

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](http://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 HOSPITALS, 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 FLOOR**  
 City or town, state or province, country, and ZIP or foreign postal code  
**LOUISVILLE, KY 40202**

**D** Employer identification number  
**61-0703799**

**E** Telephone number  
**(502) 629-8263**

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

**G** Gross receipts \$ **1,888,092,512**

**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: **1969**

**M** State of legal domicile: **KY**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>NORTON HOSPITALS, INC.'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND FAITH HERITAGE.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>11,207</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1,638</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>5,938,272</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>59,514</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	8,807,315	12,474,603
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,779,899,221	1,860,586,773
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(596,100)	13,850
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,108,646	14,130,179
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,798,219,082	1,887,205,405
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	626,069,126	634,795,603
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)		0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	912,231,135	967,909,379
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,538,300,261	1,602,704,982
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	259,918,821	284,500,423	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	1,986,025,406	2,271,045,747
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	129,728,663	130,550,044
		1,856,296,743	2,140,495,703	

**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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

# 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](http://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](http://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.

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. <a href="#">NORTON HOSPITALS, INC.</a>	Employer identification number (EIN) or <a href="#">61-0703799</a>
	Number, street, and room or suite no. If a P.O. box, see instructions. <a href="#">ACCOUNTING, 224 E BROADWAY, 5TH FLOOR</a>	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <a href="#">LOUISVILLE, KY 40202</a>		

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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**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  Yes  No

**1** Briefly describe the organization's mission:

NORTON HOSPITALS, INC.'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND 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 \$ 1,569,066,571 including grants of \$ \_\_\_\_\_) (Revenue \$ 1,868,638,575)

NORTON HOSPITALS, INC. (NHI) WAS FORMED TO: I) PROVIDE ON A NONPROFIT BASIS, HOSPITAL OR HEALTH CARE FACILITIES AND SERVICES FOR THE CARE AND TREATMENT OF ILL AND INJURED PERSONS AND THOSE WHO OTHERWISE REQUIRE MEDICAL CARE AND RELATED SERVICES OF THE KIND CUSTOMARILY FURNISHED MOST EFFECTIVELY BY HOSPITALS OR HEALTH CARE FACILITIES; II) CONDUCT EDUCATIONAL ACTIVITIES RELATED TO RENDERING CARE TO THE SICK AND INJURED; III) PROMOTE AND CONDUCT SCIENTIFIC RESEARCH RELATED TO THE CARE OF THE SICK AND INJURED.  
NHI HAS A TOTAL OF 1,837 LICENSED BEDS, NORTON HOSPITAL - 605 BEDS; NORTON CHILDREN'S HOSPITAL - 300; NORTON AUDUBON HOSPITAL - 432 BEDS; NORTON WOMEN'S AND CHILDREN'S HOSPITAL - 373 BEDS; AND NORTON BROWNSBORO HOSPITAL - 127 BEDS. THESE HOSPITALS OPERATE TWENTY-FOUR (24) HOURS A DAY, SEVEN (7) DAYS A WEEK. IN 2017, NHI'S HOSPITALS AND DIAGNOSTIC CENTERS SERVED 72,126 INPATIENTS, 536,783 OUTPATIENTS, AND 245,652 EMERGENCY DEPARTMENT VISITS. IN ADDITION, NHI'S OPERATING ROOMS CARED FOR  
(CONTINUED ON 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 **▶** 1,569,066,571

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> 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"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12 a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <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
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input checked="" type="checkbox"/>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>26</b> 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>		<input checked="" type="checkbox"/>
<b>27</b> 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>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input checked="" type="checkbox"/>	
<b>c</b> 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>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<input checked="" type="checkbox"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	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"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	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).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		<input checked="" type="checkbox"/>

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 HELENA SCHULZ, ACCOUNTING, 224 E BROADWAY, 5TH FL, LOUISVILLE, KY 40202, (502) 629-8263

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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	10.0 40.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	4,035,197	235,755
(2) DONALD H. ROBINSON CHAIR	1.0 13.5	<input checked="" type="checkbox"/>						0	0	0
(3) GARY L. STEWART VICE CHAIR & CHAIR ELECT	1.0 5.5	<input checked="" type="checkbox"/>						0	1,600	0
(4) MARIA L. BOUVETTE TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	1,600	0
(5) BRENDAN CANAVAN TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	1,600	0
(6) SUE DAVIS, EDD, RN TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	1,600	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	1.0 6.5	<input checked="" type="checkbox"/>						0	1,600	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"/>						0	1,600	0
(12) MARTHA K. HEYBURN, M.D. TRUSTEE	1.0 4.5	<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"/>						0	1,600	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	1.0 4.5	<input checked="" type="checkbox"/>						0	1,600	0
(16) GAIL LYTTLE TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	1,600	0
(17) GREGORY E. MAYES TRUSTEE	1.0 6.5	<input checked="" type="checkbox"/>						0	1,600	0
(18) MAUREEN MCGOWAN TRUSTEE (PARTIAL YEAR)	1.0 2.5	<input checked="" type="checkbox"/>						0	0	0
(19) EDIE NIXON TRUSTEE	1.0 5.5	<input checked="" type="checkbox"/>						0	0	0
(20) BARRY PENNYBAKER TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	1,600	0
(21) ERWIN ROBERTS TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	1,600	0
(22) G. HUNT ROUNSAVALL, JR. TRUSTEE	1.0 5.5	<input checked="" type="checkbox"/>						0	0	0
(23) REV WILLIAM J. SCHULTZ TRUSTEE	1.0 4.5	<input checked="" type="checkbox"/>						0	1,600	0
(24) JAMES L. SUBLETT, M.D. TRUSTEE	1.0 2.5	<input checked="" type="checkbox"/>						0	1,600	0
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								0	4,057,597	235,755
<b>c Total from continuation sheets to Part VII, Section A</b>								10,253,170	3,172,785	2,277,095
<b>d Total (add lines 1b and 1c)</b>								10,253,170	7,230,382	2,512,850

**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 **▶** 383

	Yes	No
<b>3</b> Did the organization list any <b>former</b> 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"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<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
MESSER CONSTRUCTION CO., 11001 PLANTSIDE DR., LOUISVILLE, KY 40299	CONSTRUCTION	41,693,375
UNIVERSITY OF LOUISVILLE, 323 E CHESTNUT ST, SUITE 312, LOUISVILLE, KY 40202	RESIDENCY PROGRAM	10,953,706
MORRISON MANAGMENT SPECIALIST, 400 NORTHRIDGE RD., SUITE 600, SANDY SPRINGS, GA 30350	DIETARY SERVICES	8,071,367
NORTHSTAR ANESTHESIA OF KY II PLLC, 6225 N STATE HIGHWAY 161, SUITE 200, IRVING, TX 75038	ANESTHESIA SERVICES	7,865,988
MEDICAL CENTER STEAM & CHILLED, 1400 STORY AVE., LOUISVILLE, KY 40206	NON-PUBLIC UTILITY	3,455,967

**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 **▶** 150

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	12,474,603				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		12,474,603				
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> NET PATIENT REVENUE	621110	1,859,249,915	1,853,491,009	5,758,906		
	<b>b</b> HEALTHCARE EDUCATION	611710	1,336,858	1,336,858			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .		1,860,586,773					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	1,027,212				
		(ii) Personal					
		<b>b</b> Less: rental expenses	887,107				
		<b>c</b> Rental income or (loss)	140,105	0			
	<b>d</b> Net rental income or (loss) . . . . .		140,105			140,105	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		13,850			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .	0	13,850			
	<b>d</b> Net gain or (loss) . . . . .		13,850			13,850	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less: cost of goods sold . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> SETTLEMENT PROCEEDS	900099	10,000,000	10,000,000				
<b>b</b> PURCHASING CO-OP INC	561499	2,556,512	2,377,146	179,366			
<b>c</b> PARKING INCOME	812930	1,250,439	1,250,439				
<b>d</b> All other revenue . . . . .	900099	183,123	183,123	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .		13,990,074					
<b>12 Total revenue.</b> See instructions. . . . .		1,887,205,405	1,868,638,575	5,938,272	153,955		

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,599,347	3,599,347		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	221,164	221,164		
<b>7</b> Other salaries and wages . . . . .	512,269,994	512,269,994		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	30,215,740	30,215,740		
<b>9</b> Other employee benefits . . . . .	53,024,124	53,024,124		
<b>10</b> Payroll taxes . . . . .	35,465,234	35,465,234		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	136,447,411	136,447,411	0	0
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	9,382,757	9,382,757		
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	21,895,645	21,895,645		
<b>17</b> Travel . . . . .	735,838	735,838		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	41,287,411	41,287,411		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	59,357,519	59,357,519		
<b>23</b> Insurance . . . . .	6,476,381	6,476,381		
<b>24</b> 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.)				
<b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .	441,028,337	441,028,337		
<b>b</b> <u>ALLOCATED SUPPORT</u> . . . . .	152,901,868	119,263,457	33,638,411	
<b>c</b> <u>BAD DEBT</u> . . . . .	61,721,912	61,721,912		
<b>d</b> <u>PROVIDER TAX</u> . . . . .	20,129,732	20,129,732		
<b>e</b> All other expenses . . . . .	16,544,568	16,544,568	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,602,704,982	1,569,066,571	33,638,411	0
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	54,780	<b>1</b>	8,830
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	218,152,500	<b>4</b>	227,871,524
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	48,072,804	<b>8</b>	48,251,315
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,365,268	<b>9</b>	2,090,332
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,562,335,541		
	<b>b</b> Less: accumulated depreciation . . . . .	888,767,051	<b>10c</b>	673,568,490
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	7,445,984	<b>14</b>	7,445,984
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,100,600,621	<b>15</b>	1,311,809,272
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,986,025,406	<b>16</b>	2,271,045,747	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	88,956,693	<b>17</b>	91,003,603
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	40,771,970	<b>25</b>	39,546,441
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	129,728,663	<b>26</b>	130,550,044
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,851,180,344	<b>27</b>	2,133,569,992
	<b>28</b> Temporarily restricted net assets . . . . .	5,116,399	<b>28</b>	6,925,711
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	1,856,296,743	<b>33</b>	2,140,495,703
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,986,025,406	<b>34</b>	2,271,045,747	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,887,205,405
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,602,704,982
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	284,500,423
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,856,296,743
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	(301,463)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,140,495,703

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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"/>						0	1,600	0
(26) MICHAEL W. GOUGH ----- EVP OPERATIONS/CFO/TREASURER	10.0 ----- 40.0			<input checked="" type="checkbox"/>				0	1,694,691	254,428
(27) ROBERT B. AZAR ----- SR VP CHIEF LEGAL OFFICER/SECRETARY	10.0 ----- 40.0			<input checked="" type="checkbox"/>				0	706,415	121,175
(28) THOMAS KMETZ ----- DIVISION PRESIDENT WOMEN AND CHILDREN SERVICES	50.0 ----- 1.0				<input checked="" type="checkbox"/>			746,217	0	1,207,579
(29) JOSEPH FLYNN, D.O. ----- PHYSICIAN-IN-CHIEF NCI	50.0 ----- 0.0				<input checked="" type="checkbox"/>			774,491	0	128,445
(30) MATTHEW AYERS ----- HOSPITAL CAO	50.0 ----- 0.0				<input checked="" type="checkbox"/>			448,405	0	90,298
(31) CHARLOTTE IPSAN ----- HOSPITAL CAO	50.0 ----- 0.0				<input checked="" type="checkbox"/>			443,262	0	101,191
(32) JON COOPER ----- HOSPITAL CAO	50.0 ----- 0.0				<input checked="" type="checkbox"/>			440,782	0	88,299
(33) DON STEVENS, M.D. ----- PHYSICIAN	50.0 ----- 0.0					<input checked="" type="checkbox"/>		1,712,309	0	53,819
(34) SHAWN GLISSON, M.D. ----- PHYSICIAN	50.0 ----- 0.0					<input checked="" type="checkbox"/>		1,344,173	0	37,123
(35) MICHAEL DRISCOLL, M.D. ----- PHYSICIAN	50.0 ----- 0.0					<input checked="" type="checkbox"/>		1,219,856	0	48,788
(36) PATRICK WILLIAMS, M.D. ----- PHYSICIAN	50.0 ----- 0.0					<input checked="" type="checkbox"/>		1,217,311	0	35,794
(37) YONG CHA, M.D. ----- PHYSICIAN	50.0 ----- 0.0					<input checked="" type="checkbox"/>		1,192,800	0	49,010
(38) JOHN HARRYMAN ----- FORMER HOSPITAL CAO	0.0 ----- 0.0						<input checked="" type="checkbox"/>	713,563	0	61,095
(39) STEPHEN A WILLIAMS ----- FORMER CEO/TRUSTEE	0.0 ----- 0.0						<input checked="" type="checkbox"/>	0	770,079	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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>NORTON HOSPITALS, INC.</b>	Employer identification number <b>61-0703799</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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
  - g Provide the following information about the supported organization(s).

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

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> 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>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	<b>1</b>	

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

**Schedule of Contributors**

**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b> NORTON HOSPITALS, INC.	<b>Employer identification number</b> 61-0703799
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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 33<sup>1</sup>/<sub>3</sub>% 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).

<b>Name of organization</b> NORTON HOSPITALS, INC.	<b>Employer identification number</b> 61-0703799
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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	----- ----- -----	\$ 10,694,046	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,780,557	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" 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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<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.)**

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

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		67,847
<b>j</b> Total. Add lines 1c through 1i			67,847
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	NORTON HOSPITALS, INC. PAYS DUES TO THE KENTUCKY HOSPITAL ASSOCIATION. A PORTION OF THOSE DUES IN THE AMOUNT OF \$67,847 WAS SPENT ON LOBBYING.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: NORTON HOSPITALS, INC. Employer identification number: 61-0703799

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year. Rows 5-6: Did the organization inform all donors and donor advisors... Did the organization inform all grantees, donors, and donor advisors...

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 1-9: Purpose(s) of conservation easements, Complete lines 2a through 2d if the organization held a qualified conservation contribution..., Number of conservation easements modified..., Number of states where property subject to conservation easement is located..., Does the organization have a written policy..., Staff and volunteer hours..., Amount of expenses incurred..., Does each conservation easement reported on line 2(d) above satisfy the requirements..., In Part XIII, describe how the organization reports 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 1a-1b: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report... If the organization elected, as permitted under SFAS 116 (ASC 958), to report... 2: If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	18,843,030	18,722,595	20,430,388	20,805,488	17,481,086
<b>b</b> Contributions	30,621	31,092	(86,737)	(90,195)	1,923,249
<b>c</b> Net investment earnings, gains, and losses	2,617,227	987,970	(772,654)	489,431	1,984,289
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	799,832	898,627	848,402	774,336	583,136
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	20,691,046	18,843,030	18,722,595	20,430,388	20,805,488

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

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 88.39 %
- c** Temporarily restricted endowment ▶ 11.61 %

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		25,560,360		25,560,360
<b>b</b> Buildings		760,441,800	350,485,451	409,956,349
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		635,260,508	531,104,530	104,155,978
<b>e</b> Other		141,072,873	7,177,070	133,895,803
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				673,568,490

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM AFFILIATE	1,263,913,981
(2) INVESTMENT IN PREMIER PURCHASING PARTNERS LP	47,343,291
(3) MISCELLANEOUS RECEIVABLES	552,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	1,311,809,272

**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) DUE TO THIRD PARTY PAYORS	32,107,484	
(3) ASSET RETIREMENT OBLIGATION	7,438,957	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	39,546,441	

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



**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	RENTAL INCOME-INTERNAL	7,979,663
	RENTAL EXPENSES-SALARIES	221,916
	RENTAL EXPENSES-OTHER	665,191
	GAIN ON SALE OF ASSETS	- 13,850
	FEES AND SPECIAL SERVICES	122,029
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	CONTRIBUTIONS AND GRANTS	7,508,896
	ASSETS RELEASED-PROGRAMS	- 3,506,458
	ASSETS RELEASED-FINANCIAL ASSISTANCE	- 100,000
	ASSETS RELEASED-PP&E	- 1,883,472
	EQUIPMENT CONTRIBUTION RECEIVED	1,880,908
SETTLEMENT PROCEEDS	10,000,000	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	RENTAL INCOME-INTERNAL	7,979,663
	RENTAL EXPENSES-SALARIES	221,916
	RENTAL EXPENSES-OTHER	665,191
	GAIN ON SALE OF ASSETS	- 13,850
	FEES AND SPECIAL SERVICES	122,029

**Part XIII**

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

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

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> NORTON HOSPITALS, INC.	<b>Employer identification number</b> 61 0703799
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			9,434,026	475,630	8,958,396	0.58
<b>b</b> Medicaid (from Worksheet 3, column a)			421,357,446	323,924,067	97,433,379	6.32
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			515,502	4,314,505	0	0.00
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	431,306,974	328,714,202	106,391,775	6.90
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			11,242,021	2,722,312	8,519,709	0.55
<b>f</b> Health professions education (from Worksheet 5) . . . . .			45,113,698	4,115,523	40,998,175	2.66
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			0	0	0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .			2,485,590	0	2,485,590	0.16
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			2,007,983		2,007,983	0.13
<b>j Total</b> Other Benefits . . . . .	0	0	60,849,292	6,837,835	54,011,457	3.51
<b>k Total</b> Add lines 7d and 7j . . . . .	0	0	492,156,266	335,552,037	160,403,232	10.41

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support			1,317,062	12,462	1,304,600	0.08
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building			387		387	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	1,317,449	12,462	1,304,987	0.08

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

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	61,721,912
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	1,931,860
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	364,671,095
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	364,603,766
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	67,329
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> Norton Hospital 200 E Chestnut St, Louisville, KY 40202 <a href="http://www.nortonhealthcare.com">http://www.nortonhealthcare.com</a> /nortonhospital STATE LICENSE NO. : 100234	✓	✓		✓			✓			A
<b>2</b> Norton Children's Hospital 231 E Chestnut St, Louisville, KY 40202 <a href="http://www.nortonchildrens.com/">http://www.nortonchildrens.com/</a> STATE LICENSE NO. : 100234	✓	✓	✓	✓			✓			A
<b>3</b> Norton Women's and Children's Hospital 4001 Dutchmans Lane, Louisville, KY 40207 <a href="http://www.nortonhealthcare.com/pages/nwch.aspx">http://www.nortonhealthcare.com/pages/nwch.aspx</a> STATE LICENSE NO. : 100255	✓	✓		✓			✓			A
<b>4</b> Norton Audubon Hospital One Audubon Plaza Drive, Louisville, KY 40217 <a href="http://www.nortonhealthcare.com">http://www.nortonhealthcare.com</a> /NortonAudubonHospital STATE LICENSE NO. : 100252	✓	✓		✓			✓			A
<b>5</b> Norton Brownsboro Hospital 4950 Norton Healthcare Blvd, Louisville, KY 40241 <a href="http://www.nortonhealthcare.com">http://www.nortonhealthcare.com</a> /nortonbrownsborohospital STATE LICENSE NO. : 100475	✓	✓					✓			A
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group A

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

**Community Health Needs Assessment**

		Yes	No
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	✓	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . .	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b>	If "Yes," (list url): <u>nortonhealthcare.com/about-us/community-health-needs-assessment</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
<b>12b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group A

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

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group A

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group A

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

**Part V, Section C**

**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: NORTON HOSPITALS, INC. OWNS AND OPERATES FIVE HOSPITALS LOCATED IN LOUISVILLE, JEFFERSON COUNTY, KENTUCKY. THE HOSPITALS ARE: - NORTON HOSPITAL - NORTON CHILDREN'S HOSPITAL - NORTON WOMEN'S AND CHILDREN'S HOSPITAL - NORTON AUDUBON HOSPITAL - NORTON BROWNSBORO HOSPITAL</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>FACILITY NAME: OTHER ORGANIZATIONS</p> <p>DESCRIPTION: THE LOUISVILLE AREA HOSPITALS COLLABORATED WITH LOUISVILLE METRO GOVERNMENT TO CONDUCT THE COMMUNITY WIDE HEALTH SURVEY AND FOCUS GROUPS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>nortonhealthcare.com/about-us/community-health-needs-assessment</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: CHANGING MARKET DEMOGRAPHICS - NORTON HOSPITALS, INC. (NORTON) SERVES A SMALL BUT GROWING IMMIGRANT POPULATION IN THE COMMUNITY. IN RESPONSE TO THIS, NORTON HAS INITIATED EMPLOYEE RESOURCE GROUPS WITHIN THE ORGANIZATION TO ENHANCE ASSIMILATION WITH NORTON AND THE COMMUNITY. NORTON ADDED TWO ADDITIONAL GROUPS IN 2017 TO GIVE EMPLOYEES A WAY TO CONNECT, WORK ON CAREER DEVELOPMENT AND DRIVE CHANGE IN OUR COMMUNITY. FIVE GROUPS CURRENTLY EXIST FOR AFRICAN AMERICANS, WOMEN, VETERANS, LGBTQ INDIVIDUALS AND ALLIES, AND YOUNG PROFESSIONALS. EACH GROUP IS OPEN TO ANY EMPLOYEE WHO WANTS TO JOIN. NORTON HAS ENHANCED RECRUITING EFFORTS WITH A FOCUS ON INCLUSIVENESS AND ENSURING THAT THE WORKFORCE IS CONSISTENT WITH THE PATIENTS WE SERVE IN THE COMMUNITY AND REGION. NORTON HAS INCORPORATED DIVERSITY AND INCLUSION TRAINING INTO THE ORIENTATION PROCESS FOR NEW HIRES, AS WELL AS UTILIZING PATIENT FAMILY ADVISORY COUNCILS TO IDENTIFY PROCESS AND SERVICE IMPROVEMENTS.</p> <p>EQUITABLE &amp; INCLUSIVE CARE: NORTON WAS NAMED A LEADER IN HEALTHCARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN IN 2017. THE HUMAN RIGHTS CAMPAIGN'S HEALTHCARE EQUALITY INDEX IS AN ANNUAL SURVEY THAT PROMOTES AND ENCOURAGES INCLUSIVE CARE FOR LGBTQ PEOPLE IN HEALTHCARE FACILITIES ACROSS THE UNITED STATES. TO HELP SUPPORT THE EFFORTS OF CREATING A SAFE, ACCESSIBLE CARE ENVIRONMENT FOR OUR PATIENTS, MEDICAL STAFF OR EMPLOYED PROVIDERS ARE ENCOURAGED TO REGISTER FOR ONLINE COURSES PROVIDED THROUGH OUR INTERNAL LEARNING WEBSITE.</p> <p>POVERTY LEVELS - NORTON FACILITIES ACCEPT ALL PATIENTS, IRRESPECTIVE OF THEIR ABILITY TO PAY. NORTON HAS A CAPITATION CONTRACT WITH PASSPORT FOR OUR COMMUNITY TO CARE FOR QUALIFIED MEDICAID PATIENTS. NORTON ALSO HAS A RIGOROUS CHARITY POLICY WITH REPRESENTATIVES WHO ASSIST THOSE PATIENTS AND FAMILIES AS NEEDED TO ENSURE ALL POTENTIAL RESOURCES ARE AVAILABLE TO THEM WHEN CARE IS PROVIDED. IN 2017, NORTON LAUNCHED A COMMUNITY PROJECT CALLED UNITY JAM, FOCUSED ON PROVIDING FREE ACCESS TO HEALTHCARE SCREENING SERVICES AND HEALTHCARE EDUCATION FOR RESIDENTS OF POVERTY LADEN AREAS IN THE COMMUNITY. THE NORTON PREVENTION &amp; WELLNESS MOBILE PREVENTION CENTER OFFERS FREE HEALTH SCREENINGS INCLUDING MAMMOGRAMS, AND ANNUAL WELLNESS EXAMS AT VARIOUS LOCATIONS IN JEFFERSON COUNTY IN AN EFFORT TO INCREASE HEALTH AWARENESS, PROMOTE HEALTHY LIVING AND IMPROVE ACCESS TO HEALTHCARE.</p> <p>LANGUAGE - NORTON HAS MANY EMPLOYEES THAT SPEAK SPANISH AND OTHER FOREIGN LANGUAGES. WE CONTRACT WITH A SERVICE TO PROVIDE TRANSLATIONAL SERVICES TO FACILITATE CARE DELIVERY. IN 2017 NORTON'S PREVENTION &amp; WELLNESS TEAM SPONSORED THE 13TH ANNUAL HISPANIC/LATINO HEALTH FAIR PROVIDING FREE HEALTHCARE AND HEALTH EDUCATION TO MORE THAN 400 PEOPLE.</p> <p>EDUCATION - NORTON PROVIDES EXTENSIVE EDUCATIONAL OFFERINGS AND LEADERSHIP DEVELOPMENT PROGRAMS, AS WELL AS EDUCATIONAL ASSISTANCE, FOR ALL EMPLOYEES AT NO ADDITIONAL COST TO THE EMPLOYEE. THESE PROGRAMS ARE PROVIDED THROUGH THE NORTON UNIVERSITY AND NORTON HEALTHCARE INSTITUTE FOR NURSING. PROGRAMS ARE EVALUATED ANNUALLY TO DETERMINE GAPS AND FUTURE PROGRAM OPPORTUNITIES IN COLLABORATION WITH NORTON UNIVERSITY LEADERSHIP. IN 2017 NORTON CREATED KENTUCKY FIRST NURSING APPRENTICESHIP PROGRAM IN RESPONSE TO A CHALLENGE FROM GOVERNOR MATT BEVIN TO ADDRESS TALENT SHORTAGES IN THE STATE THROUGH APPRENTICESHIP. THE PROGRAM PROVIDES PAID, HANDS-ON TRAINING FOR PROSPECTIVE NURSES FOR 12 TO 18 MONTHS WITH AN EXPERIENCED MENTOR IN THE NORTON SYSTEM. AT THE END OF THE PROGRAM NURSES ARE NOT REQUIRED TO WORK FOR NORTON.</p> <p>TEEN BIRTHS - THE BIRTH RATE FOR TEENAGERS IN THE LOUISVILLE METRO AREA IS ABOVE THE NATIONAL AVERAGE OF 22.3. AS A LEADING PROVIDER FOR BIRTHING SERVICES IN THE COMMUNITY AND THE PREMIER PROVIDER OF PEDIATRIC SERVICES, CONTINUING TO PROMOTE HEALTH AWARENESS AS IT RELATES TO PREGNANCY PREVENTION ALTERNATIVES IS AN AREA OF RESPONSIBILITY FOR OUR ORGANIZATION. NORTON HAS EXPANDED MATERNAL FETAL MEDICINE LOCATIONS, NOW UTILIZING TELEMEDICINE TOOLS TO BROADEN ACCESS. NORTON ALSO CONTINUES TO EXPAND CLINICAL AFFILIATIONS WITH RURAL PROVIDERS. NORTON CONTINUES TO SUPPORT EDUCATION AND AWARENESS OF PREGNANCY PREVENTION ALTERNATIVES FOR THE COMMUNITY, INCLUDING EDUCATIONAL OFFERINGS THROUGH THE MARSHALL WOMEN'S CENTER LOCATED ON OUR ST. MATTHEWS CAMPUS.</p> <p>PRENATAL CARE, LOW BIRTH WEIGHT AND INFANT MORTALITY - IN KENTUCKY, LOW BIRTH WEIGHT BABIES EXCEED THE NATIONAL AVERAGE AND INFANT MORTALITY RATES ARE SLIGHTLY HIGHER THAN THE NATIONAL AVERAGE. NORTON IS COMMITTED TO ESTABLISHING A MATERNAL FETAL MEDICINE CENTER OF EXCELLENCE FOR THE STATE AND REGION TO ENSURE THE FEMALE POPULATION HAS ACCESS TO CLINICAL RESOURCES FOR THE BEST POSSIBLE CARE AND OUTCOME FOR THEIR BABY. PART OF THIS INITIATIVE INVOLVES EDUCATION ON PRENATAL CARE AND THE VALUE OF THESE EFFORTS TO REDUCE LOW BIRTH WEIGHT BABIES AND OTHER COMPLICATIONS. PRENATAL CLASS OFFERINGS ARE AVAILABLE AT MULTIPLE LOCATIONS IN THE COMMUNITY. ADDITIONALLY, NORTON PROVIDES CLINICAL RESOURCES TO THE SHAWNEE CHRISTIAN COMMUNITY AND PARK DUVALLE COMMUNITIES TO FURTHER PROMOTE HEALTH AND WELLNESS.</p> <p>ACCESS TO CARE - NORTON IS PROMOTING EDUCATION AND AWARENESS OF PRIMARY CARE OFFICE LOCATIONS IN THE COMMUNITY AS AN ALTERNATIVE TO THE EMERGENCY DEPARTMENT. TO INCREASE ACCESS TO CARE, EMPLOYED PROVIDERS ARE EXPANDING OFFICE HOURS TO ENSURE WALK IN PATIENTS CAN BE SEEN. TO REDUCE WAIT TIMES FOR PRIMARY CARE PHYSICIAN APPOINTMENTS, NORTON IS UTILIZING THE NORTON ACCESS CENTER TO MORE EFFICIENTLY NAVIGATE PATIENTS TO NEARBY PROVIDERS. NORTON ECARE IS A NEW SERVICE THAT PROVIDES REMOTE DELIVERY OF CARE THROUGH A VIRTUAL VISIT WITH A PROVIDER. NORTON HAS A TEAM OF NURSE PR ACTIONERS THAT ARE DEDICATED TO HELP WITH THE REMOTE DELIVERY OF HEALTH CARE SERVICES. NORTON ECARE PROVIDERS ARE AVAILABLE SEVEN DAYS A WEEK THROUGH TWO SECURE ONLINE OPTIONS.</p> <p>ACCESS TO PEDIATRIC SPECIALISTS - NORTON, IN PARTNERSHIP WITH THE UNIVERSITY OF LOUISVILLE, ANNOUNCED THE CREATION OF NORTON CHILDREN'S CANCER INSTITUTE TO PROVIDE IMPROVED ACCESS AND ADDITIONAL SERVICES TO CARE FOR CHILDREN FIGHTING CANCER AND BLOOD DISORDERS. THE PROGRAM IS EXPECTED TO INCREASE THE NUMBER OF CLINICAL TRIALS OFFERED TO PATIENTS AND GAIN</p>

Return Reference - Identifier	Explanation
	<p>EARLIER ACCESS TO NEW THERAPIES, DEVELOP GROUND-BREAKING RESEARCH AND TECHNOLOGIES, AS WELL AS RECRUIT ADDITIONAL HEMATOLOGY/ONCOLOGY SPECIALISTS AND MEDICAL STUDENTS.</p> <p>DIABETES - THE DIABETES PATIENT POPULATION CONTINUES TO GROW IN KENTUCKY AND MORTALITY RATES FOR THE STATE AND LOUISVILLE METRO CONTINUE TO EXCEED NATIONAL AVERAGES. NORTON HAS A FOCUSED PROGRAM AT OUR CHILDREN'S HOSPITAL TO PROMOTE EDUCATION AND AWARENESS WHILE UTILIZING PROTOCOLS FOR EARLY DETECTION OF PATIENTS WITH DIABETES. ADDITIONALLY NORTON'S CLINICAL EFFECTIVENESS TEAM UTILIZES BEST PRACTICE CLINICAL PROTOCOLS TO IDENTIFY DIABETES PATIENTS AND RECOMMEND THEM TO A SPECIALIST FOR ONGOING CARE MANAGEMENT TO IMPROVE PATIENT HEALTH. NORTON IS WORKING TO INCREASE PARTICIPATION IN DIABETES MANAGEMENT PROGRAMS THROUGH INCREASED TESTING TO IMPROVE LEVELS OF DIAGNOSED PATIENTS.</p> <p>OBESITY, NUTRITION &amp; EXERCISE - OBESITY HAS BECOME A SIGNIFICANT HEALTH ISSUE FOR THE LOUISVILLE AREA AS WELL AS THE STATE. KENTUCKY'S ADULT OBESITY RATE IS CURRENTLY AT 31.6%, UP FROM 12.7% IN 1990. ALMOST 30% OF JEFFERSON COUNTY ADULTS ARE OBESE. NORTON FEELS A RESPONSIBILITY TO THE CHILDREN OF OUR COMMUNITY TO PROMOTE HEALTHY FOOD CHOICES AND RECREATIONAL ACTIVITIES AS THE STATE'S EXPERT IN PEDIATRIC SERVICES. AS PART OF OUR ONGOING PEDIATRIC SERVICES, WE CURRENTLY HAVE A FEEDING CLINIC AND PROVIDE NUTRITIONAL GUIDANCE FOR OUR PATIENTS AND FAMILIES. NORTON HAS A BARIATRIC CENTER THAT PROVIDES EXERCISE AND NUTRITION PROGRAMS. BARIATRIC SURGICAL CANDIDATES PARTICIPATE IN AN EDUCATION PROGRAM PRIOR TO THE PROCEDURE TO ENSURE SUCCESS IN MAINTAINING A HEALTHY WEIGHT FOLLOWING THE PROCEDURE. NORTON HAS ESTABLISHED A FOCUSED PREVENTION AND WELLNESS SERVICE LINE TO ENCOURAGE HEALTHY BEHAVIOR AND TAKE ADVANTAGE OF SCREENINGS AND OTHER PREVENTION ACTIVITIES TO FACILITATE EARLY DETECTION OF CHRONIC CONDITIONS AND RELATED RISK FACTORS. NORTON WILL CONTINUE TO EXPAND OUR GEOGRAPHIC REACH FOR THESE PROGRAMS AS FEASIBLE. NORTON HAS PARTNERED WITH THE YMCA OF GREATER LOUISVILLE TO CONTINUE TO ADDRESS CHILDHOOD OBESITY AND IMPROVE EMPLOYEE HEALTH. THROUGH A SPONSORSHIP WITH GONOODLE, NORTON IS PROMOTING PHYSICAL ACTIVITY IN LOCAL SCHOOLS AND COMMUNITY SETTINGS TO HELP INCREASE THE PHYSICAL HEALTH OF CHILDREN IN THE COMMUNITY. FOOD INSECURITY: AS PART OF ALL WELLNESS VISITS, SELECT NORTON PEDIATRIC PRACTICES SCREEN PATIENTS TO IDENTIFY FAMILIES BATTLING HUNGER. PATIENTS WITH FOOD INSECURITIES ARE GIVEN ACCESS TO A FOOD PANTRY THAT STOCKS HEALTHY OPTIONS SUCH AS CEREALS LOW IN SUGAR, BROWN RICE, NUTS, SPICES, CANNED FRUIT IN NATURAL JUICES, AND CANNED VEGETABLES WITH NO ADDED SALT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: CANCER INCIDENCE &amp; MORTALITY - THE KENTUCKY INCIDENCE AND MORTALITY RATES FOR ALL CANCERS ARE WELL ABOVE THE NATIONAL AVERAGE. NORTON HAS A STRONG DEPTH AND BREADTH OF SUBSPECIALISTS IN THE AREA OF ONCOLOGIC CARE WITH NORTON CANCER INSTITUTE (NCI). WE OPERATE KENTUCKY'S ONLY ACCREDITED NETWORK CANCER CENTER AND UTILIZE EVIDENCE BASED CLINICAL PROTOCOLS AND PATHWAYS TO ENHANCE THE QUALITY OF LIFE AND SURVIVORSHIP OF OUR CANCER PATIENTS. AS DEMONSTRATED BY OUR PUBLICLY AVAILABLE QUALITY REPORT, NORTON'S SURVIVAL RATES ARE NEAR OR EXCEED NATIONAL RATES IN ALMOST EVERY CANCER CONDITION AND STAGE LEVEL. NORTON HAS EXPANDED CLINIC SITES TO ADDITIONAL SERVICE AREAS OUTSIDE OUR PRIMARY SERVICE AREA TO BRING NEEDED SCREENING AND INTERVENTION SERVICES TO THEIR COMMUNITIES. IN ADDITION, NORTON IS WORKING TO ASSESS COMMUNITY HEMOGLOBINOPATHY NEEDS TO PROMOTE EARLY DETECTION OF SICKLE CELL PATIENTS.</p> <p>LUNG CANCER - THE INCIDENCE RATES FOR LUNG CANCER IN KENTUCKY ARE AMONG THE HIGHEST IN THE NATION. THE SURVIVAL RATE UNFORTUNATELY SIGNIFICANTLY LAGS NATIONAL AVERAGES. NORTON HAS IMPLEMENTED A LUNG CT SCREENING PROGRAM TO FACILITATE EARLY DETECTION. NORTON ALSO OFFERS TOBACCO AND SMOKING CESSATION CLASSES. IN ADDITION, A MULTI-DISCIPLINARY PROGRAM HAS BEEN ESTABLISHED IN PARTNERSHIP WITH PULMONARY LEADERSHIP TO ADDRESS COMPREHENSIVE PATIENT NEEDS.</p> <p>CHILDREN'S INJURY PREVENTION - NORTON PROVIDES INJURY PREVENTION SERVICES INCLUDING CAR SEAT CHECKS, HELMET DISTRIBUTION, SAFE SLEEP EDUCATION, AND SAFE KIDS COALITIONS. TO HELP REDUCE INJURIES PRESENTING TO THE EMERGENCY ROOM, NORTON WORKS WITH EXTERNAL PARTNERS, INCLUDING JEFFERSON COUNTY PUBLIC SCHOOLS, TO PROVIDE EDUCATION AND ACCESS TO INJURY PREVENTION SERVICES.</p> <p>MENTAL HEALTH - NORTON ADDRESSES MENTAL HEALTHCARE NEEDS USING A VARIETY OF MENTAL HEALTH SERVICES. FOR PEDIATRIC PATIENTS, ALL NORTON PEDIATRIC PRACTICES ADMINISTER DEPRESSION SCREENINGS STARTING AT AGE 11. FOR OUR PATIENTS FIGHTING CANCER, NCI IS ONE OF FEW ONCOLOGY PROGRAMS NATIONWIDE OFFERING A ROBUST PROGRAM FOR MENTAL AND EMOTIONAL HEALTH NEEDS. BEHAVIORAL ONCOLOGISTS OFFER FULL DIAGNOSTIC ASSESSMENTS, TREATMENT AND ONGOING FOLLOW-UP CARE. NCI ALSO PROVIDES ART THERAPY, A NEW THERAPY DOG PROGRAM LAUNCHED IN 2018, AND MUSIC THERAPY TO EASE THE DISCOMFORT AND ANXIETY OFTEN ASSOCIATED WITH HOSPITALIZATION. NORTON ALSO PROVIDES OUTPATIENT WOMEN'S MENTAL HEALTH SERVICES ON THE NORTON HEALTHCARE - ST. MATTHEWS CAMPUS.</p> <p>BREAST CANCER - NORTON HAS MULTIPLE ACCESS POINTS FOR MAMMOGRAPHY SCREENINGS AND OTHER PREVENTION AND WELLNESS ACTIVITIES. NORTON HAS IMPLEMENTED A BREAST HEALTH PROGRAM TO IMPROVE SERVICE OPTIONS FOR PATIENTS, TO STREAMLINE SCREENING ACTIVITIES AND PROVIDE A SINGLE ACCESS POINT TO EVALUATE CARE AND TREATMENT OPTIONS.</p> <p>PROSTATE CANCER - NCI PROVIDES PROSTATE SCREENINGS THROUGH VARIOUS VENUES, INCLUDING OUR MOBILE HEALTH UNIT IN UNDERSERVED AREAS, AS WELL AS OTHER ROUTINE HEALTH FAIRS WHERE SCREENINGS ARE OFFERED. NORTON PROVIDES COMPREHENSIVE SERVICES, BEING THE FIRST IN THE COMMUNITY TO PROVIDE RADICAL PROSTATECTOMIES WITH THE DAVINCI ROBOT, PRESERVING TISSUE AND IMPROVING RECOVERY TIME.</p> <p>HEART DISEASE MORTALITY - NORTON'S CARDIOVASCULAR PROGRAM HAS SPECIFIC INITIATIVES TO EXPAND ADVANCED IMAGING TO IMPROVE DIAGNOSIS RATES. FURTHER, OUR CLINICAL PROGRAMS ARE FOCUSED AROUND QUALITY INITIATIVES AND CONTINUOUS ENHANCEMENT OF BEST PRACTICES AND PROTOCOLS. NORTON CONTINUES TO STRIVE FOR CLINICAL PROGRAM EXCELLENCE THROUGH ATTAINMENT OF ADVANCED ACCREDITATION LEVELS WITH NATIONAL AUTHORITIES AND WILL CONTINUE ENHANCEMENT OF OUR WORKFORCE AND PROGRAMS TO MEET COMMUNITY NEEDS. NORTON HAS IMPLEMENTED A HEART FAILURE CLINIC UTILIZING ARNP'S FOR MANAGEMENT OF HIGH RISK PATIENTS. NORTON IS WORKING WITH FAITH PARTNERS TO CONDUCT HYPERTENSION WORKSHOPS TO ADDRESS EARLY IDENTIFICATION OF HYPERTENSION. NORTON WILL CONTINUE TO INCREASE AWARENESS AND ENABLE EARLY DETECTION OF AT RISK PATIENTS THROUGH DEVELOPMENT OF SPECIFIC CLASSES PROMOTING AWARENESS OF HEART DISEASE SYMPTOMS.</p> <p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) - AS A LEADING STATE FOR THE PROVISION OF TOBACCO AND WITH MULTIPLE INDUSTRIAL PROVIDERS IN THE COMMUNITY, KENTUCKY'S INCIDENCE RATES FOR COPD ARE EXCESSIVE. NORTON HAS ESTABLISHED A NO SMOKING POLICY ON ALL CAMPUSES TO ELIMINATE EXPOSURE TO TOBACCO SMOKE FOR OUR PATIENTS AND FAMILIES. NORTON HAS MULTIPLE PULMONOLOGISTS ON STAFF AND OFFERS A BROAD RANGE OF ACUTE CARE SERVICES AS WELL AS RESPIRATORY THERAPY AT ALL HOSPITALS AND AMBULATORY FACILITIES. NORTON'S PREVENTION AND WELLNESS TEAM CONTINUES TO EXPAND SCREENING EFFORTS TO IDENTIFY THESE CHRONIC PATIENTS. IN ADDITION, OUR CARE MANAGEMENT TEAM HAS ESTABLISHED AND WILL CONTINUE TO IMPROVE UPON BEST PRACTICE PROTOCOLS FOR EFFECTIVE MANAGEMENT OF COPD PATIENTS. SYSTEM WIDE ICU/TCU ADMISSION CRITERIA ARE UTILIZED AND A COMPREHENSIVE CARE MODEL ENCOMPASSING HOSPITALISTS, PULMONARY SPECIALISTS, AND CRITICAL CARE NP'S IS USED TO IMPROVE CARE AND OUTCOMES FOR PATIENTS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 15E - METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER</p>	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: SEE RESPONSE TO PART VI, LINE 3; PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="http://www.nortonhealthcare.com/fap">www.nortonhealthcare.com/fap</a></p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.nortonhealthcare.com/fap">www.nortonhealthcare.com/fap</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="http://www.nortonhealthcare.com/fap">www.nortonhealthcare.com/fap</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: ALL HOSPITALS</p> <p>DESCRIPTION: SEE RESPONSE TO PART VI, LINE 3; PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE.</p>

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE	NORTON HOSPITALS, INC. HAS A POLICY WHERE WE DISCOUNT CHARGES FOR ALL SELF PAY PATIENTS WITH NO INSURANCE COVERAGE REGARDLESS OF INCOME QUALIFICATIONS. BECAUSE OF THIS POLICY, WE RESPONDED "NO" TO LINE 3B IN THAT WE DO NOT UTILIZE FEDERAL POVERTY GUIDELINES FOR PROVIDING DISCOUNTED CARE.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	NORTON HEALTHCARE, INC.
SCHEDULE H, PART I, LINE 6B - COMMUNITY BENEFIT REPORT	THE ANNUAL COMMUNITY BENEFIT INITIATIVE REPORT IS FOR ALL FIVE HOSPITALS IN NORTON HOSPITALS, INC. (NHI) AND IS CONTAINED IN THE REPORT PREPARED BY NHI'S PARENT CORPORATION, NORTON HEALTHCARE, INC.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COSTING METHODOLOGY USED TO CALCULATE THE COMMUNITY BENEFIT EXPENSES WAS TO CALCULATE THE COST BY HOSPITAL LOCATION (FIVE SEPARATE HOSPITAL LOCATIONS UNDER ONE MEDICARE PROVIDER NUMBER). THE COST WAS DETERMINED BASED ON A SPECIFIC LOCATION COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS ADJUSTED FOR BAD DEBT EXPENSE AND OTHER COSTS. THE COST USED IN THE CALCULATION WAS REDUCED BY BAD DEBT EXPENSE, PROVIDER TAXES, GRADUATE MEDICAL EDUCATION EXPENSES, AND OTHER COSTS. THE ADJUSTED COST TO CHARGE RATIO WAS THEN MULTIPLIED TIMES THE GROSS CHARGES FOR QUALIFIED FINANCIAL ASSISTANCE CHARGES, MEDICAID AND THE STATE DISPROPORTIONATE PROGRAM (OTHER MEANS TESTED GOVERNMENT PROGRAM) TO OBTAIN THE SPECIFIC COMMUNITY BENEFIT EXPENSE.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	61,721,912
SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	NORTON HOSPITALS INC. (NORTON) SUPPORTED OVER 400 COMMUNITY ORGANIZATIONS WITH LEADERSHIP SUPPORT WHICH INCLUDED OVER 56K HOURS AND OVER \$1.2M IN SALARIES. NORTON REPRESENTATIVES SERVED ON A VARIETY OF NONPROFITS AND GOVERNMENT AGENCIES THAT HELPED IMPROVE ACCESS TO HEALTH SERVICES, ENHANCED THE HEALTH OF THE COMMUNITY, ADVANCED MEDICAL AND HEALTH CARE KNOWLEDGE, AND RELIEVED OR REDUCED THE BURDEN OF GOVERNMENT OR COMMUNITY EFFORT. NORTON'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND HONORS OUR FAITH HERITAGE. OUR COMMUNITY BENEFIT INITIATIVE ALIGNS WITH OUR MISSION TO PROMOTE THE HEALTH OF THE COMMUNITY THROUGH SERVICE ON LOCAL BOARDS, ADVISORY COUNCILS AND VOLUNTEERING. NORTON EMPLOYEES REPRESENT NORTON ON MANY COMMUNITY BOARD POSITIONS THAT HELP TO ENHANCE THE COMMUNITY INCLUDING THE AMERICAN RED CROSS, JEFFERSON COUNTY PUBLIC SCHOOLS, THE KENTUCKY BOARD OF NURSING, HABITAT FOR HUMANITY, METRO UNITED WAY, THE AMERICAN HEART ASSOCIATION, THE RONALD MCDONALD HOUSE, AND MANY MORE. NORTON HAS A RICH CULTURAL HISTORY OF PROVIDING COMMUNITY SUPPORT AND NHI EMPLOYEES ARE PASSIONATE ABOUT SERVING OTHERS AND PROMOTING THE HEALTH OF OUR COMMUNITY.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	<p>THE BAD DEBT EXPENSE IS BASED ON THE NET ESTIMATED AMOUNT EXPECTED TO BE DUE FROM THE PATIENT/PAYOR. BAD DEBT EXPENSE FALLS INTO THREE CATEGORIES, TRUE SELF PAY, PATIENT RESPONSIBILITY AFTER INSURANCE, AND OTHER.</p> <p>-TRUE SELF PAY - FOR TRUE SELF PAY PATIENTS, THE SELF PAY DISCOUNT IS APPLIED TO THE ACCOUNT ASSUMING THE PATIENT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE. THE BAD DEBT EXPENSE WRITE-OFF IS THE DISCOUNTED AMOUNT LESS ANY PAYMENTS MADE BY THE PATIENT.</p> <p>-PATIENT RESPONSIBILITY AFTER INSURANCE - THE BAD DEBT EXPENSE WRITE-OFF FOR PATIENT'S RESPONSIBILITY AFTER INSURANCE IS BASED ON THE PATIENT'S LIABILITY PER THE EXPLANATION OF BENEFITS AND CONTRACT WITH THE INSURANCE COMPANY. THE BAD DEBT EXPENSE WRITE-OFF IS THE EXPECTED AMOUNT DUE LESS ANY PAYMENTS MADE BY THE PATIENT.</p> <p>-OTHER-THE OTHER CATEGORY IS FOR INSURANCE AMOUNTS DUE FROM PAYORS. MOST EXPECTED PAYMENTS NOT RECEIVED FROM AN INSURANCE COMPANY AFTER INVESTIGATION INTO PAYMENT DIFFERENCES ARE WRITTEN OFF TO CONTRACTUAL ALLOWANCE/DENIAL CATEGORY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>THE METHOD USED TO DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER OUR FINANCIAL ASSISTANCE POLICY IS BASED ON OUR OUTSIDE ELIGIBILITY VENDOR'S EXPERIENCE WITH QUALIFYING ACCOUNTS AS FINANCIAL ASSISTANCE. MEDASSIST FIRSTSOURCE, OUR OUTSIDE VENDOR, SCREENS ALL SELF-PAY ACCOUNTS AND BASED ON AN INITIAL SCREENING, WILL CLASSIFY THE ACCOUNT AS "PROBABLE FINANCIAL ASSISTANCE. IF THE ACCOUNTS APPEAR TO MEET NORTON HOSPITAL, INC.'S (NHI) FINANCIAL ASSISTANCE PROGRAM GUIDELINES, THESE ACCOUNTS ARE THEN REQUIRED TO SUBMIT THE NECESSARY DOCUMENTATION TO ULTIMATELY BE CLASSIFIED AS A FINANCIAL ASSISTANCE ACCOUNT. BASED ON ALL ACCOUNTS THAT ARE CLASSIFIED AS "PROBABLE FINANCIAL ASSISTANCE" BY MEDASSIST FIRSTSOURCE AND THEIR EXPERIENCE WITH GETTING ACCOUNTS QUALIFIED AS FINANCIAL ASSISTANCE, IT IS ESTIMATED THAT 55% OF THOSE ACCOUNTS CLASSIFIED AS PROBABLE FINANCIAL ASSISTANCE AND WHICH DO NOT SUBMIT THE REQUIRED DOCUMENTATION WOULD QUALIFY AS A NHI FINANCIAL ASSISTANCE ACCOUNT. THE ESTIMATED COST OF ACCOUNTS THAT ARE ESTIMATED TO QUALIFY FOR OUR FINANCIAL ASSISTANCE PROGRAMS IS CALCULATED BASED ON GROSS CHARGES FOR ACCOUNTS FOR THE YEAR THAT ARE PROBABLE BUT DO NOT SUBMIT THE NECESSARY DOCUMENTATION MULTIPLIED TIMES OUR COST TO CHARGE RATIO TIMES THE 55% ESTIMATED CONVERSION FACTOR.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITEOFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COST WAS BASED ON THE MEDICARE PRINCIPLES USED IN COMPLETING THE MEDICARE COST REPORT. ALL COST REPORTED CAME FROM THE MEDICARE COST REPORT.</p> <p>NORTON HOSPITALS, INC. (NHI) ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND THEREFORE OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. NHI BELIEVES THAT ANY MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT FULLY COMPENSATE HOSPITALS FOR THE COST OF PROVIDING HOSPITAL CARE TO MEDICARE BENEFICIARIES, AS MEDICARE ALLOWED COST IS LESS THAN ACTUAL COST.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>AFTER THE PATIENT'S INITIAL SCREENING FOR FINANCIAL ASSISTANCE, IF IT IS BELIEVED THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE; NORTON HOSPITAL'S INC. WILL NOT START COLLECTION EFFORTS PENDING THE PATIENT SUBMITTING THE NECESSARY INFORMATION TO DOCUMENT MEETING THE FINANCIAL ASSISTANCE QUALIFICATIONS. IF THE PATIENT SUBMITS THE NECESSARY DOCUMENTATION WITHIN A REASONABLE TIME PERIOD, THEN THERE WILL NOT BE ANY COLLECTION EFFORTS MADE TO COLLECT ANY AMOUNT FROM THE PATIENT. THE PATIENT WILL RECEIVE A STATEMENT/BILL REFLECTING THE AMOUNT DUE THROUGH THE FINANCIAL ASSISTANCE APPLICATION PROCESS PENDING THE PATIENT'S FINANCIAL ASSISTANCE APPLICATION, BUT THERE WILL BE NO COLLECTION EFFORTS. ONLY AFTER AN ATTEMPT IS MADE TO CONTACT THE PATIENT TO OBTAIN THE NECESSARY DOCUMENTATION FOR COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND THE PATIENT NOT RESPONDING WILL COLLECTION EFFORTS BEGIN. THERE IS ONGOING EFFORT THROUGHOUT THE COLLECTION PROCESS TO SCREEN FOR MEDICAID ELIGIBILITY, DSH, AND THE NEED FOR PROVIDING FINANCIAL ASSISTANCE APPLICATIONS TO PATIENTS. WHEN A PATIENT IS APPROVED FOR FINANCIAL ASSISTANCE, THEIR ACCOUNT BALANCE IS WRITTEN OFF.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>NORTON HOSPITALS, INC. (NHI) REGULARLY AND CONSISTENTLY EVALUATES WORKFORCE AND COMMUNITY HEALTH CARE NEEDS THROUGH PARTNERSHIPS WITH LOCAL HEALTH DEPARTMENTS, EMERGENCY MEDICAL SERVICE, LOCAL AND STATE UNIVERSITIES, AND KENTUCKIANA WORKS, THE WORKFORCE INVESTMENT BOARD FOR THE SEVEN COUNTY REGION SURROUNDING LOUISVILLE. PARTNERSHIPS WITH THESE ORGANIZATIONS, ALONG WITH NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION AND OTHERS, ALSO PROVIDE NHI IMPORTANT STATISTICS AND DATA TO USE IN EVALUATING COMMUNITY ACCESS TO HEALTH CARE SERVICES AND HEALTH CARE DISPARITIES. ADDITIONALLY, NHI ACCESSES DATA FROM ORGANIZATIONS SUCH AS THE CENTER FOR DISEASE CONTROL AND THE UNITED STATES CENSUS BUREAU TO ASSESS AREAS OF GREATEST ANTICIPATED POPULATION GROWTH AND LOW-INCOME AREAS - BOTH OF WHICH MAY BE IN GREATEST NEED FOR PREVENTION EDUCATION, FREE SCREENINGS AND ACCESS TO HEALTH CARE.</p> <p>NHI CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR ALL HOSPITALS. THE CHNA DEFINED THE PATIENT SERVICE AREA BY PATIENT ORIGIN FOR INPATIENT STAYS. DEMOGRAPHIC, SOCIOECONOMIC, POPULATION, AND OTHER HEALTH RELATED INDICATORS WERE UTILIZED TO PROVIDE INFORMATION ON THE HEALTH STATUS OF THE COMMUNITY. COMMUNITY INPUT WAS PROVIDED THROUGH COMMUNITY FORUMS AND A COMMUNITY HEALTH SURVEY WAS WIDELY DISTRIBUTED BY THE LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS. HEALTH NEEDS WERE PRIORITIZED AND ADDRESSED BASED ON HEALTH STATUS FINDINGS AND THE COMMUNITY INPUT. THE CHNA IS A COMPONENT OF THE ORGANIZATION'S STRATEGIC PLANNING PROCESS AS RESOURCES ARE NECESSARY TO IMPLEMENT STRATEGIES OUTLINED FOR PRIORITIES IDENTIFIED. NORTON HEALTHCARE, INC. (NORTON) BOARD OF TRUSTEES AS WELL AS THE LEADERSHIP OF NORTON AND HOSPITAL CHIEF ADMINISTRATIVE OFFICERS HAVE APPROVED THE ASSESSMENT AND IMPLEMENTATION PLAN.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>SIGNAGE IS POSTED IN ALL NORTON HEALTHCARE, INC. (NORTON) HOSPITAL FACILITIES, INCLUDING THE ADMISSION AREA AND EMERGENCY ROOM, PROVIDING INFORMATION ON THE ABILITY TO APPLY FOR FINANCIAL ASSISTANCE AND TO SEEK HELP IN PAYING YOUR BILL. THE SIGNAGE IS TRANSLATED IN FIVE LANGUAGES AND ALL LANGUAGES ARE CONTAINED ON THE SAME POSTER. THE LANGUAGES ARE: ENGLISH, SPANISH, VIETNAMESE, CROATIAN, AND ARABIC. AT THE TIME OF REGISTRATION, THE PATIENT ACCESS/REGISTRATION DEPARTMENT DISCUSSES WITH THE PATIENT THE FINANCIAL ASSISTANCE/CHARITY OPTIONS, GUIDELINES, AND PROVIDES ASSISTANCE AS NEEDED IN FILLING OUT A FINANCIAL ASSISTANCE APPLICATION AND ANSWERING QUESTIONS. THE PATIENT MAY ALSO BE REFERRED TO THE NORTON ELIGIBILITY VENDOR FOR ASSISTANCE AT NO COST TO THE PATIENT/GUARANTOR. ADDITIONAL QUESTIONS FROM THE PATIENT/GUARANTOR CAN BE FACILITATED THROUGH THE NORTON SINGLE BILLING OFFICE (SBO) AREA, CUSTOMER SERVICE, AND NORTON VENDORS. NORTON HAS CREATED A NUMBER OF DIFFERENT OPTIONS FOR THE PATIENT/GUARANTOR TO SUPPLY THE INFORMATION/APPLICATION FOR FINANCIAL ASSISTANCE TO NORTON. THOSE VARIOUS METHODS OF DELIVERY INCLUDE: IN PERSON, BY MAIL, BY FAX, ON-LINE APPLICATION SUBMISSION VIA THE WEBSITE, AND BY SPECIFIC EMAIL ADDRESS. THESE VARIOUS OPTIONS ARE PUBLICIZED AND MADE KNOWN TO THE PATIENT. IN 2017 STATEMENTS MAILED TO THE GUARANTORS BY NORTON HOSPITALS, INC. (NHI) CONTAINED INFORMATION TO START THE FINANCIAL ASSISTANCE APPLICATION PROCESS.</p> <p>NHI EMPLOYS AN OUTSIDE ELIGIBILITY VENDOR, MEDASSIST FIRSTSOURCE. ALL SELF-PAY ACCOUNTS FOR THE FACILITIES ARE PLACED FOR ELIGIBILITY SCREENING WITH MEDASSIST FIRSTSOURCE. THEY SCREEN FOR NORTON FINANCIAL ASSISTANCE, MEDICAID, MEDICAID MANAGED CARE ORGANIZATIONS, PRESUMPTIVE ELIGIBILITY, AND DSH/KHCP. IN ADDITION, THEY MAY PROVIDE EDUCATION AND REFERRAL ASSISTANCE TO THE APPROPRIATE COUNTY/STATE DEPARTMENTS FOR FOOD STAMPS, RENT ASSISTANCE, HEATING ASSISTANCE, ETC. THE PROCESS OF COMPLETING THE APPLICATION IS OFTEN PERFORMED BY MEDASSIST FIRSTSOURCE. THEY PROTECT FILING DEADLINES BY SUBMITTING THE APPROPRIATE FORMS TO THE STATE/COUNTY. THEY FOLLOW UP TO SECURE PROOF OF INCOME DOCUMENTS FOR NORTON HEALTHCARE FINANCIAL ASSISTANCE AND FOLLOW-UP WITH A STATE CASEWORKER AS NEEDED. MEDASSIST FIRSTSOURCE ALSO MAKES OUTSIDE FIELD CALLS OR HOME VISITS TO THE PATIENTS TO SECURE THE NEEDED INFORMATION FOR ELIGIBILITY ASSISTANCE IF THE PATIENT IS HOMEBOUND. ADDITIONALLY, MEDASSIST FIRSTSOURCE MAY PROVIDE ASSISTANCE WITH PATIENT TRANSPORTATION NEEDS SO THAT THE PATIENT CAN MAKE THEIR SCHEDULED APPOINTMENTS WITH THEIR CASEWORKER. ALL OF THE SERVICES PROVIDED BY MEDASSIST FIRSTSOURCE ELIGIBILITY ARE AT NO COST TO THE PATIENT. COST TO NHI FOR THESE ELIGIBILITY AND ENROLLMENT SERVICES IS ARE IN EXCESS OF \$4,500,000 IN 2017.</p> <p>NHI HAS A STAFF OF OVER 11 FULL-TIME EMPLOYEES INCLUDING A SUPERVISOR, THAT ARE DEDICATED TO PERFORMING THE FOLLOWING FUNCTIONS: PROCESSING, REVIEWING, AND APPROVING THE HUNDREDS OF FINANCIAL ASSISTANCE APPLICATIONS RECEIVED EACH WEEK. ADDITIONALLY, SOME OF THOSE EMPLOYEES MAKE OUT-BOUND CALLS TO SOLICIT FINANCIAL ASSISTANCE INFORMATION NEEDED TO PROCESS THE PATIENT'S APPLICATION.</p> <p>FINANCIAL ASSISTANCE FOR NORTON FINANCIAL ASSISTANCE IS NOT LIMITED TO THE SELF-PAY POPULATION. EVEN PATIENTS WITH INSURANCE COVERAGE ARE ENCOURAGED TO APPLY FOR ASSISTANCE SO THEIR DEDUCTIBLE, CO-PAYMENTS, AND CO-INSURANCE AMOUNTS ARE COVERED UNDER THE VARIOUS ASSISTANCE PROGRAMS.</p> <p>FINANCIAL COUNSELORS/SOCIAL WORKERS AT THE FACILITIES ARE EDUCATED AND TRAINED TO ASSIST WITH COUNSELING PATIENTS TO DETERMINE AND EXPLAIN OUR FINANCIAL ASSISTANCE PROGRAMS. THEY CONTINUE TO RECEIVE ON-GOING EDUCATION THROUGHOUT THE ENTIRE YEAR REGARDING ELIGIBILITY CHANGES AND ADDITIONS FOR NORTON FINANCIAL ASSISTANCE, DSH/KHCP, MEDICAID, MEDICAID MANAGED CARE ORGANIZATIONS, PRESUMPTIVE ELIGIBILITY, ETC.</p> <p>AS THE FOUNDATION OFFICE RECEIVES INQUIRIES DIRECTED TO THEIR OFFICES, THEY REFER THESE INDIVIDUALS TO PATIENT FINANCIAL SERVICES TO SCREEN FOR POSSIBLE NORTON HEALTHCARE FINANCIAL ASSISTANCE OR CHILDREN'S HOSPITAL FOUNDATION FUNDING.</p> <p>IF A CHILD'S ACCOUNT DOES NOT QUALIFY FOR NORTON FINANCIAL ASSISTANCE, THEN THOSE DENIED CHILDREN'S APPLICATIONS ARE REFERRED TO MANAGEMENT OF PATIENT FINANCIAL SERVICES FOR CONSIDERATION FOR SPECIAL FUNDING THROUGH THE CHILDREN'S HOSPITAL FOUNDATION, INC. AS WELL AS OTHER PROGRAMS.</p> <p>THE CHARITY APPLICATION WAS PROVIDED ON THE BACK OF THE SBO STATEMENT. NHI ENSURES THAT ALL PATIENTS WERE MADE AWARE OF FINANCIAL ASSISTANCE REGARDLESS OF WHERE THE PATIENT'S ACCOUNT MAY HAVE BEEN IN THE COLLECTION CYCLE. EVEN IF THE PATIENT/GUARANTOR HAD NOT PREVIOUSLY AVAILED THEMSELVES OF THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE AND DECIDED THEY WILL NOW COOPERATE, THEN ALLOWED THE PATIENT/GUARANTOR TO APPLY AND APPROVED IF THEY MET THE QUALIFICATIONS.</p> <p>FINANCIAL ASSISTANCE NOTIFICATIONS AND APPLICATIONS WERE MADE AVAILABLE TO THE PATIENT/GUARANTOR VIA TELEPHONE, FACE TO FACE MEETINGS, WEBSITE NOTIFICATION, MAIL, ELECTRONICALLY, ETC.</p> <p>COLLECTION AGENCIES CHOSEN BY NHI INCLUDE WITH THEIR INITIAL PLACEMENT LETTER AN INSERT OF COPY OF A FINANCIAL ASSISTANCE APPLICATION FOR THE GUARANTOR TO COMPLETE.</p> <p>CALLS RESULTING FROM NOTIFICATION CORRESPONDENCE SENT BY THE COLLECTION AGENCIES MAY BE ROUTED TO SPANISH-SPEAKING CUSTOMER SERVICE REPRESENTATIVES OR PATIENT/GUARANTORS MAY ALSO REQUEST AN INTERPRETER SERVICE TO ASSIST IN FACILITATING INFORMATION REGARDING FINANCIAL ASSISTANCE.</p> <p>NHI HAS TRANSLATED THE FULL FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS AND THE PLAIN LANGUAGE SUMMARY INTO FOUR LANGUAGES: SPANISH, VIETNAMESE, ARABIC, AND CROATIAN.</p> <p>NHI CUSTOMER SERVICE DEPARTMENT ROUTINELY INSTRUCTS AND SCREENS PATIENTS IN THE PROTOCOL REGARDING FINANCIAL ASSISTANCE THROUGH THE NORTON HEALTHCARE FINANCIAL ASSISTANCE PROGRAM.</p>

Return Reference - Identifier	Explanation
	<p>SINCE 2007, NHI HAS OFFERED AT THE TIME OF FINAL BILLING ALL TRUE HOSPITAL SELF-PAY PATIENTS A SIGNIFICANT DISCOUNT OFF OF TOTAL CHARGES THAT WERE REFLECTED ON THEIR MONTHLY STATEMENTS AND THE AMOUNT DUE.</p> <p>CONTRACTED COLLECTION AGENCIES ARE REQUIRED TO SOLICIT FINANCIAL ASSISTANCE APPLICATIONS WHEN THE GUARANTOR/PATIENT INDICATES "CANNOT PAY".</p> <p>THE STATEMENTS PROVIDED BY NHI IN 2017 INCLUDED THE LINK TO THE NORTON WEBSITE TO ALLOW THE PATIENT/GUARANTOR TO LEARN MORE ABOUT FINANCIAL ASSISTANCE. THE STATEMENT CONTAINED THE FINANCIAL ASSISTANCE APPLICATION ON THE BACK OF THE STATEMENT SO THE GUARANTOR COULD APPLY USING THE ACTUAL NHI STATEMENT AND COULD THEN MAIL, FAX, OR EMAIL THE FORM TO PATIENT FINANCIAL SERVICES. THE STATEMENT INCLUDED A PHONE NUMBER TO CALL TO LEARN MORE ABOUT THE APPLICATION PROCESS AND DISCUSS FINANCIAL ASSISTANCE OPTIONS.</p>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p><b>PRIMARY SERVICE AREA</b>  NORTON HOSPITALS INC.'S (NHI) PRIMARY SERVICE AREA POPULATION IS OVER 1.5 MILLION AND EXPECTED TO INCREASE 3% BETWEEN 2018 AND 2023. IN 2017, THE PRIMARY SERVICE AREA INCREASED FROM A 7 COUNTY AREA TO AN AREA INCLUSIVE OF 16 COUNTIES, 5 OF WHICH ARE LOCATED ALONG THE OHIO RIVER BORDER IN KENTUCKY, 4 BORDER THE RIVER IN INDIANA, AND INCLUDES 5 ADDITIONAL KENTUCKY COUNTIES AND 2 ADDITIONAL INDIANA COUNTIES THAT DO NOT BORDER THE OHIO RIVER. 89% OF NHI'S PATIENTS ARE DERIVED FROM THIS SERVICE AREA. APPROXIMATELY 29% OF THE POPULATION IS OVER 55 YEARS OLD; COMPARED TO 29% IN THE USA. THIS PORTION OF THE POPULATION TENDS TO USE ADDITIONAL HEALTHCARE SERVICES. THE PEDIATRIC POPULATION IN 2017 WAS ESTIMATED AT 342,596 AND IS EXPECTED TO INCREASE TO 343,128 WITHIN 5 YEARS AND REPRESENTS 23% OF THE POPULATION. THE NUMBER OF HOUSEHOLDS IN THE PRIMARY SERVICE AREA WAS ESTIMATED AT 603,529 IN 2017 AND IS EXPECTED TO INCREASE 2.7% BY 2023. CURRENTLY 11% OF THE ADULT POPULATION DOES NOT HAVE A HIGH SCHOOL DEGREE AND 20.6% OF THE HOUSEHOLD INCOME IS LESS THAN \$25,000 A YEAR; THE AVERAGE HOUSEHOLD INCOME IS \$76,998 COMPARED TO \$86,278 FOR THE UNITED STATES. NHI TREATS 39% OF THE ADULT INPATIENT CASES IN THE COMMUNITY AND ITS PAYOR MIX IS 51% MEDICARE, 24% MEDICAID/PASSPORT AND 1% SELF PAY. THE LARGEST COUNTY IN THE SERVICE AREA IS JEFFERSON COUNTY AND ITS MAY 2018 PRELIMINARY NON-SEASONALLY ADJUSTED UNEMPLOYMENT RATE WAS 4.2% COMPARED TO 4.2% FOR KENTUCKY AND 3.7% FOR THE UNITED STATES.</p> <p><b>SECONDARY SERVICE AREA</b>  NHI'S SECONDARY SERVICE AREA POPULATION WAS 421,880 IN 2017 AND IS EXPECTED TO INCREASE 2.7% BETWEEN 2018 AND 2023. THE SECONDARY SERVICE AREA SPREADS ACROSS 15 KENTUCKY COUNTIES AND 2 INDIANA COUNTIES. THE 55+ AGE COHORT REPRESENTS 29.5% OF THE SECONDARY SERVICE AREA POPULATION AND IS SLIGHTLY HIGHER THAN IN THE UNITED STATES. ALTHOUGH THE PEDIATRIC POPULATION IS EXPECTED TO REMAIN RELATIVELY FLAT (LESS THAN 1% GROWTH), THERE IS A NEED FOR CHILDREN TO HAVE APPROPRIATE ACCESS TO CARE IN THE RURAL AREAS OF KENTUCKY. THE NUMBER OF HOUSEHOLDS IN THE SECONDARY SERVICE AREA WAS ESTIMATED AT 166,108 IN 2017 AND IS EXPECTED TO INCREASE 2.7% BY 2023. OVER 48,000 ADULTS IN THIS SERVICE AREA DO NOT HAVE A HIGH SCHOOL EDUCATION AND THE HOUSEHOLD INCOME IS UNDER \$25,000 FOR 29.5% OF THE POPULATION. THE AVERAGE HOUSEHOLD INCOME IS \$60,703, LESS THAN KENTUCKY AND 21% LESS THAN THE PRIMARY SERVICE AREA.</p>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</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.</p> <p>IN 2017:</p> <p>*NORTON WOMEN'S HEART &amp; 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 &amp; 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 &amp; VASCULAR CENTER OFFERS THE ONLY WOMENHEART SUPPORT GROUP IN KENTUCKY, AND NORTON HEART CARE IS THE ONLY HOSPITAL SERVICE 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 HOSPITALS AND DOCTORS' OFFICES.</p> <p>*NORTON ORTHOPAEDIC &amp; 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 ORTHOPAEDICISTS, 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 &amp; 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 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 TRANSPORTED 1,911 BABIES AND</p>

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	<p>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 &amp; 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 &amp; 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>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</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.</p> <p>THE FOLLOWING SERVICES ALSO ARE AVAILABLE TO OUR COMMUNITY AS A RESULT OF NORTON'S SIGNIFICANT COMMITMENT TO THE BEST NEUROLOGICAL CARE:</p> <p>*AN ENDOVASCULAR NEUROSURGERY TEAM IS AVAILABLE AT TWO NORTON 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'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 INCISION ABOUT THE SIZE OF A SPAGHETTI NOODLE. IT IS MORE COMFORTABLE FOR THE PATIENT AND REDUCES THE RECOVERY TIME.</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 IS THE ONLY HEALTHCARE SYSTEM IN THE REGION TO PROVIDE THIS STATE OF THE ART TECHNOLOGY.</p> <p>PREVENTION AND WELLNESS</p> <p>*IN 2017, THE NORTON HEALTHCARE PREVENTION &amp; 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. ELEVEN 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. EIGHTY-FOUR PEOPLE RECEIVED AT HOME KITS, AND 8 PEOPLE WERE REFERRED FOR COLONOSCOPY.</p> <p>*WELLNESS STAFF PROVIDED OVER 12,000 CARDIOVASCULAR SCREENINGS (BLOOD PRESSURE, BMI, GLUCOSE, CHOLESTEROL) FOR OVER 3,675 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>

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	<p>*OUR RESEARCH BENEFITS NORTON 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 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, 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>

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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>NORTON HEALTHCARE INC. (NORTON) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY. NORTON, PARENT OF NORTON HOSPITALS, INC. (NHI), IS INDEPENDENTLY OVERSEEN BY A 24 MEMBER BOARD OF TRUSTEES. WITH THE EXCEPTION OF NORTON'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, NONE OF THESE INDIVIDUALS ARE EMPLOYEES OF THE ORGANIZATION. ALL MEMBERS OF THE BOARD RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES.</p> <p>AS NORTON REPRESENTATIVES, OUR EMPLOYEES DONATED 56,357 HOURS OF COMMUNITY 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 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 FACILITIES. RESIDENCY PROGRAMS ARE PART OF THE \$41.0 MILLION IN EDUCATIONAL SUPPORT AND CLINICAL FUNDING PROVIDED TO THE SCHOOL.</p> <p>CONTRIBUTIONS TO THE COMMUNITY</p> <p>*NORTON 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, THE CHILDREN'S HOSPITAL FOUNDATION AND NORTON HEALTHCARE FOUNDATION.</p> <p>*MORE THAN 175 NORTON EMPLOYEES "RAISED THE ROOF" ON A HABITAT FOR HUMANITY HOUSE ON BROADLEAF DRIVE IN LOUISVILLE, KY. THIS IS THE ELEVENTH HABITAT HOME NORTON EMPLOYEES HAVE BUILT.</p> <p>*IN 2017, MORE THAN 2,500 NORTON 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. ONE HUNDRED TWENTY SIX 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 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 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> <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 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.</p> <p>*SINCE 2011, NORTON, 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. 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."</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</p>

Return Reference - Identifier	Explanation
	<p>EFFICIENT WORKPLACE WITH HIGHLY ENGAGED EMPLOYEES.</p> <p>NORTON FAITH AND HEALTH MINISTRIES</p> <p>NORTON FAITH AND HEALTH MINISTRIES (FHM) WORKS WITH CHURCHES AND FAITH COMMUNITIES TO WEAVE HEALTH AND FAITH TOGETHER, PROMOTING THE INTENTIONAL INTEGRATION OF FAITH, HEALING AND WELLNESS THROUGH THE DEVELOPMENT OF HEALTH MINISTRIES. FHM PROVIDES MENTORING, EDUCATIONAL RESOURCES AND NETWORKING OPPORTUNITIES TO ASSIST HEALTH MINISTRY COORDINATORS AND FAITH COMMUNITY NURSES MINISTER TO THEIR CHURCHES. IN 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>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>NORTON HEALTHCARE, INC. (THE CONTROLLING COMPANY) AND ITS AFFILIATES, INCLUDING NORTON HOSPITALS, INC., NORTON ENTERPRISES, INC., NORTON PROPERTIES, INC., THE CHILDREN'S HOSPITAL FOUNDATION, INC., NORTON HEALTHCARE FOUNDATION, INC., AND COMMUNITY MEDICAL ASSOCIATES, INC. OPERATE IN THE LOUISVILLE, KENTUCKY METROPOLITAN AREA AND THE OPERATIONS OF THE AFFILIATED HEALTHCARE SYSTEM INCLUDE 1,837 LICENSED BEDS, MORE THAN 190 PHYSICIAN PRACTICE LOCATIONS AND 13 NORTON IMMEDIATE CARE CENTER LOCATIONS, AND OTHER ANCILLARY HEALTH CARE SERVICES.</p>
<p>SCHEDULE H, LINE 7, INPUT 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>NOT REQUIRED AT THIS TIME.</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTON HOSPITALS, INC.

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

61-0703799

**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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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:

- |  |           |   |   |
|--|-----------|---|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | ✓ |   |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | ✓ |   |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> |   | ✓ |

**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:

- |  |           |  |   |
|--|-----------|--|---|
| <b>a</b> The organization? . . . . .         | <b>5a</b> |  | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> |  | ✓ |
- 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:

- |  |           |  |   |
|--|-----------|--|---|
| <b>a</b> The organization? . . . . .         | <b>6a</b> |  | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> |  |   |
- 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
<b>1a</b>	✓	
<b>2</b>	✓	
<b>4a</b>	✓	
<b>4b</b>	✓	
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		
<b>7</b>	✓	
<b>8</b>		✓
<b>9</b>		

**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	(i)	0	0	0	0	0	0
	FORMER CEO/TRUSTEE	(ii)	219,845	510,997	39,237	0	770,130	37,614
2	RUSSELL F. COX	(i)	0	0	0	0	0	0
	PRESIDENT & CEO/TRUSTEE	(ii)	1,071,143	903,081	2,060,973	206,430	4,270,952	2,340,630
3	MICHAEL W. GOUGH	(i)	0	0	0	0	0	0
	EVP OPERATIONS/CFO/TREASURER	(ii)	720,807	762,396	211,487	233,044	1,949,119	612,087
4	ROBERT B. AZAR	(i)	0	0	0	0	0	0
	SR VP CHIEF LEGAL OFFICER/SECRETARY	(ii)	441,021	160,233	105,160	109,793	827,589	58,596
5	JOHN HARRYMAN	(i)	0	0	713,563	38,015	774,659	616,798
	FORMER HOSPITAL CAO	(ii)	0	0	0	0	0	0
6	THOMAS KMETZ	(i)	466,940	163,189	116,088	1,182,126	1,953,797	67,444
	DIVISION PRESIDENT WOMEN AND CHILDREN SERVICES	(ii)	0	0	0	0	0	0
7	JOSEPH FLYNN, D.O.	(i)	543,632	163,970	66,889	101,755	902,936	0
	PHYSICIAN-IN-CHIEF NCI	(ii)	0	0	0	0	0	0
8	MATTHEW AYERS	(i)	309,089	87,751	51,565	67,270	538,703	34,560
	HOSPITAL CAO	(ii)	0	0	0	0	0	0
9	CHARLOTTE IPSAN	(i)	288,709	80,891	73,662	77,742	544,453	34,560
	HOSPITAL CAO	(ii)	0	0	0	0	0	0
10	JON COOPER	(i)	285,514	87,978	67,290	64,914	529,081	0
	HOSPITAL CAO	(ii)	0	0	0	0	0	0
11	DON STEVENS, M.D.	(i)	798,631	882,673	31,005	30,781	1,766,128	0
	PHYSICIAN	(ii)	0	0	0	0	0	0
12	SHAWN GLISSON, M.D.	(i)	820,457	520,062	3,654	16,200	1,381,296	0
	PHYSICIAN	(ii)	0	0	0	0	0	0
13	MICHAEL DRISCOLL, M.D.	(i)	663,709	553,239	2,908	16,200	1,268,644	0
	PHYSICIAN	(ii)	0	0	0	0	0	0
14	PATRICK WILLIAMS, M.D.	(i)	669,398	493,059	54,854	8,534	1,253,104	0
	PHYSICIAN	(ii)	0	0	0	0	0	0
15	YONG CHA, M.D.	(i)	619,266	552,330	21,204	13,500	1,241,810	0
	PHYSICIAN	(ii)	0	0	0	0	0	0
16		(i)						
		(ii)						

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT</p>	<p>DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE, INC. (NORTON) EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NORTON 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 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:</p> <p>MATTHEW AYERS - 10,000            JOHN HARRYMAN - 17,500            THOMAS KMETZ - 17,500            CHARLOTTE IPSAN - 10,000            JON COOPER - 10,000            JOSEPH FLYNN - 10,000</p>
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>NORTON HEALTHCARE INC (NORTON) EIN 61-1028725 IS THE PARENT ORGANIZATION FOR NORTON HOSPITALS, INC. AND THEREFORE ESTABLISHES COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES THROUGH ENGAGING WITH THE EXECUTIVE COMMITTEE OF NORTON; AN INDEPENDENT COMPENSATION CONSULTANT; WRITTEN EMPLOYMENT AGREEMENTS; THIRD PARTY COMPENSATION SURVEYS AND APPROVAL BY THE EXECUTIVE COMMITTEE AND BOARD. SEE NARRATIVE IN SCHEDULE O, REFERENCING PART VI, LINE 15 WHICH FURTHER DESCRIBES THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION.</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>SEVERANCE PAYMENT WAS RECEIVED DURING 2017 BY KEY EMPLOYEE: JOHN HARRYMAN IN THE AMOUNT OF \$334,510 OTHER COMPENSATION INCLUDED IN SCHEDULE J COLUMN B(III)</p>
<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" OULINED 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            MATTHEW AYERS - 47,708            JON COOPER - 44,769            CHARLOTTE IPSAN -49,370            JOHN HARRYMAN - 12,206            THOMAS KMETZ - 100,765            JOSEPH FLYNN - 88,255</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            MATTHEW AYERS - 37,246            JON COOPER - 35,112            CHARLOTTE IPSAN - 35,630            JOHN HARRYMAN - 384,469            THOMAS KMETZ - 71,264            JOSEPH FLYNN - 10,215</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>IN 2017, NORTON HEALTHCARE, INC. (NORTON) 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 NORTON'S PRESIDENT &amp; CHIEF EXECUTIVE OFFICER, AND THE PRESIDENT &amp; CHIEF EXECUTIVE OFFICER RECOMMENDS APPROPRIATE AWARDS FOR OTHER SENIOR EXECUTIVES TO THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS FOR ITS REVIEW AND APPROVAL.</p>

**SCHEDULE L  
(Form 990 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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

NORTON HOSPITALS, INC.

Employer identification number

61-0703799

**Part I**

**Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 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** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JASON NACAZEL	FAMILY MEMBER OF RONALD LEHOCKY, TRUSTEE	\$81,844	COMPENSATION		✓
(2) BARBARA KMETZ	FAMILY MEMBER OF THOMAS KMETZ, KEY EMPLOYEE	\$85,827	COMPENSATION		✓
(3) SARAH A. ROBINSON	FAMILY MEMBER OF DONALD H ROBINSON, TRUSTEE	\$53,493	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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the Organization  
**NORTON HOSPITALS, INC.**

Employer Identification Number  
**61-0703799**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	20,881 INPATIENT SURGICAL PATIENTS AND 34,995 OUTPATIENT SURGICAL PATIENTS. ADDITIONALLY, 7,712 DELIVERIES WERE PERFORMED AT NHI BIRTHING CENTERS. 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 THE 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 MILLION.
FORM 990, PART V, LINE 1A - COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC. (NORTON) EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC. (NHI) AND THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NORTON ON BEHALF OF NHI. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2017 BY NORTON FOR NHI, WAS APPROXIMATELY 269. NHI HAS 150 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2017.
FORM 990, PART V, LINE 2A - COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC. (NORTON) EIN 61-102875 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC. (NHI) THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON ON BEHALF OF NHI. NHI HAS APPROXIMATELY 11,207 EMPLOYEES.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT AND DIRECTION OF THE BUSINESS AND AFFAIRS OF THE CORPORATION. HOWEVER, THE EXECUTIVE COMMITTEE DOES NOT POSSESS THE AUTHORITY TO DO THE FOLLOWING: A) FILL VACANCIES ON THE BOARD; B) CHANGE THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE; C) MAKE DECISIONS TO MERGE, LIQUIDATE, OR OTHERWISE MAKE DECISIONS OUTSIDE OF THE NORMAL COURSE OF BUSINESS, D) MAKE FINAL DETERMINATIONS OF LONG-TERM POLICY; E) HIRE OF FIRE THE CHIEF EXECUTIVE OFFICER; AND F) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	NORTON HEALTHCARE, INC. EIN 61-1028725 IS THE SOLE MEMBER OF NORTON HOSPITALS, INC.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF TRUSTEES OF NORTON HEALTHCARE, INC. APPOINTS THE TRUSTEES OF THE ORGANIZATION.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ACCORDING TO THE ARTICLES OF INCORPORATION OF THE ORGANIZATION, NORTON HEALTHCARE, INC. (NORTON ) THE SOLE MEMBER, POSSESSES ALL OF THE RIGHTS GRANTED TO A MEMBER PURSUANT TO LAW, INCLUDING THE RIGHT TO ELECT TRUSTEES OR DIRECTORS AND APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE ORGANIZATION. NORTON ALSO POSSESSES THE RIGHT TO REQUIRE THE ORGANIZATION TO (I) PROVIDE CONTRIBUTIONS OF FUNDS OF THE ORGANIZATION TO PAY ALL TO A PORTION OF THE PRINCIPLE OF, INTEREST ON, AND ALL OTHER PAYMENTS TO BECOME DUE AND OWING WITH RESPECT TO ANY AND ALL INDEBTEDNESS INCURRED BY NORTON, AND (II) PROVIDE SECURITY FOR SUCH INDEBTEDNESS.
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 990S WERE DISCUSSED AND COMMITTEE MEMBERS AND TRUSTEES HAD AN OPPORTUNITY TO ASK QUESTIONS. COINCIDING WITH THE FINANCE COMMITTEE MEETING, ELECTRONIC COPIES OF THE 990S WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND BOARD OF TRUSTEES THROUGH THE DIRECTORS PORTAL SITE, PRIOR TO THE FILING WITH THE IRS. 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. (NORTON) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES (IHS), TO PROVIDE COMPARABILITY DATA FOR NORTON'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 NORTON'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 CONFLICTS OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.					
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (E) - BOARD MEMBER STIPEND PAYMENTS	NORTON HEALTHCARE, INC. (NORTON) 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 NORTON. NORTON'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, NORTON 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 XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">(a) Description</th> <th style="width: 20%; text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>AFFILIATE TRANSFER</td> <td style="text-align: right;">- 301,463</td> </tr> </tbody> </table>		(a) Description	(b) Amount	AFFILIATE TRANSFER	- 301,463
	(a) Description	(b) Amount				
AFFILIATE TRANSFER	- 301,463					
		- 301,463				

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTON HOSPITALS, INC.

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

61-0703799

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTON HEALTHCARE, INC. (61-1028725) ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE ADMINISTRATIVE AND SUPPORT SERVICES	KY	501(C)(3)	12 TYPE II	N/A		✓
(2) COMMUNITY MEDICAL ASSOCIATES, INC. (61-1276316) ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	10	NORTON HEALTHCARE, INC.		✓
(3) NORTON PROPERTIES, INC. (61-1028724) ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	MAINTAIN OFFICE AND PARKING FACILITIES	KY	501(C)(3)	12 TYPE I	NORTON HEALTHCARE, INC.		✓
(4) THE CHILDREN'S HOSPITAL FOUNDATION, INC. (61-6027530) ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NORTON HEALTHCARE, INC.		✓
(5) NORTON HEALTHCARE FOUNDATION, INC. (31-0914919) ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NORTON HEALTHCARE, INC.		✓
(6) -----							
(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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	✓	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	✓	
<b>s</b> 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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

**Part IV**

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

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