OFFERS A RIGOROUS CURRICULUM, BUSINESS ACUMEN, AND PROFESSIONAL DEVELOPMENT, AS WELL AS HANDS ON LEARNING OPPORTUNITIES IN THE CAREER FIELD OF THEIR CHOICE. THIRTY STUDENTS PARTICIPATED IN THE 2018 PILOT PROGRAM. RETENTION WAS 100 PERCENT OVER THE FIRST YEAR. TO DATE, NHC HAS TRANSITIONED OVER 20 OF THE 30 INTO FULL STAFF POSITIONS WITH THE ORGANIZATION POST COMPLETION OF THE PROGRAM OFFERING TUITION ASSISTANCE TO CONTINUE THEIR ACADEMIC AND CAREER PURSUITS WHILE WORKING IN THE FIELD OF THEIR CHOICE.</p> <p>*THE STUDENT NURSE APPRENTICESHIP PROGRAM IS A 12-TO-18-MONTH APPRENTICESHIP IN WHICH NURSING STUDENTS WILL WORK AND ENGAGE IN HANDS-ON LEARNING WITH AN EXPERIENCED MENTOR, IN ADDITION TO BECOMING ACCLIMATED TO NHC. TOP AREA STUDENT NURSES WITH GOOD GRADES, GOOD REFERENCES AND A DESIRE TO BE THE BEST WILL GAIN THE SKILLS AND THE CONFIDENCE TO DELIVER QUALITY PATIENT CARE.</p> <p>NORTON UNIVERSITY PROVIDES LEARNING OPPORTUNITIES TO ENHANCE THE PROFESSIONAL, EDUCATIONAL, AND PERSONAL DEVELOPMENT OF ALL EMPLOYEES. NORTON UNIVERSITY'S VALUE PROPOSITION STATES "NORTON UNIVERSITY NURTURES LEARNING AND RELATIONSHIPS TO INSPIRE CHANGE THAT LEADS TO EXCEPTIONAL EXPERIENCES FOR BOTH PATIENTS AND EMPLOYEES." IN 2018, NORTON UNIVERSITY HELD 270,525 LEARNING EVENTS, AN AVERAGE OF 18 TRAININGS PER EMPLOYEE. IN 2018, 136,697 WEB-BASED TRAINING COURSES AND 51,829 INSTRUCTOR-LED COURSES WERE COMPLETED BY LEADERS AND STAFF OF ALL DISCIPLINES.</p> <p>*ELEVATING THE FIRST LINE EMPLOYEE, SCHOOL AT WORK, COLLEGE AT WORK, AND CAREER COACHING PROGRAMS EXPOSE ENTRY-LEVEL STAFF TO HEALTHCARE CAREERS AND HELP THEM OBTAIN A HIGHER LEVEL POSITION, GED, OR COLLEGE DEGREE.</p> <p>*LEADERSHIP DEVELOPMENT PROGRAMS SUPPORT THE DEVELOPMENT OF LEADERS (NURSING, PHYSICIAN PRACTICES, PHYSICIAN, AND SYSTEM) ACROSS THE CONTINUUM.</p> <p>*ORGANIZATIONAL DEVELOPMENT ACTIVITIES THAT ASSIST IN CREATING A MORE EFFECTIVE AND EFFICIENT WORKPLACE WITH HIGHLY ENGAGED EMPLOYEES WHILE WORKING IN THE FIELD OF THEIR CHOICE.</p> <p>NORTON FAITH AND HEALTH MINISTRIES</p> <p>NORTON FAITH AND HEALTH MINISTRIES (FHM) WORKS WITH CHURCHES AND FAITH COMMUNITIES TO WEAVE HEALTH AND FAITH TOGETHER, PROMOTING THE INTENTIONAL INTEGRATION OF FAITH, HEALING, AND WELLNESS THROUGH THE DEVELOPMENT OF HEALTH MINISTRIES. FHM PROVIDES MENTORING, EDUCATIONAL RESOURCES, AND NETWORKING OPPORTUNITIES TO ASSIST HEALTH MINISTRY COORDINATORS AND FAITH COMMUNITY NURSES MINISTER TO THEIR CHURCHES. IN 2018, THE DEPARTMENT MENTORED AND SERVED NEARLY 200 MULTI-DENOMINATIONAL FAITH COMMUNITIES WITH ACTIVE HEALTH MINISTRY PROGRAMS, AND ASSISTED OTHERS WITH HEALTH AND WELLNESS EFFORTS.</p> <p>*FHM NURTURED RELATIONSHIPS WITH FAITH COMMUNITIES THROUGH PARTICIPATION IN EVENTS HELD BY THE EPISCOPAL DIOCESE OF KENTUCKY, THE KENTUCKY CONFERENCE OF UNITED METHODIST CHURCH, CENTRAL DISTRICT BAPTIST ASSOCIATION, UNITED CHURCH OF CHRIST MINISTERIUM, TRI-KENTUCKY PRESBYTERY, AND OTHERS.</p> <p>*IN ORDER TO ADVANCE CONGREGATIONAL HEALTH MINISTRIES, FAITH COMMUNITY NURSING AND OTHER HEALTH-RELATED PROGRAMS, FHM MADE 36,000 CONTACTS BY DISTRIBUTING 19 ELECTRONIC NEWSLETTERS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT</p>	<p>AT 90 REGIONAL FAITH COMMUNITY EVENTS, PEOPLE WERE PROVIDED HEALTH LITERACY EDUCATION USING EDUCATIONAL TOOLS LOANED FROM FHM. AT 214 EVENTS, 1,600 PEOPLE WERE SCREENED FOR BLOOD PRESSURE, BLOOD GLUCOSE, BODY MASS INDEX AND/OR CHOLESTEROL, AND OFTEN RECEIVED COUNSELING AND REFERRALS BY FAITH COMMUNITY NURSES. SIX FORMAL EDUCATIONAL AND NETWORKING EVENTS WERE HELD REACHING 358 INDIVIDUALS</p> <p>NORTON PASTORAL CARE</p> <p>THE PASTORAL CARE DEPARTMENT PROVIDES SPIRITUAL, RELIGIOUS, AND EMOTIONAL CARE AND SUPPORT FOR PATIENTS, FAMILIES AND STAFF THROUGHOUT THE SYSTEM, 24 HOURS A DAY, 7 DAYS A WEEK. IN 2018, CHAPLAINS MADE MORE THAN 35,000 PATIENT CONTACTS PLUS ADDITIONAL CONTACTS WITH THEIR FAMILIES. THE ASSISTANCE INCLUDED, BUT WAS NOT LIMITED TO: GRIEF SUPPORT AND FACILITATION OF DECISION MAKING AT DEATHS, END OF LIFE AND GOALS OF CARE CONVERSATIONS, EDUCATION AND ENACTING ADVANCE DIRECTIVES, RELIGIOUS RITUALS AND LITERATURE, ETHICAL DILEMMAS, COMFORT AND CONVERSATION WITH PATIENT WHO ARE LONELY, AFRAID, CONFLICTED, OR STRUGGLING. CHAPLAINS CARE FOR PEOPLE REGARDLESS OF THEIR RELIGIOUS OR SPIRITUAL BACKGROUND OR BELIEFS TO HELP THEM USE AND STRENGTHEN THEIR SPIRITUAL, EMOTIONAL, AND RELATIONAL RESOURCES IN BETTER COPE AND TO THRIVE.</p> <p>A UNIQUE ASPECT OF CARE PROVIDED BY THE PASTORAL CARE DEPARTMENT IS THE BEREAVEMENT INTERVENTION PROGRAM. THROUGH THIS PROGRAM, THE BEREAVEMENT CHAPLAIN CONNECTS WITH ALL OF THE MORE THAN 100 FAMILIES WHOSE CHILD DIED AT NCH. THAT CONTACT OFTEN BEGINS AT THE TIME OF DEATH, AND CAN INCLUDE A FUNERAL HOME VISIT, VISIT IN THE HOME, PHONE CALLS, LETTERS, AND A DINNER AND GRIEF EDUCATIONAL PROGRAM THAT HELPS FAMILY AND FRIENDS KNOW BETTER HOW TO CARE FOR THE PARENTS.</p> <p>IN ADDITION TO THE VISITS TO CARING FOR PATIENT AND FAMILIES, THE CHAPLAINS PROVIDE CARE EVERY DAY TO THE STAFF OF THE SYSTEM THROUGH INDIVIDUAL COUNSELING, SHARING PRAYERS AND OTHER RITUALS, DEBRIEFING STRESSFUL EVENTS ON UNITS, COMFORTING A DEPARTMENT WHEN A CO-WORKER DIES, AND BLESSING NEWLY-RENOVATED UNITS. THROUGH TEACHING, COMMITTEE INVOLVEMENT, ETHICS CONSULTS, AND MANY OTHER WAYS, CHAPLAINS ARE FULLY INTEGRATED INTO THE LIFE OF THE SYSTEM.</p> <p>NORTON HEART CARE</p> <p>NORTON HEART & VASCULAR INSTITUTE PROVIDES THE REGION'S MOST COMPREHENSIVE SCREENING, EDUCATION AND PREVENTION PROGRAM AND IS COMMITTED TO EDUCATING OUR COMMUNITY ABOUT HEART HEALTH AND RISK FACTOR MANAGEMENT. IN 2018:</p> <p>*NORTON HEART & VASCULAR INSTITUTE RESOURCE CENTER OFFERED SEVERAL FREE CLASS SERIES TO THE COMMUNITY INCLUDING:</p> <p>*CIRCLE OF HEARTS CLASS SERIES, A QUARTERLY HEART DISEASE AND PREVENTION CLASS THAT FOCUSES ON HEART HEALTH EDUCATION AND OTHER WELLNESS ISSUES OF INTEREST TO WOMEN. TOTAL ATTENDEES FOR THE 2018 CLASS SERIES WAS 110.</p> <p>*TAI CHI FOR HEART HEALTH, A FREE CLASS SERIES OFFERED SEVERAL TIMES A YEAR DESIGNED FOR THOSE WITH HEART ISSUES TO HELP IMPROVE QUALITY OF LIFE, PSYCHOLOGICAL WELL-BEING, BLOOD PRESSURE, BALANCE, FLEXIBILITY, STRESS, AND DEPRESSION. TOTAL ATTENDEES FOR 2018 WAS 24.</p> <p>*AFIB EDUCATION WORKSHOPS WERE OFFERED THREE TIMES IN 2018 WHERE PATIENTS FACING AN ATRIAL FIBRILLATION (A-FIB) DIAGNOSIS COULD LEARN MORE ABOUT THE LATEST IN TREATMENT AND MEDICATION OPTIONS, STEPS TO LOWER RISK OF STROKE, AND HOW TO LIVE BETTER WITH A-FIB. TOTAL ATTENDEES FOR 2018 WAS 120.</p> <p>*HEART FAILURE EDUCATION WORKSHOPS WERE OFFERED 6 TIMES IN 2018 TO PATIENTS AND THEIR FAMILIES TO LEARN ABOUT WAYS TO LIVE A FULL LIFE AND REDUCE SIDE EFFECTS WHILE MANAGING HEART FAILURE. TOTAL ATTENDEES FOR 2018 WAS 81.</p> <p>*THE NORTON HEART & VASCULAR INSTITUTE IS A 10 YEAR ACTIVE SUPPORTER OF THE AMERICAN HEART ASSOCIATION'S (AHA) GO RED FOR WOMEN MOVEMENT. AS PART OF OUR SUPPORT, NORTON PREVENTION & WELLNESS PARTICIPATED IN SEVERAL COMMUNITY EVENTS HOSTED BY THE AHA AND PROVIDED 491 FREE HEALTH SCREENINGS AND EDUCATION TO THOSE IN ATTENDANCE. IN ADDITION, A FREE BREAKOUT SESSION WAS OFFERED PRIOR TO THE ANNUAL GO RED FOR WOMEN LUNCHEON, HEART HEALTHY SNACKING THE BLUE ZONE WAY, TO MORE THAN 45 ATTENDEES TO PROVIDE EDUCATION AND RESOURCES TO MODIFY SNACK CHOICES TO PROMOTE A HEART HEALTHY LIFESTYLE.</p> <p>*NORTON HEART & VASCULAR INSTITUTE RESOURCE CENTER CARDIOVASCULAR NURSE NAVIGATOR ATTENDED 16 HEART HEALTH COMMUNITY EVENTS, INCLUDING HEALTH FAIRS, PRESENTATIONS AND SPEAKING ENGAGEMENTS REPRESENTING BUSINESSES, CHURCHES, WOMEN'S GROUPS AND HEALTH CARE PROFESSIONALS. MORE THAN 1,347 PARTICIPANTS ATTENDED THE EVENTS.</p> <p>*NORTON HEART & VASCULAR INSTITUTE OFFERS THE ONLY WOMENHEART SUPPORT GROUP IN KENTUCKY AND IS THE ONLY HOSPITAL SYSTEM IN KENTUCKY TO BE A WOMENHEART NATIONAL HOSPITAL ALLIANCE MEMBER. WOMEN HEART IS THE NATIONAL COALITION FOR WOMEN LIVING WITH CARDIOVASCULAR DISEASE AND IS THE ONLY PATIENT-CENTERED PROGRAM OFFERING SUPPORT AND EDUCATION FOR WOMEN LIVING WITH CARDIOVASCULAR DISEASE. IN 2018, NORTON HEART & VASCULAR INSTITUTE SUPPORTED THE ADDITION OF ONE WOMAN HEART SURVIVOR TO JOIN OUR TEAM OF WOMENHEART CHAMPIONS FOR A TOTAL OF 8. EACH OF THESE CHAMPIONS ATTEND A TRAINING AT THE MAYO CLINIC DURING THE WOMEN HEART SYMPOSIUM TO GAIN THE SKILLS NECESSARY TO PROVIDE SUPPORT AND EDUCATION TO OUR PATIENTS AND TO THE WOMEN IN OUR COMMUNITY LIVING WITH CARDIOVASCULAR DISEASE.</p>

Return Reference - Identifier	Explanation
	<p>*THE MONTHLY WOMENHEART SUPPORT GROUP IS OFFERED AT THE MARSHALL WOMEN'S HEALTH AND EDUCATION CENTER. IT IS LED BY THE EIGHT TRAINED WOMENHEART CHAMPIONS AND A DESIGNATED CARDIOVASCULAR NURSE NAVIGATOR FROM THE NORTON HEART & VASCULAR INSTITUTE RESOURCE CENTER, WHO PROVIDE EMOTIONAL SUPPORT AS WELL AS EDUCATION ON HEALTHY NUTRITION, EXERCISE, AND STRESS MANAGEMENT. WE OFFERED 11 SUPPORT GROUP CLASSES AND 208 FEMALE HEART PATIENTS ATTENDED IN 2018. WE ALSO OFFERED A ONE DAY WOMENHEART RETREAT AT THE LOUISVILLE SEMINARY AND 17 FEMALE HEART PATIENTS ATTENDED.</p> <p>*THE WOMEN HEART CHAMPIONS PROVIDE SUPPORT AND EDUCATION TO WOMEN PREPARING TO UNDERGO CARDIAC SURGERIES OR PROCEDURES AND ALSO TO WOMEN WHO WERE IN THE RECOVERY PHASE OF THEIR CARDIAC SURGERY OR PROCEDURE. THEY VISIT WOMEN AT ALL THREE OF OUR NORTON CARDIAC REHABILITATION CENTERS AND PROVIDED SUPPORT TO 47 FEMALE HEART PATIENTS IN 2018.</p> <p>*THE WOMEN HEART CHAMPIONS ATTENDED 11 COMMUNITY EVENTS, HEALTH FAIRS, AND PROVIDE EDUCATIONAL PRESENTATIONS TO BUSINESSES, CHURCHES, WOMEN GROUPS, AND HEALTHCARE PROFESSIONALS, WHICH HAD 1,332 PARTICIPANTS.</p> <p>NORTON ORTHOPEDIC CARE</p> <p>NORTON ORTHOPEDIC INSTITUTE EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR KNEE AND HIP REPLACEMENT. THIS RECOGNITION CONFIRMS NORTON ORTHOPEDIC INSTITUTE PROVIDES A CONSISTENTLY HIGH LEVEL OF QUALITY CARE, EXPERT TRAINING ON BEST PRACTICES, A TEAM APPROACH TO PATIENT CARE, AND A CULTURE OF EXCELLENCE THROUGHOUT NHC HOSPITALS AND DOCTORS' OFFICES.</p> <p>*NORTON ORTHOPEDIC & HAND CENTER NEAR THE CAMPUS OF NBH IS A STATE-OF-THE-ART FACILITY WITH SPECIALISTS OF NORTON ORTHOPEDIC INSTITUTE, NORTON SPORTS HEALTH AND NHC TO PROVIDE A MULTIDISCIPLINARY APPROACH TO INNOVATIVE ORTHOPEDIC CARE. THE FACILITY SUPPORTS RESEARCH, TRAINING, AND EDUCATION. IT ALSO OFFERS PATIENTS SUBSPECIALIZED TRAINED ORTHOPEDISTS, A NORTON IMMEDIATE CARE CENTER WITH A FOCUS ON ORTHOPEDICS, REHABILITATION SERVICES, ADVANCED SPORTS TRAINING, AND PRIMARY CARE SERVICES WITH AN EMPHASIS ON ORTHOPEDICS.</p> <p>WOMEN'S SERVICES</p> <p>*IN 2018, NORTON WOMEN'S CARE BIRTHING FACILITIES AT NORTON AND NWCH PROVIDED THE CARE AND MEDICAL SERVICES FOR 7,564 DELIVERIES.</p> <p>*FREE CHILDBIRTH EDUCATION CLASSES ARE PROVIDED AT NORTON AND NWCH.</p> <p>NORTON CHILDREN'S PREVENTION & WELLNESS</p> <p>*CHILD PASSENGER SAFETY TECHNICIANS FROM NCH CHECK CAR AND BOOSTER SEATS AND ALSO PROVIDE CAR AND BOOSTER SEATS AT FREE CHECKUP CLINICS STATEWIDE. IN 2018, 115 CAR SEATS WERE GIVEN TO FAMILIES IN NEED THROUGH THE COMMUNITY EVENTS AND HOSPITAL ADMISSIONS. ADDITIONALLY 46 SPECIAL NEEDS CAR SEATS WERE LOANED TO CHILDREN WITH BODY CAST AND PREMATURE INFANTS WHO WOULD NOT FIT IN A CONVENTIONAL CAR SEAT.</p> <p>*NCH'S BIKE RODEO PROGRAM TAUGHT 13,170 STUDENTS FROM GRADES THREE THROUGH FIVE THROUGHOUT KENTUCKY THROUGH 122 BIKE SAFETY "RODEOS."</p> <p>*FOLLOWING INTERACTIVE CLASSROOM LESSONS ON PEDESTRIAN SAFETY, 350 ELEMENTARY SCHOOL STUDENTS AND TEACHERS PARTICIPATED IN "SAFE KIDS WALK THIS WAY," A PROGRAM LED BY NCH. THE PROGRAM IS DESIGNED TO REDUCE THE NUMBER OF PEDESTRIAN INJURIES.</p> <p>*NCH'S "JUST FOR KIDS" TRANSPORT TEAM TRANSPORTS BABIES AND CHILDREN FROM ACROSS THE REGION TO NCH. IN 2018, 2,111 TRANSPORTATION TRIPS WERE COMPLETED. TRANSPORTATION WAS PROVIDED BY AIRPLANE, HELICOPTER AND SPECIALLY EQUIPPED AMBULANCES (MOBILE INTENSIVE CARE UNITS).</p> <p>*MORE THAN 3,500 KINDERGARTEN STUDENTS, TEACHERS, CHAPERONES, AND NURSING STUDENTS PARTICIPATED IN THE 35TH ANNUAL CHILDREN & HOSPITALS WEEK EVENT LED BY NCH. THE PROGRAM WAS HELD AT LOUISVILLE SLUGGER FIELD AND SUPPORTED BY A KOHL'S CARES GRANT. CHILDREN & HOSPITALS WEEK, HELD EACH YEAR IN MARCH, IS DESIGNED TO TEACH SAFE</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>DECISIONS AND BEHAVIORS TO HELP LESSEN THE FEAR AND ANXIETY CHILDREN MAY HAVE ABOUT COMING TO A HOSPITAL.</p> <p>KENTUCKY POISON CONTROL CENTER</p> <p>*NCH IS HOME TO THE KENTUCKY POISON CONTROL CENTER. IN 2018, THE CENTER RECEIVED NEARLY 50,000 CALLS AND MADE NEARLY 37,000 FOLLOW-UP CALLS TO CONCERNED FAMILIES FROM ALL 120 COUNTIES IN KENTUCKY. THE CENTER PROVIDED TREATMENT CONSULTATION AND EDUCATION ABOUT HOW TO CORRECTLY HANDLE EXPOSURES TO POISONS. IN ADDITION, THE CENTER DISTRIBUTED MORE THAN 20,000 PREVENTION EDUCATION RESOURCES TO PHYSICIANS' OFFICES, HEALTH DEPARTMENTS AND SCHOOLS AND MORE THAN 1,000 PACKETS OF MATERIALS TO INDIVIDUALS WHO CALLED THE TOLL-FREE POISON HELP LINE, (800) 222-1222, AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.</p> <p>NORTON NEUROSCIENCE INSTITUTE</p> <p>FOUNDED IN 2009, NORTON NEUROSCIENCE INSTITUTE (NNI) IS CONTINUING ITS QUEST TO BE THE REGIONAL AND NATIONAL LEADER IN TREATMENT, RESEARCH AND ACADEMIC TRAINING FOR ADULT AND PEDIATRIC NEUROSCIENCE DISCIPLINES. NNI ALLOWS PATIENTS TO BE TREATED FOR NEUROLOGICAL DISORDERS WITHOUT HAVING TO LEAVE THE REGION FOR CARE. SUBSPECIALTY NEUROSURGEONS, NEUROLOGISTS, AND OTHER NEUROLOGICAL-RELATED SPECIALISTS HAVE JOINED THE GROWING INSTITUTE. THESE PHYSICIANS AND ADVANCED LEVEL PRACTITIONERS PROVIDE EXPERTISE IN STROKE CARE, EPILEPSY, PARKINSON'S DISEASE, MULTIPLE SCLEROSIS, ALS, BRAIN TUMORS, HEADACHES, CONCUSSIONS, SPINE CARE, AND MANY OTHER NEUROLOGICAL CONDITIONS.</p> <p>*KENTUCKY IS CONSIDERED TO BE PART OF THE STROKE BELT, A REGION OF THE US THAT SEES A HIGH NUMBER OF INCIDENTS OF STROKE CASES. AS A RESULT, NNI HAS COMMITTED TO BEING A LEADER IN STROKE CARE. NBH IS A DESIGNATED COMPREHENSIVE STROKE CENTER WHILE NORTON, AUDUBON, AND NWCH ARE ALL CERTIFIED PRIMARY STROKE CENTERS.</p> <p>*NEUROSURGEONS WITH NNI WERE THE FIRST IN KENTUCKY TO USE MINIMALLY INVASIVE SURGERY TECHNIQUES TO INCLUDE ROBOTIC SURGERY, LASER ABLATION AND SEEG IN THE TREATMENT OF BRAIN TUMORS AND EPILEPSY FOR BOTH PEDIATRIC AND ADULT PATIENTS.</p> <p>*NNI OFFERS TREATMENT FOR ALL NEUROLOGICAL DISORDERS INCLUDING ANEURYSM, BRAIN TUMOR, EPILEPSY, MULTIPLE SCLEROSIS, PARKINSON'S DISEASE, AND STROKE CARE. THE NEUROLOGISTS AND NEUROSURGEONS SUBSPECIALIZE AND ARE FELLOWSHIP TRAINED. THEY ALL WORK TOGETHER FOR THE PATIENT, PROVIDING MULTIDISCIPLINARY PROGRAMS IN AREAS OF BRAIN TUMOR, ALS, MOVEMENT DISORDERS, EPILEPSY AND STROKE).</p> <p>*NORTON SPINE CARE OFFERS ADVANCED TREATMENT OPTIONS OF SPINE CONDITIONS RANGING FROM CHIARI MALFORMATION, DEGENERATIVE DISC DISEASES, SCOLIOSIS, SPINAL STENOSIS AS WELL AS TUMORS AND INFECTIONS OF THE SPINE.</p> <p>*NORTON SPINE CARE WHICH IS COMPRISED OF NORTON LEATHERMAN SPINE CENTER, NNI SPINE CARE AND NORTON SPINE SPECIALISTS. IS A MULTIDISCIPLINARY PROGRAM THAT EMBRACES A COMBINED ORTHOPEDIC AND NEUROSURGICAL APPROACH TO SPINE CARE. THE CENTER'S SURGEONS HAVE PIONEERED MANY IMPORTANT BREAKTHROUGHS IN SPINAL TREATMENT THAT ARE PERFORMED IN THE U.S. AND AROUND THE WORLD. IN FACT, PATIENTS FROM AS FAR AWAY AS SOUTH AMERICA, SOUTHEAST ASIA, AND EUROPE HAVE TRAVELED TO LOUISVILLE FOR TREATMENT.</p> <p>*PATIENTS SERVED BY NCH, THE ONLY FREE STANDING CHILDREN'S HOSPITAL IN KENTUCKY, ARE FORTUNATE TO BE CARED FOR BY THREE FELLOWSHIP TRAINED PEDIATRIC NEUROSURGEONS. THE NEUROSURGEONS WORK IN A MULTIDISCIPLINARY FASHION WITH NEUROLOGIST AND ADDITIONAL NEURO SPECIALIST INCLUDING AN EMBEDDED PEDIATRIC NEUROPSYCHOLOGIST.</p> <p>COMMUNITY MEDICAL ASSOCIATES</p> <p>* PHYSICIANS AND A CHAPLAIN MAKE HOUSE CALLS FOR ELDERLY PATIENTS WHO HAVE DIFFICULTY LEAVING HOME FOR MEDICAL CARE.</p> <p>*PHYSICIANS ARE INVOLVED IN MEDICAL SCREENING, COMMUNITY OUTREACH, AND COMMUNITY EDUCATION ACTIVITIES TO PROMOTE WELLNESS AND EARLY INTERVENTIONS.</p> <p>PREVENTION AND WELLNESS</p> <p>*IN 2018, THE NORTON HEALTHCARE PREVENTION & WELLNESS STAFF PROVIDED PREVENTIVE SCREENINGS INVOLVING THE NHC MOBILE PREVENTION CENTER IN COLLABORATION WITH VARIOUS COMMUNITY PARTNERS. ALMOST 2,500 WOMEN RECEIVED MAMMOGRAMS AND/OR WELLNESS EXAMS, INCLUDING CERVICAL CANCER SCREENING, ABOARD THE MOBILE PREVENTION CENTER. OF THEM, APPROXIMATELY 10 PERCENT HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS AND 11% HAD NEVER HAD A MAMMOGRAM. FOURTEEN INDIVIDUALS WERE DIAGNOSED AND TREATED FOR PRE-INVASIVE AND INVASIVE BREAST CANCER. OF THE ALMOST 200 MOBILE PREVENTION CENTER EVENTS, OVER HALF OF THESE LOCATIONS WERE IN UNDERSERVED COMMUNITIES AND OVER 70 PERCENT OF PATIENTS CAME FROM MEDICALLY UNDERSERVED AREAS.</p> <p>*ELIGIBLE PATIENTS RECEIVED EDUCATION ON COLON CANCER SCREENING, AND IF AGREEABLE, WERE OFFERED REFERRAL FOR COLONOSCOPY OR GIVEN AN AT HOME TESTING KIT THAT THEY COULD MAIL TO THE LAB, AND RECEIVE THEIR RESULTS. 96 PEOPLE RECEIVED AT HOME KITS, AND 96 PEOPLE WERE REFERRED FOR COLONOSCOPY. PREVENTION AND WELLNESS IMPLEMENTED 446-WELL, A NUMBER THAT LINKS ELIGIBLE PATIENTS TO COLONOSCOPY OR IN HOME TESTS, ELIMINATING BARRIERS TO CARE.</p> <p>*STAFF ALSO PROVIDED ALMOST 10,000 CARDIOVASCULAR SCREENINGS (BLOOD PRESSURE, BMI,</p>

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	<p>GLUCOSE, AND CHOLESTEROL) FOR APPROXIMATELY 3,700 PARTICIPANTS IN MULTIPLE LOCATIONS THROUGHOUT JEFFERSON AND SURROUNDING COUNTIES, INCLUDING SOUTHERN INDIANA, IN COLLABORATION WITH MANY COMMUNITY PARTNERS. EACH PARTICIPANT RECEIVED EDUCATION ON HEALTHY LIFESTYLE CHOICES SUCH AS DIET AND EXERCISE. GROUP EDUCATION ON VARIOUS HEALTH AND WELLNESS INFORMATION WAS PROVIDED TO ALMOST 5,000 PARTICIPANTS IN 2018.</p> <p>*PREVENTION AND WELLNESS CONDUCTED 20 FREEDOM FROM SMOKING CLASSES IN 2018, INCLUDING TWO THAT WERE OFFERED IN SPANISH.</p> <p>RESEARCH</p> <p>*NHC GUIDES ONE OF THE LARGEST PORTFOLIOS OF CLINICAL RESEARCH OF ANY COMMUNITY HEALTHCARE SYSTEM IN THE UNITED STATES. AT ANY GIVEN POINT IN TIME, MORE THAN 750 CLINICAL STUDIES ARE ACTIVE OR PENDING AT NHC. THESE STUDIES ENGAGE MORE THAN 300 NHC STAFF AND SIGNIFICANTLY IMPACT OUR PATIENTS AND THEIR FAMILIES.</p> <p>*NHC INVESTS IN RESEARCH TO BENEFIT OUR COMMUNITY/PATIENTS AND TO SUPPORT CLINICAL SCIENCE BY PARTICIPATING IN THE DEVELOPMENT OF NEW CLINICAL INTERVENTIONS (DRUGS/DEVICE/PROCEDURES) THAT WILL BECOME GENERALIZABLE TO 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>*THE NORTON HEALTHCARE RESEARCH OFFICE PARTNERED WITH NORTON UNIVERSITY TO OFFER RESEARCH EDUCATION TO ALL RESEARCHERS IN METRO LOUISVILLE AND BEYOND. IN 2018, EDUCATION PROGRAMS WERE OFFERED, AND ATTENDEES INCLUDED STAFF FROM; NHC, KENTUCKYONE HEALTH, UNIVERSITY OF LOUISVILLE HOSPITAL, FLOYD MEMORIAL HOSPITAL, CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, ST. VINCENT HEALTH, UNIVERSITY OF KENTUCKY, UNIVERSITY OF LOUISVILLE AND VARIOUS COMMUNITY-BASED PRACTICES.</p> <p>CHILDREN'S HOSPITAL FOUNDATION</p> <p>CHF RAISES FUNDS TO SUPPORT PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH, ADVOCACY, AND EDUCATION FOR NCH, NWCH, AND NORTON CHILDREN'S MEDICAL CENTER. CHF IS MOTIVATED TO ENSURE THAT CHILDREN IN THE LOUISVILLE AREA HAVE THE MEDICAL CARE THEY NEED WHEN THEY NEED IT, WHILE KEEPING KIDS AS CLOSE TO HOME AS POSSIBLE.</p> <p>SUPPORT FROM CHF ALLOWS THE PEDIATRIC SPECIALISTS AT NCH TO CONTINUE TO RESPOND TO THE UNIQUE MEDICAL NEEDS OF CHILDREN FROM BIRTH TO AGE 18. THIS 300-BED HOSPITAL IS THE ONLY FULL-SERVICE, FREE-STANDING PEDIATRIC HOSPITAL IN KENTUCKY, LEVEL 1 PEDIATRIC TRAUMA CENTER IN KENTUCKY, AND THE PRIMARY TEACHING FACILITY FOR THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE DEPARTMENT OF PEDIATRICS.</p> <p>IN ORDER TO CONTINUE TO ADDRESS THE COMMUNITY'S NEED FOR SPECIALIZED PEDIATRIC CARE AND MEET THE EVER-GROWING NEEDS AT NCH, 2018 BROUGHT SEVERAL SPECIFIC FUNDRAISING INITIATIVES FORWARD TO DONORS AND THE COMMUNITY AT LARGE. THESE EFFORTS FOCUSED ON RAISING FUNDS FOR PEDIATRIC CANCER, NEUROLOGY, AND NEUROSURGERY, TYPE I DIABETES, TRAUMA, AND EMERGENCY CARE TO NAME A FEW. WORKFORCE, RESEARCH, AND FACILITIES SERVE TO GUIDE THE FUNDRAISING GROWTH IN EACH OF THE AFOREMENTIONED PEDIATRIC SERVICES. ADDITIONALLY, ONGOING AREAS OF NEED, SUCH AS CHILD ADVOCACY, PEDIATRIC PASTORAL CARE, BEREAVEMENT PROGRAMS, ENDOWED RESEARCH CHAIRS, SPECIALTY THERAPIES, CHILD LIFE, EXPRESSIVE AND MUSIC THERAPIES, CONTINUE TO BE AREAS OF FUNDING AND PRIORITY FOR THE CHF TO ENSURE A TRULY "JUST FOR KIDS" EXPERIENCE FOR PATIENTS AND FAMILIES.</p> <p>CHF CONTINUES TO EXPAND PARTNERSHIPS WITHIN THE COMMUNITY AND ENHANCE THE HOSPITAL'S ABILITY TO SERVE ALL CHILDREN REGARDLESS OF THEIR FAMILIES' ABILITY TO PAY. THE STRENGTH AND VALUE OF THE COMMUNITY'S SUPPORT AND SUPPORT OF ALL PROGRAMS, THE FOUNDATION AWARDED APPROXIMATELY \$12.0 MILLION IN GRANTS FOR CAPITAL, PROGRAMS AND PATIENT FINANCIAL ASSISTANCE TO THE HOSPITALS IN 2018 INCLUDING:</p> <p>*FUNDING FOR THE JENNIFER LAWRENCE CARDIAC INTENSIVE CARE UNIT AT NCH.</p> <p>*FUNDING FOR THE RENOVATION AND UPGRADES OF THE NEONATAL INTENSIVE CARE UNIT, INCLUDING THE PURCHASE OF NICVIEW FOR NCH AND NWCH.</p>

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	<p>* FUNDING FOR A SPINAL ROBOT USED IN PEDIATRIC SCOLIOSIS SURGICAL CASES</p> <p>* FUNDING FOR THE PURCHASE OF A NEW TRANSPORT TEAM AMBULANCE</p> <p>*THE CHF OFFICE OF PREVENTION AND WELLNESS AT NCH, WHICH HELPS PROVIDE SAFETY AND OUTREACH INFORMATION SUPPORT THE HOSPITAL'S HEALTH AND WELLNESS PREVENTION INITIATIVES.</p> <p>*FUNDING FOR THE WENDY NOVAK DIABETES CENTER AT NCH FOR WORKFORCE, EXPANSION OF TECHNOLOGY AND ACCREDITATION.</p> <p>*STAFF EDUCATIONAL OPPORTUNITIES AND ADVANCED CERTIFICATIONS THAT CAN LEAD TO IMPROVED PATIENT TREATMENT.</p> <p>NORTON HEALTHCARE FOUNDATION</p> <p>NHF IS THE PHILANTHROPIC ARM OF THE NOT-FOR-PROFIT NHC ADULT-SERVICE HOSPITALS: AUDUBON, NBH, NORTON, AND NWCH. NHF RAISES FUNDS EACH YEAR TO IMPROVE PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH AND EDUCATION, ENABLING THE HOSPITALS TO STAY UP-TO-DATE WITH MEDICAL ADVANCES AND TECHNOLOGY, AND MAINTAINING THE COMMUNITY'S ACCESS TO HEALTH CARE.</p> <p>COMMUNITY SUPPORT THROUGH THE NHF ALLOWS CAREGIVERS TO CONTINUE MAKING A DIFFERENCE FOR PATIENTS SERVED BY NHC. IN 2018 THE SUPPORT HELPED THE FOUNDATION PROVIDE FUNDING TO:</p> <p>*GRANT MORE THAN \$3.6 MILLION TO BENEFIT DOZENS OF AREAS OF CARE THROUGHOUT THE FACILITIES.</p> <p>*RENOVATIONS OF NORTON HOSPITAL AND AUDUBON HOSPITAL.</p> <p>*CONSTRUCTION OF A HEALING GARDEN AT NCI - BROWNSBORO.</p> <p>* FUNDING FOR THE NIC VIEW AT NORTON WOMEN'S AND CHILDREN'S HOSPITAL</p> <p>* PURCHASE OF DIGITAL SPECIMEN RADIOLOGY EQUIPMENT</p> <p>*SUPPORT OF NCI INITIATIVES THAT PROVIDE EARLY DETECTION SCREENINGS, EDUCATION AND CLINICAL RESEARCH.</p> <p>*SUPPORT PASTORAL CARE SERVICES FOR PATIENTS, THEIR FAMILIES, AND STAFF MEMBERS AT ALL NHC ADULT-SERVICE FACILITIES.</p> <p>*PROGRAM SUPPORT FOR INTEGRATIVE MEDICINE INITIATIVES FOR THE NNI.</p> <p>*PROVIDE EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY AND CAREGIVERS, SUCH AS THE GAIL KLEIN GARLOVE LECTURESHIP SERIES WITH 166 ATTENDEES AND NIXON LECTURESHIP SERIES WITH 345 ATTENDEES, WHICH FOCUS ON TOPICS RELATED TO CANCER CARE, PREVENTION, AND RESEARCH.</p> <p>*SUPPORT NURSES TO OBTAIN ONCOLOGY-CERTIFIED NURSE DESIGNATION, ENABLING THEM TO PROVIDE THE MOST ADVANCED AND COMPREHENSIVE CARE TO CANCER PATIENTS.</p> <p>PHILANTHROPY PLAYS AN INCREASINGLY IMPORTANT ROLE AT NHC AS CAREGIVERS STRIVE TO CONTINUOUSLY IMPROVE THE HEALTH OF THE COMMUNITY.</p>
FORM 990, PART V, LINE 1A - COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE, INC., NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC. AND THE CHILDREN'S HOSPITAL FOUNDATION INC. THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2018 BY NORTON HEALTHCARE, INC., WAS APPROXIMATELY 531. NORTON HEALTHCARE, INC., HAS APPROXIMATELY 130 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2018. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 917 VENDORS ON FORM 1096 FOR 2018.
FORM 990, PART V, LINE 1B - W-2 G COMMON PAYING AGENT	NORTON HEALTHCARE INC., AS THE COMMON PAYING AGENT, FILED TWO FORM W-2G ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION AND ONE FORM W-2G ON BEHALF OF NORTON HEALTHCARE FOUNDATION.
FORM 990, PART V, LINE 1C - COMMON PAYING AGENT FOR VENDORS	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE INC. AND ALL AFFILIATES. NORTON HEALTHCARE, INC. REQUIRES THAT ALL VENDORS PROVIDE AN ACCURATE TAXPAYER IDENTIFICATION NUMBER ON A FORM W-9, AS REQUIRED BY LAW, PRIOR TO ASSURANCE OF ANY PAYMENT.
FORM 990, PART V, LINE 2A - COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND THE CHILDREN'S HOSPITAL FOUNDATION, INC. THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. NORTON HEALTHCARE, INC. HAS APPROXIMATELY 2,743 EMPLOYEES. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 16,790 EMPLOYEES ON FORM W-3 FOR 2018.

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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, KEY EMPLOYEE, NORTON HEALTHCARE, INC. - BUSINESS RELATIONSHIP STEVE HEILMAN, KEY EMPLOYEE, NORTON HEALTHCARE, INC. - BUSINESS RELATIONSHIP DOUGLAS WINKELHAKE, KEY EMPLOYEE, NORTON HEALTHCARE, INC. - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AT THE OCTOBER 3, 2019 NORTON HEALTHCARE, INC. (NHC) FINANCE COMMITTEE MEETING AND AT THE OCTOBER 17, 2019 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., AND THE CHILDREN'S HOSPITAL FOUNDATION, 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, INTEGRATED HEALTHCARE STRATEGIES (IHS), TO PROVIDE COMPARABILITY DATA 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>IHS CONSULTANTS PRESENTED AND DISCUSSED THIS COMPARABILITY DATA IN 2017 FOR THE 2018 COMPENSATION REVIEW AND MET IN 2018 FOR THE 2019 COMPENSATION REVIEW WITH THE COMMITTEE OF BOARD LEADERSHIP (NOW 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	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D) - BOARD MEMBER STIPEND PAYMENTS	NORTON HEALTHCARE, INC. (NHC) AND AFFILIATES (NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND THE CHILDREN'S HOSPITAL FOUNDATION, INC.) ENCOURAGES AND FACILITATES BOARD MEMBER ATTENDANCE AT EDUCATIONAL PROGRAMS AND CONFERENCES ON SUBJECTS RELEVANT TO NHC. NHC'S TRAVEL POLICY FOR BOARD OF TRUSTEES PROVIDES THAT FOR EACH TRUSTEE THAT ATTENDS AT LEAST ONE OUT OF TOWN EDUCATIONAL CONFERENCE, A LUMP SUM STIPEND WILL BE PAID TO COVER UNREIMBURSED TRAVEL EXPENSE AND OTHER MISCELLANEOUS EXPENSES ASSOCIATED WITH CONFERENCE PREPARATION, ATTENDANCE OR FOLLOW UP. IN COMPLIANCE WITH IRS REGULATIONS, NHC PROVIDES A FORM 1099 TO ANY TRUSTEE THAT RECEIVES A STIPEND. THESE AMOUNTS HAVE BEEN REPORTED IN PART VII OR THE FORM 990 AS REPORTABLE COMPENSATION TO THE TRUSTEE RECEIVING STIPENDS IN 2018.

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	59,825,319	43,560,772	16,264,547	
	OTHER EXPENSES	816,123	221,473	594,650	
	CONTRACT LABOR	487,767	487,767		
	PROFESSIONAL FEES	2,368,624	2,237,735	130,889	
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, 2018. THE OTHER COMPONENTS OF NET PERIODIC PENSION COST WAS \$11.4 MILLION FOR YEAR ENDED DECEMBER 31, 2018.</p>				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount			
	AFFILIATE TRANSFER	- 260,859			
	SWAP MARK TO MARKET ADJUSTMENT	1,655,353			
	CHANGE IN MINIMUM PENSION LIABILITY	932,965			
	CHANGE IN NET PERIODIC PENSION COST	- 11,468,563			

**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

2018**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	0	0	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) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE HOSPITAL SERVICES	KY	501(C)(3)	3	N/A	✓	
(2) COMMUNITY MEDICAL ASSOCIATES, INC. (61-1276316) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	10	N/A	✓	
(3) NORTON PROPERTIES, INC. (61-1028724) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(C)(3)	12 TYPE I	N/A	✓	
(4) THE CHILDREN'S HOSPITAL FOUNDATION, INC. (61-6027530) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	N/A	✓	
(5) NORTON HEALTHCARE FOUNDATION INC (31-0914919) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	N/A	✓	
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
NORTON HOSPITALS, INC.	R	1,753,918,387	FMV
(1) NORTON HOSPITALS, INC.	S	2,012,088,108	FMV
(2) COMMUNITY MEDICAL ASSOCIATES, INC.	R	470,676,963	FMV
(3) COMMUNITY MEDICAL ASSOCIATES, INC.	S	369,794,617	FMV
(4) NORTON PROPERTIES, INC.	R	79,935,733	FMV
(5) (SEE STATEMENT)			
(6)			

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

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

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

Schedule R (Form 990) 2018

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTON ENTERPRISES INC (61-1054301) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	N/A	C CORPORATION	41,245,882	38,332,162	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	51,278,765	FMV
(7) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	R	6,537,529	FMV
(8) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	S	2,065,980	FMV
(9) NORTON HEALTHCARE FOUNDATION, INC.	R	1,665,885	FMV
(10) NORTON HEALTHCARE FOUNDATION, INC.	S	1,172,066	FMV
(11) NORTON ENTERPRISES, INC.	R	24,583,283	FMV
(12) NORTON ENTERPRISES, INC.	S	47,976,813	FMV