

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **NORTON HEALTHCARE, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ACCOUNTING, 224 E BROADWAY 5TH FL
 City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

D Employer identification number
61-1028725

E Telephone number
(502) 629-8249

F Name and address of principal officer: **RUSSELL F. COX**
4967 US HIGHWAY 42, SUITE 100, LOUISVILLE, KY 40222

G Gross receipts \$ **387,556,707**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.NORTONHEALTHCARE.COM**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1983**

M State of legal domicile: **KY**

H(c) Group exemption number ▶

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	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2,660
	6	Total number of volunteers (estimate if necessary)	6	8
	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 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 832,896	Current Year 969,493
	9	Program service revenue (Part VIII, line 2g)	162,981,857	165,953,019
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,139,114	43,310,438
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,446,642	2,451,000
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,400,509	212,683,950
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,293,714	1,910,387
	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)	143,082,879	150,900,280
	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)	114,769,185	128,568,411
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	260,145,778	281,379,078
19	Revenue less expenses. Subtract line 18 from line 12	(60,745,269)	(68,695,128)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,723,698,889	End of Year 1,798,724,698
	21	Total liabilities (Part X, line 26)	2,150,187,394	2,211,956,402
	22	Net assets or fund balances. Subtract line 21 from line 20	(426,488,505)	(413,231,704)

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 *Rachel Spurlock* Date **11/7/2018** Check 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

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

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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/efile, click on Charities & Non-Profits, and click on 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	Name of exempt organization or other filer, see instructions. <u>NORTON HEALTHCARE, INC.</u>	Employer identification number (EIN) or <u>61-1028725</u>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <u>ACCOUNTING, 224 E BROADWAY 5TH FL</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>LOUISVILLE, KY 40202</u>	

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 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 17 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 Accomplishments

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

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 \$ 218,720,569 including grants of \$ 1,910,387) (Revenue \$ 187,558,989)

NORTON HEALTHCARE, INC. (NHI) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY. IN 2017 NHI, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC., HAD A TOTAL OF 1,837 LICENSED BEDS: NORTON HOSPITAL - 605 BEDS; NORTON CHILDREN'S HOSPITAL - 300 BEDS; NORTON AUDUBON HOSPITAL - 432 BEDS; NORTON WOMEN'S AND CHILDREN'S HOSPITAL - 373 BEDS; AND NORTON BROWNSBORO HOSPITAL - 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 **▶** 218,720,569

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
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?	✓	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
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? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
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.	✓	

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 [X]

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<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?		<input checked="" type="checkbox"/>
16b	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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: ► <u>HELENA SCHULZ, ACCOUNTING, 224 E BROADWAY, 5TH FL, LOUISVILLE, KY 40202-2025, (502) 629-8263</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				4,035,197	0	235,755
(2) DONALD H. ROBINSON CHAIR	12.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(3) GARY L. STEWART VICE CHAIR & CHAIR ELECT	3.0 3.5	<input checked="" type="checkbox"/>						1,600	0	0
(4) MARIA L. BOUVETTE TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(5) BRENDAN CANAVAN TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(6) SUE DAVIS, EDD, RN TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(7) MARSHALL FARRER TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(8) LEE K. GARLOVE TRUSTEE	1.0 3.5	<input checked="" type="checkbox"/>						0	0	0
(9) MARIA GERWING HAMPTON TRUSTEE	5.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(10) CRAIG D. GRANT TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(11) RICK GUILLAUME CHAIR EMERITUS	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(12) MARTHA K. HEYBURN, M.D. TRUSTEE	3.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(13) RITA HUDSON SHOURDS, EDD TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(14) RICHARD R. IVEY TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						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 checked="" type="checkbox"/>						1,600	0	0
(16) GAIL LYTTLE TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(17) GREGORY E. MAYES TRUSTEE	5.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(18) MAUREEN MCGOWAN TRUSTEE (PARTIAL YEAR)	1.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(19) EDIE NIXON TRUSTEE	4.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(20) BARRY PENNYBAKER TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(21) ERWIN ROBERTS TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(22) G. HUNT ROUNSAVALL, JR. TRUSTEE	3.0 3.5	<input checked="" type="checkbox"/>						0	0	0
(23) REV WILLIAM J. SCHULTZ TRUSTEE	3.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(24) JAMES L. SUBLETT, M.D. TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						1,600	0	0
(25) (SEE STATEMENT)										
1b Sub-total								4,057,597	0	235,755
c Total from continuation sheets to Part VII, Section A								13,349,676	891,335	3,155,864
d Total (add lines 1b and 1c)								17,407,273	891,335	3,391,619

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 **▶** 249

	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	7,964,405
HURON CONSULTING SERVICES LLC, 3005 MOMENTUM PLACE, CHICAGO, IL 60689-5330	PROFESSIONAL SERVICES	5,410,749
THE CSI COMPANIES, INC., P. O. BOX 890841, CHARLOTTE, NC 28289-0841	PROFESSIONAL SERVICES	5,010,397
BROOKSOURCE, P.O. BOX 55767, INDIANAPOLIS, IN 46205	PROFESSIONAL SERVICES	3,463,234
DOE-ANDERSON, INC., 620 W. MAIN ST., LOUISVILLE, KY 40202	PROFESSIONAL SERVICES	2,766,891

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 Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	894,493				
	e Government grants (contributions)	1e	75,000				
	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		969,493				
Program Service Revenue	Business Code						
	2a MANAGEMENT FEES	900099	157,639,290	157,639,290			
	b CLINICAL RESEARCH TRIALS	900099	8,110,104	8,110,104			
	c EDUCATION PROGRAMS	900099	203,625	203,625			
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		165,953,019					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,991,571			21,991,571	
	4 Income from investment of tax-exempt bond proceeds		2,163,897			2,163,897	
	5 Royalties						
	6a Gross rents	(i) Real	58,731				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	58,731	0			
	d Net rental income or (loss)		58,731	58,731			
	7a Gross amount from sales of assets other than inventory	(i) Securities	194,027,727				
		(ii) Other					
		b Less: cost or other basis and sales expenses	174,872,757				
		c Gain or (loss)	19,154,970	0			
	d Net gain or (loss)		19,154,970	19,154,970			
	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	782,173	782,173				
b EMPLOYEE EMERGENCY FUND	900099	559,215	559,215				
c MISCELLANEOUS INCOME	900099	1,050,881	1,050,881				
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		2,392,269					
12 Total revenue. See instructions.		212,683,950	187,558,989	0	24,155,468		

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	1,780,387	1,780,387		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	130,000	130,000		
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	12,722,864	7,385,375	5,337,489	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	44,885	44,885		
7 Other salaries and wages	112,239,204	97,350,979	14,888,225	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,937,865	4,491,402	446,463	
9 Other employee benefits	11,611,018	10,633,487	977,531	
10 Payroll taxes	9,344,444	8,076,563	1,267,881	
11 Fees for services (non-employees):				
a Management				
b Legal	2,085,579	1,833,319	252,260	
c Accounting	587,500	235,000	352,500	
d Lobbying	180,500	72,200	108,300	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,596,181		3,596,181	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54,471,336	39,622,677	14,848,659	0
12 Advertising and promotion				
13 Office expenses	1,551,924	1,191,788	360,136	
14 Information technology				
15 Royalties				
16 Occupancy	7,665,365	6,126,828	1,538,537	
17 Travel	1,578,004	1,266,223	311,781	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	35,636,226		35,636,226	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,212,504	63,179	20,149,325	
23 Insurance	11,187,006	9,846,647	1,340,359	
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 <u>EQUIPMENT RENTAL & REPAIR</u>	39,800,394	36,401,750	3,398,644	
b <u>RECRUITMENT</u>	981,044	852,241	128,803	
c <u>INTEREST ALLOCATION</u>	(41,287,412)		(41,287,412)	
d <u>INSURANCE ALLOCATION</u>	(11,247,175)	(9,897,514)	(1,349,661)	
e All other expenses	1,569,435	1,213,153	356,282	0
25 Total functional expenses. Add lines 1 through 24e	281,379,078	218,720,569	62,658,509	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	(826,266)	1	(24,004,507)
	2 Savings and temporary cash investments	161,629,132	2	145,766,990
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,715,984	4	10,518,320
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	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	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	656,187	8	794,161
	9 Prepaid expenses and deferred charges	25,350,419	9	31,525,657
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 449,488,186		
	b Less: accumulated depreciation	10b 356,040,591	10c	93,447,595
	11 Investments—publicly traded securities	1,063,546,599	11	1,114,100,833
	12 Investments—other securities. See Part IV, line 11	338,934,391	12	396,299,336
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	31,075,507	15	30,276,313
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,723,698,889	16	1,798,724,698	
Liabilities	17 Accounts payable and accrued expenses	198,202,859	17	200,275,705
	18 Grants payable	1,640,544	18	1,030,521
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,124,709,451	20	1,095,766,975
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	825,634,540	25	914,883,201
	26 Total liabilities. Add lines 17 through 25	2,150,187,394	26	2,211,956,402
Net Assets or 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.			
	27 Unrestricted net assets	(426,650,440)	27	(413,518,983)
	28 Temporarily restricted net assets	161,935	28	287,279
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	(426,488,505)	33	(413,231,704)
34 Total liabilities and net assets/fund balances	1,723,698,889	34	1,798,724,698	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	212,683,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	281,379,078
3	Revenue less expenses. Subtract line 2 from line 1	3	(68,695,128)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(426,488,505)
5	Net unrealized gains (losses) on investments	5	92,289,350
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	(10,337,421)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	(413,231,704)

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RICHARD S. WOLF, M.D. ----- CHAIR EMERITUS	1.0 ----- 3.5	<input checked="" type="checkbox"/>						1,600	0	0
(26) MICHAEL W. GOUGH ----- EVP OPERATIONS/CFO/TREASURER	30.0 ----- 20.0			<input checked="" type="checkbox"/>				1,694,691	0	254,428
(27) ROBERT B. AZAR ----- SR VP CHIEF LEGAL OFFICER/SECRETARY	30.0 ----- 20.0			<input checked="" type="checkbox"/>				706,415	0	121,175
(28) STEVEN HESTER, M.D. ----- DIV PRESIDENT PROVIDER OPS & SYS CMO	50.0 ----- 0.0				<input checked="" type="checkbox"/>			969,412	0	198,143
(29) DOUGLAS WINKELHAKE ----- DIVISION PRESIDENT ADULT SERVICES	50.0 ----- 0.0				<input checked="" type="checkbox"/>			884,229	0	183,733
(30) STEVEN HEILMAN, M.D. ----- SYS VP ANCILLARY SERV & CMIO	50.0 ----- 0.0				<input checked="" type="checkbox"/>			746,733	0	115,280
(31) TRACY WILLIAMS ----- SR VP & CNO	50.0 ----- 0.0				<input checked="" type="checkbox"/>			661,742	0	66,608
(32) CHARLES BOHN ----- SYS VP CHIEF HR OFFICER	50.0 ----- 0.0				<input checked="" type="checkbox"/>			651,768	0	903,063
(33) STEVE READY ----- SYS VP CIO	50.0 ----- 0.0				<input checked="" type="checkbox"/>			642,170	0	133,849
(34) SCOTT WATKINS ----- SR VP OPERATIONS	50.0 ----- 0.0				<input checked="" type="checkbox"/>			608,431	0	137,244
(35) JAMES FRAZIER, M.D. ----- VP MEDICAL AFFAIRS	50.0 ----- 0.0				<input checked="" type="checkbox"/>			571,489	0	105,480
(36) ADAM KEMPF ----- SR VP FINANCE	50.0 ----- 0.0				<input checked="" type="checkbox"/>			475,897	0	97,894
(37) DANA ALLEN ----- SYS VP CHIEF MKTG & COMMUNICATION OFFICER	50.0 ----- 0.0				<input checked="" type="checkbox"/>			473,849	0	48,807
(38) MICHAEL ESPOSITO ----- SYS VP CHIEF NETWORK DEVELOPMENT OFFICER	50.0 ----- 0.0				<input checked="" type="checkbox"/>			457,836	0	95,738
(39) MARY JO BEAN ----- SR VP PLANNING & BUS ANALYSIS	50.0 ----- 0.0				<input checked="" type="checkbox"/>			431,009	0	92,938
(40) MARY LYNN MEYER ----- SR VP CDO	30.0 ----- 20.0				<input checked="" type="checkbox"/>			206,048	329,642	106,821
(41) JENNIFER EVANS, M.D. ----- SYS VP WOMEN'S & PEDIATRIC SVC LINE	50.0 ----- 0.0					<input checked="" type="checkbox"/>		452,624	0	82,151
(42) ALFONSO CORNISH ----- SYS VP LEARNING & ORG DEV	50.0 ----- 0.0					<input checked="" type="checkbox"/>		395,682	0	40,834

(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			
(43) JIM MEYERS ----- SYS VP REVENUE CYCLE	50.0 ----- 0.0					✓		391,056	0	89,406
(44) KATHLEEN EXLINE ----- VP PERF EXCEL & CARE CONTINIUM	50.0 ----- 0.0					✓		385,920	0	79,056
(45) SHELLY GAST ----- SYS VP MNGD CARE & PAYOR STRATEGY	50.0 ----- 0.0					✓		362,698	0	72,763
(46) KENNETH WILSON, M.D. ----- SYS VP CLINICAL EFFECTIVENESS	0.0 ----- 40.0						✓	0	561,693	57,168
(47) THOMAS JOHNSON ----- FORMER SYS VP PR-CHIEF COMMUNICATION OFFICER	0.0 ----- 0.0						✓	408,297	0	73,235
(48) STEPHEN A WILLIAMS ----- FORMER CEO/TRUSTEE	0.0 ----- 0.0						✓	770,079	0	51

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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					1,980,536,258	0

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** 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
- b 33 1/3% support tests—2016.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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>		✓
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		✓
4b	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>		
4c	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>		✓
5b	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?		
5c	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 (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>		✓
9b	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>		✓
9c	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>		✓
10b	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?		✓
b A family member of a person described in (a) above?		✓
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		✓

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		✓

Section D. All Type III Supporting Organizations

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

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.		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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).			

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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
<p>SCHEDULE A, PART IV, SECTION A, LINE 1 - SUPPORTED ORGS LISTED BY NAME</p>	<p>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.</p>
<p>SCHEDULE A, PART IV, SECTION C, LINE 1 - MAJORITY DIRECTOR DETAIL</p>	<p>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 CHIEF EXECUTIVE OFFICER, CHIEF LEGAL OFFICER, 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.</p>

Part I

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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 1-9 above or IRC section (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).	✓		1,561,247,042	
COMMUNITY MEDICAL ASSOCIATES, INC.	61-1276316	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	411,390,996	
NORTON HEALTHCARE FOUNDATION, INC.	31-0914919	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,575,474	
THE CHILDREN'S HOSPITAL FND, INC.	61-6027530	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,322,746	

Schedule of Contributors

2017

▶ **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
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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 33¹/₃% 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, 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
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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	----- ----- -----	\$ 473,148	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 421,345	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 75,000	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.)

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		25,872
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		180,500
j Total. Add lines 1c through 1i			206,372
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
<p>SCHEDULE C, PART II-B, LINE 1 - DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I</p>	<p>PART II-B, LINE 1(I) OTHER LOBBYING ACTIVITIES: PAYMENTS MADE TO THE FOLLOWING ENTITIES FOR GOVERNMENT AFFAIRS REPRESENTATION TO FOCUS ON GOALS AND PRIORITIES TO ADVOCATE, EDUCATE AND PROMOTE THE INTEREST OF NORTON HEALTHCARE, INC. AND REGISTERED AS APPROPRIATE WITH THE LEGISLATIVE AND/OR EXECUTIVE BRANCH ETHICS COMMISSION AS AGENTS/LOBBYISTS: GOVERNMENT STRATEGIES TOTALING \$60,000 AND ROTUNDA GROUP LLC TOTALING \$120,500.</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 \$25,872</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

2017

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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? Yes 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)? Yes 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.

Table with 2 columns: Question, Amount. Rows include: 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,125,807		2,125,807
b Buildings		50,598,936	41,224,874	9,374,062
c Leasehold improvements				
d Equipment		352,775,984	314,082,073	38,693,911
e Other		43,987,459	733,644	43,253,815
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				93,447,595

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	282,739,525	
(B) REAL ESTATE MASTER TRUST UNITS	89,085,974	
(C) PRIVATE EQUITY MASTER TRUST	24,473,837	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	396,299,336	

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	702,213,146	
(3) SELF INSURANCE TRUST	85,428,166	
(4) OTHER LIABILITIES	47,201,011	
(5) OTHER INSURANCE	1,589,443	
(6) PENSION	66,702,114	
(7) DEFERRED INCOME LT	11,749,321	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	914,883,201	

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)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		297,862,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			297,862,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			297,862,000

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTON HEALTHCARE, INC.

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

61-1028725

Part I General Information on Grants and Assistance

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

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

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)	61-6001316	JEFFERSON CO	337,500				(SEE STATEMENT)
(2) (SEE STATEMENT)	61-6001218	STATE OF KY	200,000				(SEE STATEMENT)
(3) (SEE STATEMENT)	23-4345390	501(C)(3)	170,000				(SEE STATEMENT)
(4) LEADERSHIP LOUISVILLE CENTER 707 W MAIN ST, LOUISVILLE, KY 40202-2634	31-0958491	501(C)(3)	128,650				(SEE STATEMENT)
(5) (SEE STATEMENT)	61-0444680	501(C)(3)	58,500				(SEE STATEMENT)
(6) (SEE STATEMENT)	61-1276316	501(C)(3)	48,460				(SEE STATEMENT)
(7) (SEE STATEMENT)	61-0434089	501(C)(6)	47,000				(SEE STATEMENT)
(8) AMERICAN HEART ASSOCIATION P. O. BOX 841750, DALLAS, TX 75284-1750	13-5613797	501(C)(3)	46,000				(SEE STATEMENT)
(9) FUND FOR THE ARTS 623 W. MAIN ST, LOUISVILLE, KY 40202	61-0479626	501(C)(3)	40,500				(SEE STATEMENT)
(10) WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST, LOUISVILLE, KY 40202	23-7075524	501(C)(3)	35,000				(SEE STATEMENT)
(11) AMERICAN RED CROSS 510 E CHESTNUT, LOUISVILLE, KY 40202	61-0444647	501(C)(3)	33,000				(SEE STATEMENT)
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 69
- 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) (2017)

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 UNDERGRADUATE SCHOLARSHIPS FOR STUDENTS PURSUING EDUCATION FOR A CAREER IN THE	95	130,000			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) LOUISVILLE/JEFFERSON CO. METRO 9TH FLOOR, 531 COURT PLACE, STE 900, LOUISVILLE, KY 40202-3396	32-0049006	JEFFERSON CO	30,000				SUPPORT FOR ANNUAL HEALTH & FITNESS EVENT
(13) WORLD TRIATHLON CORP 3407 W DR MARTIN LUTHER KING B, STE 100, TAMPA, FL 33607	59-2965638		30,000				SUPPORT FOR PROMOTING HEALTHY LIFESTYLES
(14) CATHOLIC EDUCATION FOUNDATION INC. 401 W MAIN ST , STE 806, LOUISVILLE, KY 40202	61-1294640	501(C)(3)	23,000				SUPPORT THE GROWTH AND VITALITY OF CATHOLIC PARISHED AND SCHOOLS IN THE ARCHDIOCESE OF LOUISVILLE
(15) BELLARMINE UNIVERSITY 2001 NEWBURG RD, LOUISVILLE, KY 40205	61-0482955	501(C)(3)	21,700				GENERAL PROGRAM SUPPORT
(16) AMERICAN CANCER SOCIETY 1640 LYNDON FARM CT, STE 104, LOUISVILLE, KY 40223	13-1788491	501(C)(3)	21,500				SUPPORT FOR CANCER PREVENTION, OUTREACH, AND PATIENT SERVICES
(17) BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LN, LOUISVILLE, KY 40218	61-6057856	501(C)(3)	20,200				SUPPORT FOR ALL CHILDREN TO REACH THEIR POTENTIAL THROUGH PROFESSIONAL SUPPORTED 1:1 RELATIONSHIPS WITH VOLUNTEER MENTORS
(18) LIFEHOUSE, INC. 2710 RIEDLING DR, LOUISVILLE, KY 40206	20-8514733	501(C)(3)	20,000				SUPPORTING EMOTIONAL, SPIRITUAL, PHYSICAL AND INTELLECTUAL NEEDS OF MOTHER AND BABY
(19) THE HEALING PLACE 1020 W MARKET ST, LOUISVILLE, KY 40202	61-1164775	501(C)(3)	19,400				SUPPORT SOCIAL AND MEDICAL ASSISTANCE FOR INDIVIDUALS WITH ADDICTIONS
(20) LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY, LOUISVILLE, KY 40203	61-0444771	501(C)(3)	18,700				SUPPORT THE ASSISTANCE OF AFRICAN AMERICANS AND OTHER MINORITY GROUPS TO ATTAIN SOCIAL AND ECONOMIC EQUALITY AND STABILITY
(21) COLON CANCER PREVENTION PROJECT P. O. BOX 4039, LOUISVILLE, KY 40204	20-1510713	501(C)(3)	15,500				SUPPORT FOR COLON CANCER AWARENESS INITIATIVES
(22) 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
(23) GREATER LOUISVILLE SPORTS COMMISSION 401 WEST MAIN ST , STE 2200, LOUISVILLE, KY 40202	61-1365860	501(C)(3)	15,000				SUPPORT FOR PROMOTING HEALTHY LIFESTYLES

(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) MARCH OF DIMES FOUNDATION P. O. BOX 932852, ATLANTA, GA 31193-2852	13-1846366	501(C)(3)	14,000				SUPPORT FOR OUTREACH, EDUCATION FOR FAMILIES WITH PREMATURE BABIES
(25) 21ST CENTURY PARKS INC 471 W MAIN ST, LOUISVILLE, KY 40202	20-1780317	501(C)(3)	13,315				SUPPORT PARKS INITIATIVE AND HEALTHY OUTDOOR LIVING
(26) SOUTHEAST CHRISTIAN CHURCH OF JEFFERSON COUNTY, KENTUCKY, INC 920 BLANKENBAKER PKWY, LOUISVILLE, KY 40243	61-0850307	501(C)(3)	12,750				GENERAL PROGRAM SUPPORT
(27) HOSPARUS 3539 EPHRAIM MCDOWELL DR, LOUISVILLE, KY 40205	61-0921718	501(C)(3)	12,700				SUPPORT PEDIATRIC BEREAVEMENT PROGRAM
(28) YMCA OF GREATER LOUISVILLE, INC 545 SOUTH SECOND ST, LOUISVILLE, KY 40202	61-0444843	501(C)(3)	12,300				SUPPORT YOUTH DEVELOPMENT, EDUCATION & HEALTHY LIVING
(29) INDIA COMMUNITY FDTN OF LOUISVILLE 12505 VALLEY PINE DR, LOUISVILLE, KY 40299	61-0989811	501(C)(3)	11,500				SUPPORT PROMOTION OF CULTURAL AND EDUCATIONAL KNOWLEDGE OF THE INDIAN CULTURE
(30) BRAIN INJURY ALLIANCE OF KY 7321 NEW LAGRANGE RD , STE 100, LOUISVILLE, KY 40222	61-1128496	501(C)(3)	11,500				SUPPORT OUTREACH AND EDUCATION FOR PATIENTS WITH BRAIN INJURIES
(31) CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN, STE 108, LOUISVILLE, KY 40218	13-1930701	501(C)(3)	10,800				CYSTIC FIBROSIS PATIENT SUPPORT
(32) NATIONAL KIDNEY FOUNDATION OF KY 161 ST MATTHEWS AVE , STE 3, LOUISVILLE, KY 40207	61-0673518	501(C)(3)	10,000				SUPPORTING THE AWARENESS, PREVENTION AND TREATMENT OF KIDNEY DISEASE
(33) LEUKEMIA AND LYMPHOMA SOCIETY 301 E MAIN ST, STE 100, LOUISVILLE, KY 40202	13-5655916	501(C)(3)	10,000				OUTREACH, EDUCATION AND GENERAL SUPPORT
(34) CORE COMMITTEE INC P. O. BOX 1621, ELIZABETHTOWN, KY 42702-1621	20-8105293	501(C)(3)	10,000				GENERAL SUPPORT PROTECTING AND PROTECTING FORT KNOX ECONOMIC IMPACT
(35) LOUISVILLE MEDICAL LEGAL COMMUNITY HEALTH PARTNERSHIP, 600 W MAIN ST, STE 110, LOUISVILLE, KY 40202	35-2079715	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT
(36) START THE HEART FOUNDATION 7611 WOLFPEN RIDGE CT, PROSPECT, KY 40059	46-3998988	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT
(37) THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC WATERFRONT PLAZA, 325 W MAIN ST , LOUISVILLE, KY 40202	61-1100993	501(C)(3)	10,000				SUPPORT THE CONNECTION OF DONORS, NONPROFITS AND CIVIC PARTNERS TO CREATE LASTING IMPACT IN COMMUNITY FOR PEOPLE TO THRIVE

(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
(38) FRIEND FOR LIFE 4003 KRESGE WAY , STE 100, LOUISVILLE, KY 40207	61-1139410	501(C)(3)	10,000				PROGRAM SUPPORT FOR PEER-TO-PEER CANCER PATIENT COUNSELING/RELATIONSHIPS
(39) A WOMAN'S CHOICE RESOURCE CENTER 101 WEST MARKET, LOUISVILLE, KY 40202	61-1142823	501(C)(3)	10,000				SUPPORT FOR PREGNANCY CENTER
(40) FAMILY SCHOLAR HOUSE 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
(41) EPILEPSY FOUNDATION KENTUCKIANA 982 EASTERN PARKWAY, LOUISVILLE, KY 40217-1566	61-1314540	501(C)(3)	9,900				PROGRAM SUPPORT FOR EPILEPSY SUPPORT GROUPS AND OUTREACH
(42) LEADERSHIP SOUTHERN INDIANA 8204 HWY. 311, SELLERSBURG, IN 47172	35-1644080	501(C)(3)	9,700				SUPPORT FOR LEADERSHIP DEVELOPMENT PROGRAM
(43) VOLUNTEERS OF AMERICA OF KENTUCKY, INC 570 S 4TH ST , LOUISVILLE, KY 40202-2504	61-0480950	501(C)(3)	9,000				SUPPORT TO PROVIDE AFFORDABLE HOUSING AND OTHER ASSISTANCE TO LOW INCOME FAMILIES
(44) NATIONAL MULTIPLE SCLEROSIS SOCIETY KY-SOUTHEAST INDIANA CHAPTER, 1201 STORY AVE, STE 200, LOUISVILLE, KY 40206	61-0702202	501(C)(3)	9,000				SUPPORT EDUCATION AND RESOURCES RELATED TO MULTIPLE SCLEROSIS
(45) KENTUCKIANA HEALTH COLLABORATIVE 1930 BISHOP LN , STE 1023, LOUISVILLE, KY 40218	45-0700087	501(C)(3)	8,800				PROGRAM SUPPORT ACTION-ORIENTED COMMUNITY EFFORTS FOR HEALTH AND WELL-BEING
(46) LOUISVILLE PRIDE FOUNDATION 1205 EAST WASHINGTON ST, LOUISVILLE, KY 40206	47-1945331	501(C)(3)	8,000				SUPPORT INCLUSION AND UNITY
(47) BRIDGEHAVEN 950 S FIRST ST, LOUISVILLE, KY 40203	61-0548949	501(C)(3)	7,500				GENERAL PROGRAM SUPPORT
(48) KOMEN KENTUCKY 1201 STORY AVE , STE 205, LOUISVILLE, KY 40206	75-2855046	501(C)(3)	7,500				SUPPORT BREAST CANCER AWARENESS
(49) SUPPLIES OVER SEAS 1500 ARLINGTON AVE, LOUISVILLE, KY 40206	27-2624272	501(C)(3)	7,500				SUPPORT OF PROVIDING MEDICAL SUPPLIES TO AREAS OF NEED
(50) SHIVELY AREA MINISTRIES 4415 DIXIE HWY, LOUISVILLE, KY 40216	61-1134579	501(C)(3)	7,500				SUPPORT FOR HEALTH/WELLNESS PROGRAMS, MEDICAL ASSISTANCE FOR UNDERSERVED POPULATION IN SHIVELY AREA
(51) KIDS CANCER ALLIANCE INC 607 W MAIN ST , STE 200, LOUISVILLE, KY 40202	61-1256743	501(C)(3)	7,500				SUPPORT PEDIATRIC CANCER PATIENTS

(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
(52) TELUGU ASSOCIATION OF KENTUCKIANA 18725 WEATHERFORD CIR, LOUISVILLE, KY 40245	03-0528530	501(C)(3)	6,500				SUPPORT PROMOTION OF CULTURAL AND EDUCATIONAL KNOWLEDGE ABOUT TELUGU PEOPLE
(53) PREGNANCY HELPLINE INC OF LOUISVILLE 515 WEST OAK ST, LOUISVILLE, KY 40203	61-1055060	501(C)(3)	6,000				GENERAL SUPPORT FOR PREGNANCY CENTER AND MATERNITY
(54) PARKINSON'S SUPPORT CENTER OF KENTUCKIANA 315 TOWNEPARK CIRCLE, LOUISVILLE, KY 40243	61-1367576	501(C)(3)	5,800				SUPPORT PROGRAMS AND SERVICES FOR PEOPLE WITH PARKINSON'S DISEASE AND PROVIDE PUBLIC EDUCATION AND AWARENESS
(55) LEADERSHIP KENTUCKY FOUNDATION 464 CHENAULT RD, FRANKFORT, KY 40601-9260	31-1096215	501(C)(3)	5,700				GENERAL DONATION TO SUSTAIN LKY PROGRAMS
(56) MORTON CENTER 1028 BARRETT AVE, LOUISVILLE, KY 40204-1667	31-1068020	501(C)(3)	5,500				SUPPORT AND TREATMENT FOR ADDICTION
(57) INTEGRATING WOMAN LEADERS FOUNDATION 47 W 96TH ST, LOUISVILLE, KY 46260	47-1139202	501(C)(3)	5,500				SUPPORT TO EMPOWER AND CONNECT WOMEN IN THE WORKPLACE
(58) KENTUCKY COUNTRY DAY SCHOOL, INC 4100 SPRINGDALE RD, LOUISVILLE, KY 40241	61-0731998	501(C)(3)	5,013				GENERAL PROGRAM SUPPORT
(59) WELLSRING SPECIAL EVENT P. O. BOX 1927, LOUISVILLE, KY 40201-1927	31-1020023	501(C)(3)	5,000				SUPPORTING MENTAL HEALTH RECOVERY
(60) PRP ALUMNI ASSOCIATION P. O. BOX 58051, LOUISVILLE, KY 40268	32-0087730	501(C)(3)	5,000				GENERAL EDUCATION SUPPORT
(61) KENTUCKY DIABETES CAMP FOR CHILDREN, INC 1930 BISHOP LN, LOUISVILLE, KY 40218	27-3619275	501(C)(3)	5,000				SUPPORT CAMPS FOR CHILDREN WITH DIABETES
(62) HABITAT FOR HUMANITY CLARK & FLOYD CO P. O. BOX 1814, NEW ALBANY, IN 47150	35-1817055	501(C)(3)	5,000				SUPPORT HOME BUILDING FOR THOSE IN NEED
(63) ASSOCIATION OF PROFESSIONAL CHAPLIANS 2800 W HIGGINS RD , STE 295, HOFFMAN EST, IL 60169-7221	36-3762667	501(C)(3)	5,000				SUPPORT PASTORAL EDUCATION
(64) YOUNG PROFESSIONALS 657 S HURSTBOURNE PKWY , STE 204, LOUISVILLE, KY 40222	45-0483455	501(C)(3)	5,000				SUPPORT FOR LEADERSHIP DEVELOPMENT, EDUCATIONAL OPPORTUNITIES AND PHILANTHROPIC SUPPORT TO LOUISVILLE'S YOUNG PROFESSIONALS FOR THE BENEFIT OF THE LOCAL COMMUNITY
(65) CEREBRAL PALSY K.I.D.S CENTER 982 EASTERN PKWY, LOUISVILLE, KY 40217	61-0492378	501(C)(3)	5,000				SUPPORT FOR CHILDREN WITH CEREBRAL PALSY

(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
(66) PARK DUVALLE COMMUNITY HEALTH CENTER INC 3015 WILSON AVE, LOUISVILLE, KY 40211	61-0666209	501(C)(3)	5,000				SUPPORTING COMMUNITY HEALTH
(67) KENTUCKY PEDIATRIC SOCIETY 420 CAPITAL AVE, FRANKFORT, KY 40601	61-1125554	501(C)(3)	5,000				SUPPORT FOR CONTINUING MEDICAL EDUCATION FOR KY PEDIATRIC PHYSICIANS
(68) CLOUT C/O FR. JOE GRAFFIS, 1113 S. 4TH ST, LOUISVILLE, KY 40203	61-1202173	501(C)(3)	5,000				PROGRAM SUPPORT OF INTERFAITH RELATIONS AND SOCIAL JUSTICE
(69) KY AND SOUTHERN INDIANA STROKE ASSOCIATION 3425 STONY SPRING CIRCLE, STE 102 , LOUISVILLE, KY 40220-5437	61-1335267	501(C)(3)	5,000				SUPPORT EDUCATION, OUTREACH FOR FAMILIES AND STROKE PATIENTS
(70) OVARIAN AWARENESS OF KENUCKY 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
(71) 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>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>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>METRO UNITED WAY INC</p> <p>DEPT.52860, P. O. BOX 950148, LOUISVILLE, KY 40295-0148</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, 5TH FLOOR, LOUISVILLE, KY 40202-2025</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>LOUISVILLE AREA CHAMBER OF COMMERCE, INC</p> <p>614 W MAIN ST, LOUISVILLE, KY 40202</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 SPECILIZED FOOTBALL HELMETS.</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>UNIVERSITY OF KENTUCKY:</p> <p>GENERAL PROGRAM SUPPORT OF UNIVERSITY AND PHARMACY COLLEGE</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>SHAWNEE CHRISTIAN HEALTHCARE CENTER, INC :</p> <p>SUPPORT FOR BEHAVIORAL HEALTH INITIATIVE</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>LEADERSHIP LOUISVILLE CENTER:</p> <p>GENERAL PROGRAM SUPPORT FOR EDUCATING LEADERS IN COMMUNITY</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>METRO UNITED WAY INC:</p> <p>SUPPORT HEALTH AND HUMAN SERVICES</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>COMMUNITY MEDICAL ASSOCIATES, INC:</p> <p>SUPPORT OF A NURSE PRACTITIONER FOR THE BELLARMINE STUDENT HEALTH CLINIC</p>

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LOUISVILLE AREA CHAMBER OF COMMERCE, INC: GENERAL SUPPORT LOUISVILLE HEALTHCARE CEO COUNCIL INITIATIVE TO ADVANCE KNOWLEDGE FOR AGING CARE; GENERAL SUPPORT FOR ADVOCACY INTO ACTION AND EDUCATION IN THE WORKFORCE
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN HEART ASSOCIATION: SUPPORT HEART HEALTH AWARENESS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FUND FOR THE ARTS: SUPPORT PROGRAM FOR THE DEVELOPMENT AND EDUCATION AND QUALITY OF LIFE THROUGH THE ARTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WHAS CRUSADE FOR CHILDREN: SUPPORTING CHILDREN WITH SPECIAL NEEDS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN RED CROSS: SUPPORT RED CROSS EFFORTS OF EMERGENCY ASSISTANCE, DISASTER RELIEF AND EDUCATION

**SCHEDULE 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

2017

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? | 4a | ✓ | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | ✓ |

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? | 5a | | ✓ |
| b Any related organization? | 5b | | ✓ |
- 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? | 6a | | ✓ |
| b Any related organization? | 6b | | ✓ |
- 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	STEPHEN A WILLIAMS FORMER CEO/TRUSTEE	(i) 219,845	510,997	39,237	0	51	770,130	37,614
	(ii)	0	0	0	0	0	0	0
2	RUSSELL F. COX PRESIDENT & CEO/TRUSTEE	(i) 1,071,143	903,081	2,060,973	206,430	29,325	4,270,952	2,340,630
	(ii)	0	0	0	0	0	0	0
3	MICHAEL W. GOUGH EVP OPERATIONS/CFO/TREASURER	(i) 720,807	762,396	211,487	233,044	21,384	1,949,119	612,087
	(ii)	0	0	0	0	0	0	0
4	ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	(i) 441,021	160,233	105,160	109,793	11,382	827,589	58,596
	(ii)	0	0	0	0	0	0	0
5	KENNETH WILSON, M.D. SYS VP CLINICAL EFFECTIVENESS	(i) 0	0	0	0	0	0	0
	(ii)	303,428	67,658	190,607	38,550	18,618	618,861	94,128
6	THOMAS JOHNSON FORMER SYS VP PR-CHIEF COMMUNICATION OFFICER	(i) 7,843	77,776	322,678	51,491	21,744	481,532	261,459
	(ii)	0	0	0	0	0	0	0
7	STEVEN HESTER, M.D. DIV PRESIDENT PROVIDER OPS & SYS CMO	(i) 620,165	225,302	123,945	170,250	27,893	1,167,555	81,960
	(ii)	0	0	0	0	0	0	0
8	DOUGLAS WINKELHAKE DIVISION PRESIDENT ADULT SERVICES	(i) 565,286	202,422	116,521	155,993	27,740	1,067,962	70,880
	(ii)	0	0	0	0	0	0	0
9	STEVEN HEILMAN, M.D. SYS VP ANCILLARY SERV & CMIO	(i) 377,734	289,347	79,653	88,672	26,609	862,014	232,948
	(ii)	0	0	0	0	0	0	0
10	TRACY WILLIAMS SR VP & CNO	(i) 348,361	131,339	182,042	49,431	17,177	728,351	98,096
	(ii)	0	0	0	0	0	0	0
11	CHARLES BOHN SYS VP CHIEF HR OFFICER	(i) 344,075	144,985	162,709	878,666	24,397	1,554,831	50,708
	(ii)	0	0	0	0	0	0	0
12	STEVE READY SYS VP CIO	(i) 442,594	117,240	82,336	108,625	25,223	776,019	46,244
	(ii)	0	0	0	0	0	0	0
13	SCOTT WATKINS SR VP OPERATIONS	(i) 401,631	118,236	88,563	110,620	26,624	745,674	45,824
	(ii)	0	0	0	0	0	0	0
14	JAMES FRAZIER, M.D. VP MEDICAL AFFAIRS	(i) 386,073	100,676	84,740	79,170	26,309	676,969	45,180
	(ii)	0	0	0	0	0	0	0
15	ADAM KEMPF SR VP FINANCE	(i) 309,061	96,128	70,708	79,859	18,035	573,791	33,372
	(ii)	0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)						
	(ii)							

Part II

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

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) DANA ALLEN SYS VP CHIEF MKTG & COMMUNICATION OFFICER	(i)	275,456	71,326	127,068	31,718	17,090	522,656	61,916
	(ii)	0	0	0	0	0	0	0
(17) MICHAEL ESPOSITO SYS VP CHIEF NETWORK DEVELOPMENT OFFICER	(i)	300,920	82,171	74,745	72,932	22,806	553,574	37,276
	(ii)	0	0	0	0	0	0	0
(18) MARY JO BEAN SR VP PLANNING & BUS ANALYSIS	(i)	302,034	72,825	56,150	76,865	16,073	523,947	33,140
	(ii)	0	0	0	0	0	0	0
(19) MARY LYNN MEYER SR VP CDO	(i)	206,048	0	0	0	0	206,048	0
	(ii)	139,260	121,527	68,856	90,197	16,624	436,463	46,204
(20) JENNIFER EVANS, M.D. SYS VP WOMEN'S & PEDIATRIC SVC LINE	(i)	334,534	103,562	14,527	54,919	27,232	534,774	0
	(ii)	0	0	0	0	0	0	0
(21) ALFONSO CORNISH SYS VP LEARNING & ORG DEV	(i)	241,796	62,459	91,427	30,905	9,929	436,516	30,468
	(ii)	0	0	0	0	0	0	0
(22) JIM MEYERS SYS VP REVENUE CYCLE	(i)	275,081	73,186	42,789	63,734	25,672	480,462	0
	(ii)	0	0	0	0	0	0	0
(23) KATHLEEN EXLINE VP PERF EXCEL & CARE CONTINIUM	(i)	273,838	68,018	44,065	56,298	22,758	464,976	0
	(ii)	0	0	0	0	0	0	0
(24) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	(i)	265,813	59,213	37,672	55,193	17,570	435,461	0
	(ii)	0	0	0	0	0	0	0

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT</p>	<p>DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE 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 2017: STEPHEN A. WILLIAMS - \$ 623 RUSSELL F. COX - 30,000 MICHAEL G. GOUGH - 30,000 ROBERT B. AZAR - 17,500 TRACY WILLIAMS - 17,500 STEVE HESTER - 17,500 SCOTT WATKINS - 15,000 MICHAEL ESPOSITO - 9,615 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 - 10,000 THOMAS JOHNSON - 10,000 MARY JO BEAN - 15,000 ADAM KEMPF - 15,000 SHELLY GAST - 10,000 JENNIFER EVANS - 10,000 KATHLEEN EXLINE - 10,000 JIM MEYERS - 10,000</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>SEVERANCE PAYMENT WAS RECEIVED DURING 2017 BY FORMER KEY EMPLOYEE, THOMAS JOHNSON IN THE AMOUNT OF 253,211 . OTHER COMPENSATION INCLUDED IN SCHEDULE J COLUMN B(III)</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-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 - 177,293 MICHAEL W. GOUGH - 204,538 ROBERT AZAR - 89,175 MARY LYNN MEYER - 65,227 DANA ALLEN - 15,134 MARY JO BEAN - 52,125 CHARLES BOHN - 73,770 JENNIFER EVANS - 38,719 SHELLY GAST - 36,025 ALFONSO CORNISH - 11,456 MICHAEL ESPOSITO - 48,700 KATHLEEN EXLINE - 37,266 JAMES FRAZIER - 62,769 STEVEN HEILMAN - 72,255 STEVEN HESTER - 143,165 THOMAS JOHNSON - 13,311 ADAM KEMPF - 57,269 JIM MEYERS - 41,042 STEVE READY - 82,474 SCOTT WATKINS - 82,731 TRACY WILLIAMS - 29,193 KENNETH WILSON - 18,762 DOUGLAS WINKELHAKE - 127,155</p> <p>THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2017 AND CAN BE COMPRISED OF CURRENT AND OR PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS.</p> <p>NAME - PAYMENT RECEIVED STEPHEN A. WILLIAMS - \$ 37,614 RUSSELL F. COX - 1,866,343 MICHAEL W. GOUGH - 94,642 ROBERT AZAR - 62,777 MARY LYNN MEYER - 46,273 DANA ALLEN - 89,158 MARY JO BEAN - 35,657 CHARLES BOHN - 5,405 SHELLY GAST - 24,068 ALFONSO CORNISH - 61,727 MICHAEL ESPOSITO - 40,824 KATHLEEN EXLINE - 28,675 JAMES FRAZIER - 50,389 STEVEN HEILMAN - 47,699 STEVEN HESTER - 83,288 THOMAS JOHNSON - 32,992 ADAM KEMPF - 35,546 JIM MEYERS - 30,073 STEVE READY - 48,273 SCOTT WATKINS - 51,487 TRACY WILLIAMS - 137,206 KENNETH WILSON - 147,672 DOUGLAS WINKELHAKE - 76,095</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>IN 2017, NHI 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 NHI'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

2017

**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) Deceased		(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		13,230,000		14,100,000		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		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 current refunding issue?		✓	✓		✓			✓
15	Were the bonds issued as part of 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?	✓		✓		✓		✓	

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?	✓						✓	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 . . . ▶		2.24 %		%		%		1.47 %
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 . . . ▶		0.76 %		%		%		0.76 %
6 Total of lines 4 and 5		3.00 %		0.00 %		0.00 %		2.23 %
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		
3 Is the bond issue a variable rate issue?	✓		✓			✓	✓	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		✓
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓		✓		✓		✓
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period? .		✓		✓		✓		✓
7 Has the organization established written procedures to monitor the requirements of section 148?	✓		✓		✓		✓	

Part V Procedures To Undertake Corrective Action

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

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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	5,445,000		23,005,000					
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	615,510,636		100,075,000					
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	766,240							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	4,430,755							
10	Capital expenditures from proceeds	186,905,177							
11	Other spent proceeds	308,563,977		100,075,000					
12	Other unspent proceeds	114,844,487							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	✓		✓					
15	Were the bonds issued as part of 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?	✓		✓					

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?	✓			✓				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓			✓				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓							
c Are there any research agreements that may result in private business use of bond-financed property?	✓			✓				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		1.42 %		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 . . . ▶		0.76 %		0.00 %		%		%
6 Total of lines 4 and 5		2.18 %		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?		✓	✓					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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 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)**

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III

Grants or Assistance Benefiting Interested Persons.

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

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

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).

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, KEY EMPLOYEE	\$44,885	COMPENSATION		✓

**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

2017

Open to Public Inspection

Name of the Organization
NORTON HEALTHCARE, INC.

Employer Identification Number
61-1028725

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT</p>	<p>(CONTINUED FROM PART III)</p> <p>IN 2017, NHI, THROUGH ITS AFFILIATE, COMMUNITY MEDICAL ASSOCIATES, INC., ENCOUNTERED APPROXIMATELY 2.0 MILLION VISITS. NORTON HEALTHCARE'S HOSPITALS, DIAGNOSTIC CENTERS AND NORTON CANCER INSTITUTE SERVED 72,126 INPATIENTS, 536,783 OUTPATIENTS, AND 245,652 EMERGENCY ROOM VISITS. IN ADDITION NORTON HEALTHCARE HOSPITALS' OPERATING ROOMS CARED FOR 20,881 INPATIENT SURGICAL PATIENTS AND 34,995 OUTPATIENT SURGICAL PATIENTS. ADDITIONALLY, 7,712 BABIES WERE DELIVERED AT NORTON HEALTHCARE BIRTHING CENTERS.</p> <p>AS PART OF OUR COMMITMENT TO IMPROVING THE HEALTH OF OUR COMMUNITY, NORTON HEALTHCARE PROVIDES FUNDING FOR A WIDE ARRAY OF PRACTICAL LIFE-SAVING AND LIFE-ENHANCING SERVICES THAT BENEFIT THE COMMUNITIES WE SERVE. IN 2017, UNDER ITS CHARITY CARE PROGRAM, NHI PROVIDED FREE CARE TO 10,615 PATIENTS, AT A COST OF \$9.4 MILLION. ALSO, NHI 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, 11,219 PATIENTS WERE PROVIDED CARE AT DISCOUNTED RATES. OTHER CONTRIBUTIONS TO THE COMMUNITY WERE UNPAID COST OF MEDICAID SERVICES OF \$97.4 MILLION AND EDUCATIONAL SUPPORT OF \$41.0 MILLION, PRIMARILY TO THE UNIVERSITY OF LOUISVILLE'S SCHOOL OF MEDICINE. ALSO, COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED \$8.5 MILLION, AND CONTRIBUTIONS TO COMMUNITY GROUPS WERE \$2.0 MILLION.</p> <p>AS NHI REPRESENTATIVES, OUR EMPLOYEES DONATED 56,357 HOURS OF COMMUNITY BENEFIT SERVICE, A BENEFIT VALUED AT MORE THAN \$1.2 MILLION. IN ADDITION, MANY EMPLOYEES SELF-REPORTED PERSONAL VOLUNTEER ACTIVITIES, WHICH TOTALED MORE THAN 8,000 HOURS OF SERVICE.</p> <p>NORTON HEALTHCARE PROVIDES PROGRAMMATIC SUPPORT TO THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE THROUGH FUNDING AND FACILITIES. DURING THE 2017 CALENDAR YEAR, 175 RESIDENTS COMPLETED CLINICAL ROTATIONS IN 42 SPECIALTIES AT NORTON HEALTHCARE FACILITIES. RESIDENCY PROGRAMS ARE PART OF THE \$39.7 MILLION IN EDUCATIONAL SUPPORT AND CLINICAL FUNDING PROVIDED TO THE SCHOOL.</p> <p>CONTRIBUTIONS TO THE COMMUNITY</p> <p>*NORTON HEALTHCARE EMPLOYEES AND PHYSICIANS GAVE MORE THAN \$973,000 TO THE 2017-2018 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, CHILDREN'S HOSPITAL FOUNDATION AND NORTON HEALTHCARE FOUNDATION.</p> <p>*MORE THAN 175 NORTON HEALTHCARE EMPLOYEES "RAISED THE ROOF" ON A HABITAT FOR HUMANITY HOUSE ON BROADLEAF DRIVE IN LOUISVILLE, KY. THIS IS THE ELEVENTH HABITAT HOME NORTON HEALTHCARE EMPLOYEES HAVE BUILT.</p> <p>*IN 2017, MORE THAN 2,500 NORTON HEALTHCARE EMPLOYEES DONATED TIME AND FUNDS TO PLAN, PURCHASE AND DELIVER GIFTS, FOOD AND CLOTHING FOR THE CARING TREE PROGRAM. THE PROGRAM ASSISTED 434 EMPLOYEES AND THEIR 969 CHILDREN BY PROVIDING FOR THEIR FAMILIES AT CHRISTMAS. 126 CHILDREN RECEIVED OR WILL BE RECEIVING NEW CAR SEATS THROUGH PARTNERSHIP WITH A GRANT PROGRAM WITH NORTON CHILDREN'S PREVENTION AND WELLNESS.</p> <p>*MORE THAN 42,000 POUNDS OF USABLE SURPLUS MEDICAL SUPPLIES VALUED AT MORE THAN \$685,000 AND \$50,000 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, NORTON HEALTHCARE, INC. 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. NORTON HEALTHCARE 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 2017, WORKFORCE DEVELOPMENT FINANCIALLY SUPPORTED MORE THAN 850 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>

Return Reference - Identifier	Explanation
	<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 NORTON HEALTHCARE AND OVER 100 COLLEGES AND UNIVERSITIES NATIONALLY. THIS PROGRAM HAS 2,736 GRADUATES AND 2,228 OF THESE GRADUATES HAVE CONTINUED THEIR CAREERS WITH NORTON HEALTHCARE.</p> <p>*IN 2014, NORTON HEALTHCARE WAS A NATIONAL FUND FOR WORKFORCE SOLUTIONS CAREERSTAT FRONTLINE WORKER CHAMPION. SINCE 2011, NORTON HEALTHCARE, 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.</p> <p>*THE STUDENT NURSE APPRENTICESHIP PROGRAM (SNAP) 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 NORTON HEALTHCARE. 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 2017, NORTON UNIVERSITY HELD 457,270 LEARNING EVENTS, AN AVERAGE OF 23 TRAININGS PER EMPLOYEE. IN 2017, 290,274 WEB-BASED TRAINING COURSES AND 55,411 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 PROGRAMS AND CAREER COACHING EXPOSE ENTRY-LEVEL STAFF TO HEALTHCARE CAREERS AND HELP THEM OBTAIN A HIGHER LEVEL POSITION, GED OR COLLEGE DEGREE.</p> <p>*LEADERSHIP DEVELOPMENT PROGRAMS THAT 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.</p> <p>NORTON FAITH AND HEALTH MINISTRIES</p> <p>NORTON FAITH AND HEALTH MINISTRIES 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 2017, THE OFFICE MENTORED AND SERVED NEARLY 200 MULTI-DENOMINATIONAL FAITH COMMUNITIES WITH ACTIVE HEALTH MINISTRY PROGRAMS, AND ASSISTED MANY 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, AFRICAN AMERICAN EPISCOPAL CHURCH, AND OTHERS.</p> <p>*IN ORDER TO ADVANCE CONGREGATIONAL HEALTH MINISTRIES, FAITH COMMUNITY NURSING AND OTHER HEALTH-RELATED PROGRAMS, FHM REACHED NEARLY 40,000 CONTACTS BY DISTRIBUTING 22 ELECTRONIC NEWSLETTERS. AT 77 FAITH COMMUNITY EVENTS, 7,000 PEOPLE WERE PROVIDED HEALTH LITERACY EDUCATION USING EDUCATIONAL TOOLS LOANED FROM FHM. AT 89 EVENTS, 1,565 PEOPLE WERE SCREENED FOR ASTHMA, BLOOD GLUCOSE, BLOOD PRESSURE, BODY MASS INDEX AND/OR CHOLESTEROL, AND OFTEN RECEIVED COUNSELING AND REFERRALS BY FAITH COMMUNITY NURSES. EIGHT FORMAL EDUCATIONAL AND NETWORKING EVENTS WERE HELD REACHING 356 INDIVIDUALS.</p> <p>*FHM CONDUCTED A COMPREHENSIVE COMMUNICATIONS CAMPAIGN TO ANNOUNCE AND EDUCATE EMPLOYEES AND THE GENERAL PUBLIC ABOUT THE DEPARTMENT'S NAME CHANGE FROM OFFICE OF CHURCH AND HEALTH MINISTRIES TO NORTON FAITH AND HEALTH MINISTRIES.</p>

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<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT</p>	<p>NORTON HEART CARE</p> <p>NORTON HEART CARE 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 2017:</p> <p>*NORTON WOMEN'S HEART & VASCULAR CENTER OFFERED ITS FREE CIRCLE OF HEARTS PROGRAM, A QUARTERLY HEART DISEASE AND PREVENTION CLASS THAT FOCUSES ON HEART HEALTH EDUCATION AND OTHER WELLNESS ISSUES OF INTEREST TO WOMEN. THE CIRCLE OF HEARTS PROGRAM HAD 153 ATTENDEES FOR CLASSES.</p> <p>*NORTON WOMEN'S HEART & VASCULAR CENTER ATTENDED 20 HEART HEALTH COMMUNITY EVENTS, INCLUDING HEALTH FAIRS, PRESENTATIONS AND SPEAKING ENGAGEMENTS REPRESENTING BUSINESSES, CHURCHES, WOMEN'S GROUPS AND HEALTH CARE PROFESSIONALS. MORE THAN 1,600 PARTICIPANTS ATTENDED THE EVENTS.</p> <p>*AT NORTON WOMEN'S AND NORTON CHILDREN'S HOSPITAL, NEARLY 100 WOMEN WHO HAD EXPERIENCED PREGNANCY-RELATED COMPLICATIONS WERE VISITED BY A REGISTERED NURSE WHO PROVIDED HEART HEALTH EDUCATION, RESOURCE REFERRALS AND A BABY BLANKET, INCLUDING A GO RED FOR WOMEN MESSAGE.</p> <p>*NORTON WOMEN'S HEART & VASCULAR CENTER OFFERS THE ONLY WOMENHEART SUPPORT GROUP IN KENTUCKY, AND NORTON HEART CARE IS THE ONLY HOSPITAL IN KENTUCKY TO BE A WOMENHEART NATIONAL HOSPITAL ALLIANCE MEMBER. WOMENHEART 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. NORTON HEART CARE SUPPORTED TWO WOMEN HEART SURVIVORS AND SENT THEM TO THE MAYO CLINIC TO BE TRAINED AT THE WOMENHEART SYMPOSIUM TO PROVIDE SUPPORT AND EDUCATION TO OUR NORTON HEART CARE PATIENTS AND TO THE WOMEN IN OUR COMMUNITY LIVING WITH CARDIOVASCULAR DISEASE. IN 2017, THE WOMENHEART PROGRAM PROVIDED:</p> <p>*THE MONTHLY WOMENHEART SUPPORT GROUP IS OFFERED AT THE MARSHALL WOMEN'S HEALTH AND EDUCATION CENTER. IT IS LED BY THE WOMENHEART CHAMPIONS AND A NURSE FROM THE WOMEN'S HEART AND VASCULAR CENTER, WHO PROVIDE EMOTIONAL SUPPORT AS WELL AS EDUCATION ON HEALTHY NUTRITION, EXERCISE, AND STRESS MANAGEMENT.</p> <p>*THE WOMENHEART 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.</p> <p>*THE WOMENHEART CHAMPIONS ATTENDED 16 COMMUNITY EVENTS, HEALTH FAIRS, AND PROVIDE EDUCATIONAL PRESENTATIONS TO BUSINESSES, CHURCHES, WOMEN GROUPS, AND HEALTHCARE PROFESSIONALS, WHICH HAD 1,851 PARTICIPANTS.</p> <p>NORTON ORTHOPAEDIC CARE</p> <p>NORTON ORTHOPAEDIC CARE EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR KNEE AND HIP REPLACEMENT. THIS RECOGNITION CONFIRMS NORTON ORTHOPAEDIC CARE 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 NORTON HEALTHCARE HOSPITALS AND DOCTORS' OFFICES.</p> <p>*NORTON ORTHOPAEDIC & HAND CENTER NEAR THE CAMPUS OF NORTON BROWNSBORO HOSPITAL IS A STATE-OF-THE-ART FACILITY WITH SPECIALISTS OF NORTON ORTHOPAEDIC CARE, NORTON SPORTS HEALTH AND NORTON HEALTHCARE TO PROVIDE A MULTIDISCIPLINARY APPROACH TO INNOVATIVE ORTHOPAEDIC CARE. THE FACILITY SUPPORTS RESEARCH, TRAINING AND EDUCATION. IT ALSO OFFERS PATIENTS SUBSPECIALIZED TRAINED ORTHOPAEDISTS, A NORTON IMMEDIATE CARE CENTER WITH A FOCUS ON ORTHOPAEDICS, REHABILITATION SERVICES, ADVANCED SPORTS TRAINING AND PRIMARY CARE SERVICES WITH AN EMPHASIS ON ORTHOPAEDICS.</p> <p>WOMEN'S SERVICES</p> <p>*IN 2017, NORTON WOMEN'S CARE BIRTHING FACILITIES AT NORTON HOSPITAL AND NORTON WOMEN'S AND CHILDREN'S HOSPITAL PROVIDED THE CARE AND MEDICAL SERVICES FOR 7,712 DELIVERIES.</p> <p>*FREE CHILDBIRTH EDUCATION CLASSES ARE PROVIDED AT NORTON HOSPITAL AND NORTON WOMEN'S AND CHILDREN'S HOSPITAL.</p> <p>NORTON CHILDREN'S PREVENTION & WELLNESS</p> <p>*CHILD PASSENGER SAFETY TECHNICIANS FROM NORTON CHILDREN'S HOSPITAL CHECK CAR AND BOOSTER SEATS AND ALSO PROVIDE CAR AND BOOSTER SEATS AT FREE CHECKUP CLINICS STATEWIDE. IN 2017, 387 CAR SEATS WERE GIVEN TO FAMILIES IN NEED THROUGH THE COMMUNITY EVENTS, AND HOSPITAL ADMISSIONS. ADDITIONALLY 21 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>*NORTON CHILDREN'S HOSPITAL'S BIKE RODEO PROGRAM SAW 15,100 STUDENTS FROM GRADES THREE THROUGH FIVE THROUGHOUT KENTUCKY BY PROVIDING 140 BIKE SAFETY "RODEOS."</p> <p>*FOLLOWING INTERACTIVE CLASSROOM LESSONS ON PEDESTRIAN SAFETY 450 ELEMENTARY SCHOOL STUDENTS AND TEACHERS PARTICIPATED IN "SAFE KIDS WALK THIS WAY," A PROGRAM LED BY NORTON CHILDREN'S HOSPITAL. THE PROGRAM IS DESIGNED TO REDUCE THE NUMBER OF</p>

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	<p>PEDESTRIAN INJURIES. FIVE ADDITIONAL PEDESTRIAN SAFETY PROGRAMS WERE PRESENTED FOR 300 MORE STUDENTS AT JEFFERSON COUNTY PUBLIC SCHOOLS.</p> <p>*NORTON CHILDREN'S HOSPITAL'S "JUST FOR KIDS" TRANSPORT TEAM TRANSPORTS BABIES AND CHILDREN FROM ACROSS THE REGION TO NORTON CHILDREN'S HOSPITAL. TRANSPORTATION WAS PROVIDED BY AIRPLANE, HELICOPTER AND SPECIALLY EQUIPPED AMBULANCES (MOBILE INTENSIVE CARE UNITS).</p> <p>*MORE THAN 3,000 KINDERGARTEN STUDENTS, TEACHERS, CHAPERONES AND NURSING STUDENTS PARTICIPATED IN THE 34TH ANNUAL CHILDREN & HOSPITALS WEEK EVENT LED BY NORTON CHILDREN'S HOSPITAL. 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 DECISIONS AND BEHAVIORS AND HELP LESSEN THE FEAR AND ANXIETY CHILDREN MAY HAVE ABOUT COMING TO A HOSPITAL.</p> <p>KENTUCKY POISON CONTROL CENTER</p> <p>*NORTON CHILDREN'S HOSPITAL IS HOME TO THE KENTUCKY POISON CONTROL CENTER. IN 2017, 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>NORTON NEUROSCIENCE INSTITUTE IS CONTINUING ITS QUEST TO BE THE REGIONAL AND NATIONAL LEADER IN TREATMENT, RESEARCH AND ACADEMIC TRAINING FOR ADULT AND PEDIATRIC NEUROSCIENCE DISCIPLINES. NORTON NEUROSCIENCE INSTITUTE 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. THE FOLLOWING SERVICES ALSO ARE AVAILABLE TO OUR COMMUNITY AS A RESULT OF NORTON HEALTHCARE'S SIGNIFICANT COMMITMENT TO THE BEST NEUROLOGICAL CARE:</p> <p>*AN ENDOVASCULAR NEUROSURGERY TEAM IS AVAILABLE AT TWO NORTON HEALTHCARE FACILITIES, MAKING ADVANCED STROKE, ANEURYSM AND ARTERIOVENOUS MALFORMATION (RANDOM BRAIN HEMORRHAGE OR RUPTURE) TREATMENT POSSIBLE FOR OUR PATIENTS. NEUROSURGERY TEAMS ARE ON CALL AND COVER ALL FACILITIES FOR EMERGENCY SITUATIONS.</p> <p>*A STATE-OF-THE ART EPILEPSY CENTER AT NORTON BROWNSBORO HOSPITAL PROVIDES THE REGION'S MOST ADVANCED EPILEPSY MONITORING UNIT AND IS DEDICATED TO PROVIDING ACCURATE DIAGNOSES AND QUALITY CARE FOR INDIVIDUALS LIVING WITH SEIZURES AND EPILEPSY. AS PART OF NORTON NEUROSCIENCE INSTITUTE'S MULTIDISCIPLINARY APPROACH TO EPILEPSY CARE, THE NORTON BROWNSBORO HOSPITAL EPILEPSY MONITORING UNIT IS A SPECIALIZED INPATIENT UNIT DESIGNED TO EVALUATE AND DIAGNOSE SEIZURE DISORDERS.</p> <p>NORTON BROWNSBORO HOSPITAL HAS ACHIEVED THE PRESTIGIOUS ADVANCED CERTIFICATION FOR COMPREHENSIVE STROKE CENTERS FROM THE JOINT COMMISSION AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION.</p> <p>THE COMMISSION GIVES THE CERTIFICATION TO HOSPITALS THAT ARE UNIQUELY PREPARED WITH EXPERTISE AND EQUIPMENT TO TREAT THE MOST COMPLEX CASES, LEADING TO BETTER OUTCOMES. COMBINED WITH THE PRIMARY STROKE CENTER DESIGNATION FOR NORTON HOSPITAL, NORTON AUDUBON HOSPITAL AND NORTON WOMEN'S AND CHILDREN'S HOSPITAL, NORTON HEALTHCARE'S STROKE CARE NETWORK IS THE AREA'S LARGEST.</p> <p>NORTON NEUROSCIENCE INSTITUTE HAS EXPANDED THE TREATMENT OPTIONS IN NEUROSURGERY TREATMENT FOR PATIENTS WITH BRAIN TUMORS, LESIONS AND EPILEPSY TO OFFER LESS INVASIVE SURGICAL OPTIONS. WITH THE USE OF A ROBOTIC NEUROSURGERY TECHNOLOGY A ROBOTIC ARM ASSISTS THE NEUROSURGERY IN PINPOINTING A TRAJECTORY IN THE BRAIN OF WHERE THEIR TREATMENT NEEDS TO BE TARGETED. TAKING THAT TECHNOLOGY A STEP FURTHER, ONCE THE TRAJECTORY IS SET, THE NEUROSURGEON CAN USE IMAGE-GUIDED LASER TECHNOLOGY TO TREAT BRAIN TUMORS AND LESIONS IN THE BRAIN. ALL OF THIS IS DONE THROUGH A SMALL ONE-EIGHTH INCH INCISION.</p>

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<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>*A CENTRALIZED NORTON NEUROSCIENCE INSTITUTE RESOURCE CENTER IS AVAILABLE TO PATIENTS, OFFERING FREE EDUCATION AND SUPPORT SERVICES. THE RESOURCE CENTER OFFERS SUPPORT SERVICES AND RESOURCES TO BRIDGE THE GAP BETWEEN MANAGING A NEUROLOGICAL CONDITION AND IMPROVING THE QUALITY OF LIFE. THE CENTER OFFERS SUPPORT GROUPS, EDUCATIONAL, THERAPEUTIC AND EXERCISE PROGRAMS. THE CENTER MAY ALSO ASSIST WITH ACCESS TO MEDICAL CARE AND MEDICAL EQUIPMENT AND REFERRALS TO COMMUNITY AND HOME HEALTH SERVICES. IN ADDITION, PATIENTS HAVE ACCESS TO NATIONAL INSTITUTES OF HEALTH CLINICAL TRIALS THROUGH THE CENTER.</p> <p>*THE REGION'S FIRST REHABILITATION PROGRAM FOCUSED ON TREATING PATIENTS WITH ORTHOPEDIC, NEUROLOGICAL AND SPINE DISORDERS HAS THE ONLY LOKOMAT SYSTEM AND THE DIERS FORMETRIC SCANNER. LOKOMAT ASSISTS WITH WALKING MOVEMENTS FOR PATIENTS RECEIVING THERAPY FOR PARALYSIS OR MOVEMENT DISORDERS AND NORTON HEALTHCARE IS THE ONLY FACILITY IN LOUISVILLE TO OFFER THIS TREATMENT. DIERS FORMETRIC SCANNER IS USED FOR SPINE AND POSTURE ANALYSIS. NORTON HEALTHCARE IS THE ONLY HEALTHCARE SYSTEM IN THE REGION TO PROVIDE THIS STATE OF THE ART TECHNOLOGY.</p> <p>COMMUNITY MEDICAL ASSOCIATES</p> <p>*PROVIDED PHYSICIANS AND A CHAPLAIN WHO 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 2017, THE NORTON HEALTHCARE PREVENTION & WELLNESS STAFF PROVIDED PREVENTIVE SCREENINGS INVOLVING THE NORTON HEALTHCARE MOBILE PREVENTION CENTER IN COLLABORATION WITH VARIOUS COMMUNITY PARTNERS. OVER 2,600 WOMEN RECEIVED MAMMOGRAMS AND/OR WELLNESS EXAMS, INCLUDING CERVICAL CANCER SCREENING, ABOARD THE MOBILE PREVENTION CENTER. OF THEM, APPROXIMATELY 6 PERCENT HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS. 11 INDIVIDUALS WERE DIAGNOSED AND TREATED FOR PRE-INVASIVE AND INVASIVE BREAST CANCER. OF THE ALMOST 200 MOBILE PREVENTION CENTER EVENTS, ALMOST 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. 84 PEOPLE RECEIVED AT HOME KITS, AND 8 PEOPLE WERE REFERRED FOR COLONOSCOPY.</p> <p>*STAFF ALSO PROVIDED OVER 12,000 CARDIOVASCULAR SCREENINGS (BLOOD PRESSURE, BMI, GLUCOSE, CHOLESTEROL) FOR OVER 3675 OTHER 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.</p> <p>*PREVENTION AND WELLNESS CONDUCTED 12 FREEDOM FROM SMOKING CLASSES IN 2017, INCLUDING 2 THAT WERE OFFERED IN SPANISH.</p> <p>RESEARCH</p> <p>*OUR RESEARCH BENEFITS NORTON HEALTHCARE PATIENTS AND DEVELOPS RESULTS 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>*NORTON HEALTHCARE RESEARCH OFFICE PARTNERED WITH NORTON UNIVERSITY TO OFFER RESEARCH EDUCATION TO ALL RESEARCHERS IN METRO LOUISVILLE AND BEYOND. IN 2017, PROGRAMS WERE OFFERED, AND ATTENDEES INCLUDED NORTON HEALTHCARE, 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>THE CHILDREN'S HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT PROGRAMS, EQUIPMENT AND FACILITIES, RESEARCH, ADVOCACY AND EDUCATION FOR NORTON CHILDREN'S HOSPITAL, NORTON WOMEN'S AND NORTON CHILDREN'S HOSPITAL - AND NORTON CHILDREN'S MEDICAL CENTER. THE CHILDREN'S HOSPITAL FOUNDATION 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>THANKS TO SUPPORT FROM THE COMMUNITY, NORTON CHILDREN'S HOSPITAL HAS SOME OF THE MOST TALENTED AND DEDICATED PEDIATRIC SPECIALISTS AND CLINICAL AND CAREGIVING TEAMS IN THE COUNTRY READY TO CARE FOR CHILDREN. THIS 265-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 EXCEED THE COMMUNITY'S NEED FOR SPECIALIZED PEDIATRIC CARE AND MEET THE EVER-GROWING NEEDS AT NORTON CHILDREN'S HOSPITAL, 2017 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.</p> <p>WORKFORCE, RESEARCH AND FACILITIES - SERVE TO GUIDE THE FUNDRAISING GROWTH IN EACH</p>

Return Reference - Identifier	Explanation
	<p>OF THE AFOREMENTIONED PEDIATRIC SERVICES. ADDITIONALLY, ONGOING AREAS OF NEED, SUCH AS CHILD ADVOCACY; PEDIATRIC PASTORAL CARE AND BEREAVEMENT PROGRAMS; ENDOWED RESEARCH CHAIRS; AND SPECIALTY THERAPIES, INCLUDING CHILD LIFE, EXPRESSIVE AND MUSIC THERAPIES, CONTINUE TO BE AREAS OF FUNDING AND PRIORITY FOR THE CHILDREN'S HOSPITAL FOUNDATION TO ENSURE A TRULY "JUST FOR KIDS" EXPERIENCE FOR PATIENTS AND FAMILIES. THE FOUNDATION 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 FOR THE HOSPITAL ARE VISIBLE THROUGH FUNDING AND SUPPORT OF MANY PROJECTS IN 2017, INCLUDING:</p> <ul style="list-style-type: none"> *MORE THAN \$13 MILLION IN INVESTMENTS GRANTED TO NORTON CHILDREN'S HOSPITAL, TO BENEFIT DOZENS OF AREAS OF CARE. *THE CHILDREN'S HOSPITAL FOUNDATION OFFICE OF PREVENTION AND WELLNESS AT NORTON CHILDREN'S HOSPITAL, WHICH HELPS PROVIDE SAFETY AND OUTREACH INFORMATION AIMED AT KEEPING KIDS OUT OF THE HOSPITAL. *FUNDING FOR THE WENDY NOVAK DIABETES CENTER AT NORTON CHILDREN'S HOSPITAL FOR WORKFORCE, EXPANSION OF TECHNOLOGY AND ACCREDITATION. *CONSTRUCTION OF THE NEW S. RANDOLPH SCHEEN FAMILY CONFERENCE CENTER. *RENOVATION OF THE OUTDOOR THERAPEUTIC SPACE FOR THE ACKERLY CHILD PSYCHIATRY UNIT *REMODELING OF THE ADOLESCENT AND YOUNG ADULT PATIENT ROOMS AT THE ADDISON JO BLAIR CANCER CENTER. *STAFF EDUCATIONAL OPPORTUNITIES AND ADVANCED CERTIFICATIONS THAT CAN LEAD TO IMPROVED PATIENT TREATMENT. *SUPPORT FROM THE CHILDREN'S HOSPITAL FOUNDATION ALLOWS THE PEDIATRIC SPECIALISTS AT NORTON CHILDREN'S HOSPITAL TO CONTINUE TO RESPOND TO THE UNIQUE MEDICAL NEEDS OF CHILDREN FROM BIRTH TO AGE 18. IT ALSO HELPS THE HOSPITAL WORK TO KEEP CHILDREN OUT OF THE HOSPITAL. <p>NORTON HEALTHCARE FOUNDATION</p> <p>THE NORTON HEALTHCARE FOUNDATION IS THE PHILANTHROPIC ARM OF THE NOT-FOR-PROFIT NORTON HEALTHCARE ADULT-SERVICE HOSPITALS: NORTON AUDUBON HOSPITAL, NORTON BROWNSBORO HOSPITAL, NORTON HOSPITAL AND NORTON WOMEN'S AND NORTON CHILDREN'S HOSPITAL. THE FOUNDATION 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 NORTON HEALTHCARE FOUNDATION ALLOWS CAREGIVERS TO CONTINUE MAKING A DIFFERENCE FOR PATIENTS SERVED BY NORTON HEALTHCARE INC. IN 2017, THE SUPPORT HELPED THE FOUNDATION PROVIDE FUNDING TO:</p> <ul style="list-style-type: none"> *NORTON HEALTHCARE FOUNDATION FUNDS GRANTED MORE THAN \$4.3 MILLION TO BENEFIT DOZENS OF AREAS OF CARE THROUGHOUT THE FACILITIES. *CONSTRUCTION OF A SECOND FLOOR MEDITATION GARDEN FOR OUR NORTON WOMEN'S & CHILDREN'S HOSPITAL PATIENTS. *SUPPORT OF NORTON CANCER INSTITUTE INITIATIVES THAT PROVIDE EARLY DETECTION SCREENINGS, EDUCATION AND CLINICAL RESEARCH. *SUPPORT PASTORAL CARE SERVICES FOR PATIENTS, THEIR FAMILIES AND STAFF MEMBERS AT ALL NORTON HEALTHCARE ADULT-SERVICE FACILITIES. *PROVIDE BABY-FRIENDLY HOSPITAL INITIATIVES TO SUPPORT BREASTFEEDING AT NORTON WOMEN'S AND CHILDREN'S HOSPITAL. *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. *SUPPORT NURSES TO OBTAIN ONCOLOGY-CERTIFIED NURSE DESIGNATION, ENABLING THEM TO PROVIDE THE MOST ADVANCED AND COMPREHENSIVE CARE TO CANCER PATIENTS. *PROGRAM SUPPORT FOR INTEGRATIVE MEDICINE INITIATIVES FOR THE NORTON NEUROSCIENCE INSTITUTE. <p>PHILANTHROPY PLAYS AN INCREASINGLY IMPORTANT ROLE AT NORTON HEALTHCARE AS CAREGIVERS STRIVE TO CONTINUOUSLY IMPROVE THE HEALTH OF THE COMMUNITY.</p>

Return Reference - Identifier	Explanation
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 2017 BY NORTON HEALTHCARE, INC., WAS APPROXIMATELY 532. NORTON HEALTHCARE, INC., HAS APPROXIMATELY 130 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2017. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 942 VENDORS ON FORM 1096 FOR 2017.
FORM 990, PART V, LINE 1B - W-2 G COMMON PAYING AGENT	NORTON HEALTHCARE INC., AS THE COMMON PAYING AGENT, FILED ONE FORM W-2G ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION.
FORM 990, PART V, LINE 1C - COMMON PAYING AGENT FOR VENDORS	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE INC, AND ALL AFFILIATES. NORTON HEALTHCARE, INC. REQUIRES THAT ALL VENDORS PROVIDE AN ACCURATE TAXPAYER IDENTIFICATION NUMBER ON A FORM W-9, AS REQUIRED BY LAW, PRIOR TO ASSURANCE OF ANY PAYMENT.
FORM 990, PART V, LINE 2A - COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND THE CHILDREN'S HOSPITAL FOUNDATION, INC. THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. NORTON HEALTHCARE, INC. HAS APPROXIMATELY 2,660EMPLOYEES. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 16,770 EMPLOYEES ON FORM W-3 FOR 2017.
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 SEPTEMBER 27, 2018 NORTON HEALTHCARE, INC. (NORTON) FINANCE COMMITTEE MEETING AND AT THE OCTOBER 18, 2018 NORTON 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. NORTON 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.

Return Reference - Identifier	Explanation																									
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER 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. (NHI) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES (IHS), TO PROVIDE COMPARABILITY DATA FOR NHI'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 2016 FOR THE 2017 COMPENSATION REVIEW AND MET IN 2017 FOR THE 2018 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 NHI'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. (NHI) 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 NHI. NHI'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, NHI 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 2017.																									
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="456 1037 753 1121">(a) Description</th> <th data-bbox="753 1037 943 1121">(b) Total Expenses</th> <th data-bbox="943 1037 1133 1121">(c) Program Service Expenses</th> <th data-bbox="1133 1037 1323 1121">(d) Management and General Expenses</th> <th data-bbox="1323 1037 1520 1121">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1121 753 1152">OUTSIDE SERVICES</td> <td data-bbox="753 1121 943 1152">52,582,196</td> <td data-bbox="943 1121 1133 1152">38,062,317</td> <td data-bbox="1133 1121 1323 1152">14,519,879</td> <td data-bbox="1323 1121 1520 1152"></td> </tr> <tr> <td data-bbox="456 1152 753 1184">OTHER EXPENSES</td> <td data-bbox="753 1152 943 1184">652,642</td> <td data-bbox="943 1152 1133 1184">504,322</td> <td data-bbox="1133 1152 1323 1184">148,320</td> <td data-bbox="1323 1152 1520 1184"></td> </tr> <tr> <td data-bbox="456 1184 753 1215">CONTRACT LABOR</td> <td data-bbox="753 1184 943 1215">552,403</td> <td data-bbox="943 1184 1133 1215">371,943</td> <td data-bbox="1133 1184 1323 1215">180,460</td> <td data-bbox="1323 1184 1520 1215"></td> </tr> <tr> <td data-bbox="456 1215 753 1247">PROFESSIONAL FEES</td> <td data-bbox="753 1215 943 1247">684,095</td> <td data-bbox="943 1215 1133 1247">684,095</td> <td data-bbox="1133 1215 1323 1247"></td> <td data-bbox="1323 1215 1520 1247"></td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OUTSIDE SERVICES	52,582,196	38,062,317	14,519,879		OTHER EXPENSES	652,642	504,322	148,320		CONTRACT LABOR	552,403	371,943	180,460		PROFESSIONAL FEES	684,095	684,095		
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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, 2017. THE OTHER COMPONENTS OF NET PERIODIC PENSION COST WAS \$11.9 MILLION FOR YEAR ENDED DECEMBER 31, 2017.</p>																									
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="456 1654 1300 1696">(a) Description</th> <th data-bbox="1300 1654 1520 1696">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1696 1300 1728">AFFILIATE TRANSFER</td> <td data-bbox="1300 1696 1520 1728">- 646,287</td> </tr> <tr> <td data-bbox="456 1728 1300 1759">SWAP MARK TO MARKET ADJUSTMENT</td> <td data-bbox="1300 1728 1520 1759">465,548</td> </tr> <tr> <td data-bbox="456 1759 1300 1791">CHANGE IN MINIMUM PENSION LIABILITY</td> <td data-bbox="1300 1759 1520 1791">1,768,713</td> </tr> <tr> <td data-bbox="456 1791 1300 1822">CHANGE IN NET PERIODIC PENSION COST</td> <td data-bbox="1300 1791 1520 1822">- 11,925,395</td> </tr> </tbody> </table>	(a) Description	(b) Amount	AFFILIATE TRANSFER	- 646,287	SWAP MARK TO MARKET ADJUSTMENT	465,548	CHANGE IN MINIMUM PENSION LIABILITY	1,768,713	CHANGE IN NET PERIODIC PENSION COST	- 11,925,395															
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**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

2017

**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) -----					
(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) -----							

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTON HOSPITALS, INC.	R	1,561,247,042	FMV
(2) NORTON HOSPITALS, INC.	S	1,762,212,690	FMV
(3) COMMUNITY MEDICAL ASSOCIATES, INC.	R	411,390,996	FMV
(4) COMMUNITY MEDICAL ASSOCIATES, INC.	S	317,127,446	FMV
(5) NORTON PROPERTIES, INC.	R	46,346,076	FMV
(6) (SEE STATEMENT)			

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

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

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

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTON ENTERPRISES INC (61-1054301) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	N/A	C CORPORATION			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	40,608,050	FMV
(7) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	R	6,322,746	FMV
(8) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	S	5,257,446	FMV
(9) NORTON HEALTHCARE FOUNDATION, INC.	R	1,575,474	FMV
(10) NORTON HEALTHCARE FOUNDATION, INC.	S	929,501	FMV
(11) NORTON ENTERPRISES, INC.	R	23,560,065	FMV
(12) NORTON ENTERPRISES, INC.	S	19,751,417	FMV

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2017

Attachment Sequence No. **118**

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning **JAN 01**, 2017, and ending **DEC 31**, 20 **17**

Name of person filing this return **NORTON HEALTHCARE, INC.** Filer's identifying number **61-1028725**

Filer's address (if you are not filing this form with your tax return) **A** Category of filer (see **Categories of Filers** in the instructions and check applicable box(es):
1 2 3 4
B Filer's tax year beginning **JAN 01**, 20 **17**, and ending **DEC 31**, 20 **17**

C Filer's share of liabilities: Nonrecourse \$ **Qualified nonrecourse financing \$ Other \$**

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name **EIN**
Address

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership **DC CAPITAL PARTNERS FUND II (CAYMAN) L.P. MAPLES CORPORATE SERVICES LIMITED P.O. BOX 309 UGLAND HOUSE GEORGETOWN KY1-1104 CAYMAN ISLANDS**
2(a) EIN (if any)
2(b) Reference ID number (see instr.) **NORTONDCCAP**
3 Country under whose laws organized

4 Date of organization 3/8/2016	5 Principal place of business CAYMAN ISLANDS	6 Principal business activity code number 525990	7 Principal business activity INVESTMENTS	8a Functional currency US DOLLARS	8b Exchange rate (see instr.) 1
--	---	---	--	--	--

H Provide the following information for the foreign partnership's tax year:
1 Name, address, and identifying number of agent (if any) in the United States
2 Check if the foreign partnership must file:
 Form 1042 Form 8804 Form 1065 or 1065-B
Service Center where Form 1065 or 1065-B is filed:
3 Name and address of foreign partnership's agent in country of organization, if any
4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
SS&C, 11 COMMERCE DRIVE, SUITE 102, CRANFORD, NJ 07016

5 Were any special allocations made by the foreign partnership? Yes No
6 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions) _____
7 How is this partnership classified under the law of the country in which it is organized? ▶ **LIMITED PARTNERSHIP**
8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. ▶ Yes No
b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? ▶ Yes No
9 Does this partnership meet **both** of the following requirements?
• The partnership's total receipts for the tax year were less than \$250,000 and
• The value of the partnership's total assets at the end of the tax year was less than \$1 million. } Yes No
If "Yes," **do not** complete Schedules L, M-1, and M-2.

Sign Here Only if You Are Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member _____ Date _____
Paid Preparer Use Only
Print/Type preparer's name _____ Preparer's signature _____ Date _____
Check if self-employed PTIN _____
Firm's name ▶ _____ Firm's EIN ▶ _____
Firm's address ▶ _____ Phone no. _____

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest **b** Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-2 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B **Income Statement—Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		
	b Less returns and allowances	1b		1c
	2 Cost of goods sold			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7 Other income (loss) (attach statement)			7
8 Total income (loss). Combine lines 3 through 7			8	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21
22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8			22	

Schedule K		Partners' Distributive Share Items		Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 2, line 22)		1	
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Guaranteed payments		4	
	5	Interest income		5	
	6	Dividends: a Ordinary dividends		6a	
		b Qualified dividends	6b		
	7	Royalties		7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8	
9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a		
	b Collectibles (28%) gain (loss)	9b			
	c Unrecaptured section 1250 gain (attach statement)	9c			
10	Net section 1231 gain (loss) (attach Form 4797)		10		
11	Other income (loss) (see instructions) Type ▶		11		
Deductions	12	Section 179 deduction (attach Form 4562)		12	
	13a	Contributions		13a	
	b	Investment interest expense		13b	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶		13c(2)	
	d Other deductions (see instructions) Type ▶		13d		
Self-Employment	14a	Net earnings (loss) from self-employment		14a	
	b	Gross farming or fishing income		14b	
	c	Gross nonfarm income		14c	
Credits	15a	Low-income housing credit (section 42(j)(5))		15a	
	b	Low-income housing credit (other)		15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)		15c	
	d	Other rental real estate credits (see instructions) Type ▶		15d	
	e	Other rental credits (see instructions) Type ▶		15e	
	f	Other credits (see instructions) Type ▶		15f	
Foreign Transactions	16a	Name of country or U.S. possession ▶		16a	
	b	Gross income from all sources		16b	
	c	Gross income sourced at partner level		16c	
		Foreign gross income sourced at partnership level			
	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶		16f	
		Deductions allocated and apportioned at partner level			
	g	Interest expense ▶ h Other ▶		16h	
		Deductions allocated and apportioned at partnership level to foreign source income			
	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶		16k	
	l	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued		16l	
m	Reduction in taxes available for credit (attach statement)		16m		
n	Other foreign tax information (attach statement)				
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment		17a	
	b	Adjusted gain or loss		17b	
	c	Depletion (other than oil and gas)		17c	
	d	Oil, gas, and geothermal properties—gross income		17d	
	e	Oil, gas, and geothermal properties—deductions		17e	
	f	Other AMT items (attach statement)		17f	
Other Information	18a	Tax-exempt interest income		18a	
	b	Other tax-exempt income		18b	
	c	Nondeductible expenses		18c	
	19a	Distributions of cash and marketable securities		19a	
	b	Distributions of other property		19b	
	20a	Investment income		20a	
	b	Investment expenses		20b	
c	Other items and amounts (attach statement)				

Schedule L **Balance Sheets per Books.** (Not required if Item H9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2a Trade notes and accounts receivable . . .				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement) . .				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement) . . .				
9a Buildings and other depreciable assets . .				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only) . . .				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement) .				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H9, page 1, is answered "Yes.")

1 Net income (loss) per books			6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):		
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize): _____			a Tax-exempt interest \$ _____		
3 Guaranteed payments (other than health insurance)			7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):		
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):			a Depreciation \$ _____		
a Depreciation \$ _____					
b Travel and entertainment \$ _____			8 Add lines 6 and 7		
5 Add lines 1 through 4			9 Income (loss). Subtract line 8 from line 5		

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H9, page 1, is answered "Yes.")

1 Balance at beginning of year			6 Distributions: a Cash		
2 Capital contributed:			b Property		
a Cash			7 Other decreases (itemize): _____		
b Property					
3 Net income (loss) per books					
4 Other increases (itemize): _____			8 Add lines 6 and 7		
_____			9 Balance at end of year. Subtract line 8 from line 5		
5 Add lines 1 through 4					

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year). See instructions				
21 Amounts loaned (enter the maximum loan balance during the year). See instructions				

SCHEDULE O
(Form 8865)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

2017

Name of transferor NORTON HEALTHCARE, INC.		Filer's identifying number 61-1028725
Name of foreign partnership DC CAPITAL PARTNERS FUND II (CAYMAN) L.P.	EIN (if any)	Reference ID number (see instructions) NORTONDCCAP

- 1a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer
Cash	SEE STATEMENT		SEE STATEMENT			
Stock, notes receivable and payable, and other securities						
Inventory						
Tangible property used in trade or business						
Intangible property described in section 197(f)(9)						
Intangible property, other than intangible property described in section 197(f)(9)						
Other property						
Totals			1,380,040	0		0

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **0.0000 %** (b) After the transfer **1.0700 %**

Supplemental Information Required To Be Reported (see instructions):

[SEE WHITEPAPER](#)

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

**Schedule
O****Part I. Transfers Reportable Under Section 6038B (continued)**

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
CASH	2/9/2017	0	512,091	0		0	1.330000
CASH	4/21/2017	0	11,262	0		0	1.380000
CASH	6/30/2017	0	12,620	0		0	1.410000
CASH	9/28/2017	0	11,356	0		0	1.090000
CASH	12/8/2017	0	832,711	0		0	1.070000

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20_____

2017

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization
NORTON HEALTHCARE, INC.

Employer identification number
61-1028725

Name and title of officer
ADAM KEMPF, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	212,683,950
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE LLP to enter my PIN

2	8	7	2	5
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Adam S. Kempf Date ▶ 11/1/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	5	5	6	2	4	2	1	6	8	0
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So