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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization  
Norton Healthcare Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
Accounting 224 E Broadway 5th Fl

City or town, state or province, country, and ZIP or foreign postal code  
Louisville, KY 40202

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

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No

H(b) Are all subordinates included?  
☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number  
61-1028725

E Telephone number  
(502) 629-8249

G Gross receipts \$ 646,267,843

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

J Website: ▶ WWW.NORTONHEALTHCARE.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
Norton Healthcare's purpose is to provide quality health care to all those we serve, in a manner that responds to the needs of our communities and honors our faith heritage.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,753
6 Total number of volunteers (estimate if necessary)	6	3
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	120,731
b Net unrelated business taxable income from Form 990-T, line 39	7b	5,673

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	964,807	1,193,327
9 Program service revenue (Part VIII, line 2g)	321,907,901	374,047,414
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	63,201,899	42,615,359
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,350,141	9,706,703
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,424,748	427,562,803

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	3,312,212	7,783,882
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	179,647,109	186,667,340
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	152,411,384	196,428,728
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	335,370,705	390,879,950
19 Revenue less expenses. Subtract line 18 from line 12	54,054,043	36,682,853

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,830,303,653	1,935,993,288
21 Total liabilities (Part X, line 26)	2,296,959,083	2,220,822,221
22 Net assets or fund balances. Subtract line 21 from line 20	-466,655,430	-284,828,933

Part II Signature Block

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

Sign Here

Signature of officer

Adam Kempf CFO

Type or print name and title

2020-11-06

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ CROWE LLP

Firm's address ▶ 9600 Brownsboro Road Suite 400  
Louisville, KY 402411122

Preparer's signature

Firm's EIN ▶ 35-0921680

Phone no. (502) 326-3996

Date

PTIN P01316095

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 (2019)

**Part III Statement of Program Service Accomplishments**

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

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

Norton Healthcare's purpose is to provide quality health care to all those we serve, in a manner that responds to the needs of our communities and honors our faith heritage.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 321,291,916 including grants of \$ 7,783,882 ) (Revenue \$ 383,691,790 )  
See Additional Data

**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 ▶ 321,291,916

**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)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<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? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 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? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<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? If "Yes," complete Schedule C, Part III	<b>5</b>	
<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? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<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? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<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? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<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? If "Yes," complete Schedule D, Part VI. 	<b>11a</b> Yes	
<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? If "Yes," complete Schedule D, Part VII 	<b>11b</b> Yes	
<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? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<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? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<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)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<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? If "Yes," complete Schedule F, Parts I and IV 	<b>14b</b> Yes	
<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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<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? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<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? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<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? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<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? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b> Yes	
<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? If "Yes," complete Schedule J . . . . .	<b>23</b> Yes	
<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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	No
<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>24c</b> Yes	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	No
<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? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<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? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b> Yes	
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No
<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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b> Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<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? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<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? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	No
<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. . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 1,049	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 3	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

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

Form **990** (2019)

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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> 23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 22		
<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?	<b>2</b>	Yes	
<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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<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?	<b>7a</b>		No
<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?	<b>7b</b>		No
<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?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<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	<b>9</b>		No

**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?	<b>10a</b>	No
<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>10b</b>	
<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?	<b>11a</b>	Yes
<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	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<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	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<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	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
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?	<b>16a</b>	No
<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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed▶

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 402022025 (502) 629-8263

## 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 ☐

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

**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			
See Additional Data Table										
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								18,741,429	380,594	2,600,933

**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 ► 273

	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> . . . . .	3 Yes	
<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> . . . . .	4 Yes	
<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> . . . . .	5	No

**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
The CSI Companies Inc PO Box 890841 Charlotte, NC 282890841	Professional Services	9,760,174
Firstsource Solutions USA LLC 10400 Linn Station Road Suite 100 Louisville, KY 40223	Patient Financial Services	8,208,317
Epic Systems Corporation P O Box 88314 Milwaukee, WI 532880314	Software Maintenance and Support	4,875,095
Doe-Anderson Inc 620 W Main Street Louisville, KY 40202	Marketing Services and Campaigns	3,341,183
First Call Network KY LLC PO Box 6115 Louisville, KY 40206	Patient Financial Services	2,628,569

**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 ► 139



Form 990 (2019)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d	1,193,327				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f . . . . . ▶	1,193,327					
Program Service Revenue			Business Code					
	2a	Management fees	900099	328,260,093	328,260,093			
	b	Net Patient Revenue	621999	36,614,515	36,614,515			
	c	Clinical Research Trials	900099	8,971,230	8,971,230			
	d	Education Programs	900099	201,576	201,576			
	e							
	f	All other program service revenue.		0	0	0		
g	Total. Add lines 2a-2f. . . . . ▶	374,047,414						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	32,942,596		7,764	32,934,832	
	4		Income from investment of tax-exempt bond proceeds ▶	650,910			650,910	
	5		Royalties . . . . . ▶					
	6a	6a	(i) Real	(ii) Personal				
	6b	6b						
	6c	6c						
	d		Net rental income or (loss) . . . . . ▶	-50,640			-50,640	
	7a	7a	(i) Securities	(ii) Other				
7b	7b							
7c	7c							
d		Net gain or (loss) . . . . . ▶	9,021,853			9,021,853		
8a	8a							
8b	8b							
c		Net income or (loss) from fundraising events . . . ▶						
9a	9a							
9b	9b							
c		Net income or (loss) from gaming activities . . . ▶						
10a	10a							
10b	10b							
c		Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code						
11a	11a	Credit Card Rebate	900099	757,849	757,849			
b	b	Employee Emergency Fund	900099	281,349	281,349			
c	c	Miscellaneous Income	900099	1,808,338	1,695,371	112,967		
d	d	All other revenue . . . . .		6,909,807	6,909,807	0	0	
e		Total. Add lines 11a-11d . . . . . ▶		9,757,343				
12		Total revenue. See instructions . . . . . ▶		427,562,803	383,691,790	120,731	42,556,955	

Form 990 (2019)

**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 ☒

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	7,538,412	7,538,412		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	245,470	245,470		
<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 . . . . .	15,050,162	8,448,918	6,601,244	
<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) . . . . .	54,307	54,307		
<b>7</b> Other salaries and wages . . . . .	137,451,392	121,120,246	16,331,146	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	6,134,945	5,448,031	686,914	
<b>9</b> Other employee benefits . . . . .	16,680,714	14,983,365	1,697,349	
<b>10</b> Payroll taxes . . . . .	11,295,820	9,773,540	1,522,280	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	4,970,550	4,236,537	734,013	
<b>c</b> Accounting . . . . .	707,200	282,880	424,320	
<b>d</b> Lobbying . . . . .	110,000	44,000	66,000	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	4,432,348		4,432,348	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,127,434	55,885,603	14,241,831	0
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	2,131,223	1,773,439	357,784	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	9,569,093	7,617,054	1,952,039	
<b>17</b> Travel . . . . .	1,430,043	1,142,139	287,904	
<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 . . . . .	35,817,627		35,817,627	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	19,130,620	101,321	19,029,299	
<b>23</b> Insurance . . . . .	24,039,077	20,678,927	3,360,150	
<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> Equipment rental & repair	52,528,763	47,733,356	4,795,407	
<b>b</b> Pharmacy Drugs	32,690,399	32,636,958	53,441	
<b>c</b> Interest allocation	-39,970,611		-39,970,611	
<b>d</b> Insurance allocation	-23,621,570	-20,314,550	-3,307,020	
<b>e</b> All other expenses	2,336,532	1,861,963	474,569	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	390,879,950	321,291,916	69,588,034	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		-14,208,413	<b>1</b>	49,952,722	
	<b>2</b>	Savings and temporary cash investments . . . . .		208,661,448	<b>2</b>	59,685,528	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		9,592,183	<b>4</b>	15,829,189	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		22,139	<b>5</b>	12,703	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		848,618	<b>8</b>	3,213,635	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		43,190,144	<b>9</b>	45,545,275	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	469,731,867			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	395,001,821	89,306,507	<b>10c</b>	74,730,046
	<b>11</b>	Investments—publicly traded securities . . . . .		1,017,378,856	<b>11</b>	1,153,881,863	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		423,869,660	<b>12</b>	480,808,167	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		21,749,558	<b>13</b>	21,673,409	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		29,892,953	<b>15</b>	30,660,751	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,830,303,653	<b>16</b>	1,935,993,288		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		160,544,958	<b>17</b>	174,112,992	
	<b>18</b>	Grants payable . . . . .		1,188,803	<b>18</b>	4,030,130	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,065,947,166	<b>20</b>	1,035,039,166	
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<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		1,069,278,156	<b>25</b>	1,007,639,933	
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		2,296,959,083	<b>26</b>	2,220,822,221		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		-466,910,591	<b>27</b>	-284,976,389	
	<b>28</b>	Net assets with donor restrictions . . . . .		255,161	<b>28</b>	147,456	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>31</b>		
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		-466,655,430	<b>32</b>	-284,828,933		
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,830,303,653	<b>33</b>	1,935,993,288		

**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>	427,562,803
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	390,879,950
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	36,682,853
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-466,655,430
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	147,499,788
<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>	-2,356,144
<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>	-284,828,933

**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		No
<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	Yes	
<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.	Yes	
<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?	Yes	
<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.	Yes	

# Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 61-1028725  
**Name:** Norton Healthcare Inc

Form 990 (2019)

**Form 990, Part III, Line 4a:**

NORTON HEALTHCARE, INC. (NHC) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY. IN 2019 NHC, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC., HAD A TOTAL OF 1,837 LICENSED BEDS: NORTON HOSPITAL (Norton) - 605 BEDS; NORTON CHILDREN'S HOSPITAL (NCH)- 300 BEDS; NORTON AUDUBON HOSPITAL (Audubon) - 432 BEDS; NORTON WOMEN'S AND CHILDREN'S HOSPITAL (NWCH)- 373 BEDS; AND NORTON BROWNSBORO HOSPITAL(NBH) - 127 BEDS. THESE FIVE HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK. (CONTINUED IN SCHEDULE O)





Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Rick Guillaume Chair Emeritus	2.0 .....	X						3,200	0	0
Rita Hudson Shourds EdD Trustee	1.0 .....	X						0	0	0
Ronald Lehocky MD Trustee	2.5 .....	X						3,200	0	0
Sue Davis EdD RN Trustee	1.0 .....	X						1,600	0	0
Adam Kempf Sr VP, CFO/Treasurer	30.0 .....			X				771,597	0	145,046
Michael W Gough Exec VP and COO	30.0 .....			X				2,563,340	0	136,304
Robert B Azar Sr VP Chief Legal Officer/Secretary	30.0 .....			X				807,725	0	127,164
Dana Allen Sys VP Chief Mktg & Communication Officer	50.0 .....				X			683,407	0	51,073
Douglas Winkelhake Division President	50.0 .....				X			956,821	0	177,688
Gladys Abarca-Lopez Sr VP Chief HR Officer	50.0 .....				X			535,605	0	101,022



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
James Frazier MD	50.0									
VP Medical Affairs	..... 0				X			589,396	0	108,365
Jim Meyers	50.0									
Sys VP Revenue Cycle	..... 0				X			421,246	0	83,429
Kathleen Exline	50.0									
Sys VP Perf Excel & Care Continium	..... 0				X			447,399	0	83,947
Mary Lynn Meyer	30.0									
Sr VP CDO	..... 20.0				X			218,587	380,594	97,514
Mary Jo Bean	50.0									
Sr VP Planning & Bus Analysis	..... 0				X			555,239	0	97,539
Scott Watkins	50.0									
Sr VP Operations	..... 0				X			678,597	0	134,045
Shelly Gast	50.0									
Sys VP Mnngd Care & Payor Strategy	..... 0				X			421,802	0	73,151
Steve Ready	50.0									
Sr VP & CIO	..... 0				X			712,190	0	200,733
Steven Heilman MD	50.0									
Sr VP & Chief Innovation Officer	..... 0				X			586,272	0	104,098
Steven Hester MD	50.0									
Div President Provider Ops & Sys CMO	..... 0				X			1,043,216	0	194,031

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Tracy Williams Sr VP & CNO & Learning Officer	50.0 ..... 0				X			610,607	0	65,630
Byron Lewis Sys VP Health Policy	50.0 ..... 0					X		413,535	0	81,363
Helena Schulz Sys VP Treasurer	50.0 ..... 0					X		415,101	0	80,337
Jennifer Evans MD Sys VP Women's & Pediatric Svc Line	50.0 ..... 0					X		530,656	0	90,642
Kimberly Tharp-Barrie Sys VP Nursing Inst/Outreach	50.0 ..... 0					X		386,833	0	62,589
Stephen Wyatt MD Chief Research Executive	50.0 ..... 0					X		436,385	0	26,833
Charles Bohn Former SYS VP Chief HR Officer	0.0 ..... 0						X	699,625	0	33,510
Kenneth Wilson MD SYS VP Clinical Effectiveness	0.0 ..... 40.0						X	271,223	0	30,364
Stephen Williams Former CEO	0.0 ..... 0.0						X	593,451	0	23,710

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Norton Healthcare Inc

Employer identification number  
61-1028725

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	4				0	2,420,004,055

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		No
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>2</b>		No
<b>3a</b> 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>		No
<b>3a</b>		No
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> 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>		No
<b>4a</b>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> 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 <b>Part VI</b>, 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>		No
<b>5a</b>		No
<b>b</b> <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?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>	Yes	
<b>7</b> 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>		No
<b>7</b>		No
<b>8</b> 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>		No
<b>8</b>		No
<b>9a</b> 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 <b>Part VI</b>.</i>		No
<b>9a</b>		No
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		No
<b>9b</b>		No
<b>c</b> 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 <b>Part VI</b>.</i>		No
<b>9c</b>		No
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
<b>10a</b>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

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>b</b> A family member of a person described in (a) above?		
<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 <b>Part VI</b>.</i>		
	<b>11a</b>	<b>No</b>
	<b>11b</b>	<b>No</b>
	<b>11c</b>	<b>No</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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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>	<b>No</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 <b>Part VI</b> 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 <b>Part VI</b> 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 ( <b>see instructions</b> ):		
<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>		
<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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>.</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 <b>Part VI</b> the role played by the organization in this regard.</i>		
	<b>3b</b>	

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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</b>	<b>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>1</b>	
<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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<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</b>	<b>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</b>	<b>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)		



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

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

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part I, Line 12g(vi) Type of other support	Other support includes administration overhead and direct support of operations. for all supported organizations.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	Norton Hospitals, Inc. is named as a supported organization in the Articles of Incorporation of Norton Healthcare, Inc., and the other three supported organizations are identified by class or purpose. Specifically, the Articles of Incorporation of Norton Healthcare, Inc. provide that the organization will support (in addition to Norton Hospitals, Inc.) the operations and activities of other affiliated publicly supported organizations that are operated to promote the general health of the community in conjunction with Norton Hospitals.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part IV, Section C, Line 1 Majority director detail	<p>As a supporting organization, Norton Healthcare, Inc. is supervised or controlled in connection with the supported organizations, and therefore, is designated as a Type II supporting organization. Norton Healthcare, Inc. meets this classification because the management of Norton Healthcare, Inc. is vested in the same persons that control and manage the supported organizations. Specifically, the organizations share the same President/Chief Executive Officer, Chief Legal Officer, Executive Vice President/Chief Operating Officer, and Chief Financial Officer. This common control allows Norton Healthcare, Inc. and its four supported organizations to function collectively as a health system, with Norton Healthcare, Inc. providing management and administrative support to the supported organizations. The fact that the core leadership team of each of the supported organizations is also the core leadership team of Norton Healthcare, Inc. assures that Norton Healthcare, Inc. is responsive to the needs and demands of the supported organizations and that Norton Healthcare, Inc. constitutes an integral part of and maintains a significant involvement in the operations of the supported organizations.</p>

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 61-1028725  
Name: Norton Healthcare Inc

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 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		

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No. 1545-0047

**2019**

**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 the organization Norton Healthcare Inc	Employer identification number 61-1028725
---	--

**Part I-A**

**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B**

**Complete if the organization is exempt under section 501(c)(3).**

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

**Part I-C**

**Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

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

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

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(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.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		13,915
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		110,000
<b>j</b>	Total. Add lines 1c through 1i .....			123,915
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<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 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.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 Description of the activities reported on lines 1A through 1i	Part II-B, line 1(i) other lobbying activities: Payments made to the following entities for government affairs representation to focus on goals and priorities to advocate, educate and promote the interest of Norton Healthcare, Inc. and registered as appropriate with the legislative and/or executive branch ethics commission as agents/lobbyists: Rotunda Group LLC totaling \$110,000. Part II-B, line 1(g): Employees of Norton Healthcare, Inc. are engaged in lobbying health policy issues at the state level to lobby the executive and legislative branches of Kentucky's government. Norton Healthcare, Inc. is not registered to lobby at the federal level. Lobbying compensation paid and activities as reported to the Kentucky Legislative Ethics committee is \$13,915.



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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Norton Healthcare Inc

Employer identification number  
61-1028725

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .	2,125,807		2,125,807
b	Buildings . . . . .	51,225,304	43,482,641	7,742,663
c	Leasehold improvements			
d	Equipment . . . . .	400,356,022	350,773,758	49,582,264
e	Other . . . . .	16,024,734	745,422	15,279,312
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			74,730,046

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS MASTER TRUST UNITS	315,115,182	
(B) REAL ESTATE MASTER TRUST UNITS	102,257,614	
(C) Private Equity Master Trust	63,435,371	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	480,808,167	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,007,639,933

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

Schedule D (Form 990) 2019

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

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

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

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

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

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

**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	Explanation	
------------------	-------------	--

<b>Part XIII</b>	<b>Supplemental Information <i>(continued)</i></b>
------------------	--

Return Reference	Explanation
------------------	-------------

SCHEDULE F (Form 990)	<b>Statement of Activities Outside the United States</b>  ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.  ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047
		<b>2019</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization Norton Healthcare Inc	Employer identification number 61-1028725

Part I

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			359,027,789
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			359,027,789

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

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

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

[illegible]



**Part IV Foreign Forms**

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

**Part V** **Supplemental Information**

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

ReturnReference	Explanation

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 61-1028725

**Name:** Norton Healthcare Inc

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		347,304,345
Europe (Including Iceland and Greenland)	0	0	Investments		11,723,444

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
Norton Healthcare Inc

Employer identification number  
61-1028725

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 67
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) undergraduate scholarships for students pursuing education for a career in the healthcare field	85	170,000			
(2) Employee Emergency Relief funds to employees in need of assistance due to extraordinary circumstances	110	75,470			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	ALL GRANT APPLICANTS ARE REQUIRED TO SUBMIT A GRANT APPLICATION TO THE MANAGER OF STEWARDSHIP. THE GRANT IS REVIEWED AND APPROVED BY NORTON HEALTHCARE MANAGEMENT. ALL GRANT REQUESTS GREATER THAN \$100,000 REQUIRE THE APPROVAL OF THE NORTON HEALTHCARE FOUNDATION, INC. BOARD OF DIRECTORS OR THE CHILDREN'S HOSPITAL FOUNDATION BOARD OF TRUSTEES. SELECTION CRITERIA INCLUDES APPROPRIATENESS OF THE REQUEST, LEVEL OF NEED AND WHETHER THE REQUEST IS IN ALIGNMENT WITH THE ORGANIZATION'S GOALS AND OBJECTIVES. UPON APPROVAL, THE GRANT IS ENTERED INTO THE GRANT DATABASE AND THE FINANCIAL SYSTEM. THE ORGANIZATION REQUIRES THAT A PROGRESS REPORT BE SUBMITTED MIDWAY THROUGH THE PROJECT, AND A FINAL REPORT IS REQUIRED AT THE END OF THE PROJECT FOR WHICH FUNDING IS RECEIVED. GRANT REPORT DEADLINES AND GUIDELINES THAT EXPLAIN WHAT TO INCLUDE IN REPORTS WILL BE SENT TO THE PROJECT DIRECTOR/GRANTEE UPON GRANT AWARD NOTIFICATION. GRANT REPORTS MUST INCLUDE AN ACCOUNTING OF FUNDS EXPENDED AND ENCUMBERED, INCLUDING SUPPORTING DOCUMENTATION. GRANT RECIPIENTS WHO FAIL TO SUBMIT REPORTS OR ACCOUNT FOR THE EXPENSE OF GRANT FUNDS WILL NOT BE ALLOWED TO APPLY FOR FUTURE FUNDING UNTIL THE REPORTING REQUIREMENTS ARE MET. GRANTS WILL BE AWARDED FROM THE BOARD-DESIGNED FUND TO ADVANCE INITIATIVES THAT ARE ALIGNED WITH OR A DIRECT PART OF NORTON HEALTHCARE STRATEGIC PLAN. AWARDS ARE GRANTED FOR EDUCATION, RESEARCH, WORKFORCE DEVELOPMENT, COMMUNITY HEALTH AND/OR TECHNOLOGY OR EQUIPMENT OF SPECIAL NATURE. CASH ASSISTANCE IS AWARDED THROUGH THE COMMUNITY INITIATIVE COMMITTEE AND EXPENSED IN THE YEAR THAT THE CASH ASSISTANCE IS AWARDED. A REQUEST PROCESS IS IN PLACE TO ENSURE THAT THE REQUEST IS IN ALIGNMENT WITH THE NORTON HEALTHCARE VALUES AND STRATEGIC PLAN.

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 61-1028725  
Name: Norton Healthcare Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Louisville Urban League Inc 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(c)(3)	5,008,000				Support construction and operation of the Sports and Learning Complex to support and assist African Americans and other minority groups to attain social and economic equality and stability
Community Medical Associates Inc Accounting 224 E Broadway 5th Floor LOUISVILLE, KY 402022025	61-1276316	501(c)(3)	439,484				Support of a nurse practitioner for the Bellarmine Student Health Clinic; support local public schools for school-based telemedicine services, including e-visits and support of mental/behavioral healthcare

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jefferson County Public Schools P O Box 34020 ATTN TREASURER JCPS Louisville, KY 402324020	61-6001316	Jefferson Co	360,000				Program support to ensure that trainers and sports medicine experts are available in the county and support of baseline concussion testing by providing specialized football helmets.
University of Louisville Research Foundation 501 E Broadway LOUISVILLE, KY 40202	61-1029626	501(c)(3)	300,000				Support expanded research initiatives through support of laboratory space and equipment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY OFFICE OF DEVELOPEMENT WILLIAM B STURGILL BUILDING LEXINGTON, KY 405065070	61-6001218	state of KY	220,000				Support University of Kentucky Healthcare Leadership Program and Pharmacy College
BELLARMINE UNIVERSITY 2001 NEWBURG RD LOUISVILLE, KY 40205	61-0482955	501(c)(3)	211,178				General program support for nursing, sports medicine, healthcare analytic and general education and student health services



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO UNITED WAY INC DEPT52860 PO BOX 950148 LOUISVILLE, KY 402950148	61-0444680	501(c)(3)	112,000				Support the engagement of the community to give, advocate and volunteer and linking information and referrals between sectors more effectively
LEADERSHIP LOUISVILLE CENTER 707 W MAIN ST LOUISVILLE, KY 402022634	31-0958491	501(c)(3)	67,600				Program support of leadership programming

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY INC WATERFRONT PLAZA 325 W MAIN ST LOUISVILLE, KY 40202	61-1100993	501(c)(3)	55,300				General program support
WORLD TRIATHLON CORP 3407 W DR MARTIN LUTHER KING BLVD TAMPA, FL 33607	59-2965638		40,000				Support for promoting healthy lifestyles

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 841750 DALLAS, TX 752841750	13-5613797	501(c)(3)	35,500				Support Heart Health awareness
WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST LOUISVILLE, KY 40202	23-7075524	501(c)(3)	35,000				General support for children with special needs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR THE ARTS INC 623 W MAIN ST LOUISVILLE, KY 40202	61-0479626	501(c)(3)	32,500				Supporting the development and education and quality of life through the arts
Miracle League of Louisville 800 Lily Creek Rd LOUISVILLE, KY 40243	61-1740095	501(c)(3)	30,000				Support of recreational programs for disabled children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC EDUCATION FOUNDATION INC 401 W MAIN ST LOUISVILLE, KY 40202	61-1294640	501(c)(3)	27,000				Support the growth and vitality of catholic parished and schools in the archdiocese of Louisville
AMERICAN CANCER SOCIETY INC 1640 LYNDON FARM CT LOUISVILLE, KY 40223	13-1788491	501(c)(3)	24,000				Support for cancer prevention, outreach, patient services through Relay for Life

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(c)(3)	23,400				Support mission of empowering families and youth to succeed in education and achieve life long self-sufficiency
KENTUCKY PHYSICIANS HEALTH FOUNDATION INC 9000 WESSEX PLACE LOUISVILLE, KY 40222	61-1242062	501(c)(3)	21,500				support for physicians, physician's assistants, surgical technicians, genetic counselors and athletic trainers.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LN LOUISVILLE, KY 40218	61-6057856	501(c)(3)	21,000				support for all children to reach their potential through professional supported 1:1 relationships with volunteer mentors
GREATER LOUISVILLE SPORTS COMMISSION 401 WEST MAIN ST LOUISVILLE, KY 40202	61-1365860	501(c)(3)	20,000				Support for promoting healthy lifestyles

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVE LOUISVILLE, KY 40204	61-0449630	501(c)(3)	17,500				Program support to ensure that trainers and sports medicine experts are available in the county and support of baseline concussion testing by providing specialized football helmets.
YMCA OF GREATER LOUISVILLE INC 545 SOUTH SECOND ST LOUISVILLE, KY 40202	61-0444843	501(c)(3)	17,100				Support for safe shelters, youth nutrition program, and youth refugee integration program



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 510 E Chestnut St LOUISVILLE, KY 40202	53-0196605	501(c)(3)	16,100				Support Red Cross efforts of emergency assistance, disaster relief and education
AMERICAN LUNG ASSOCIATION 10168 LINN STATION RD LOUISVILLE, KY 402233894	13-1632524	501(c)(3)	15,600				Support to improve lung health and preventing lung disease through education, advocacy and research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN DEVELOPMENT CORPORATION 556 S FOURTH ST LOUISVILLE, KY 40202	31-0992627	501(c)(3)	15,000				Supporting Safety, cleanliness and safety programs for the Downtown Louisville area redevelopment and planning for downtown district
ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST NE ATLANTA, GA 30309	58-1341679	501(c)(3)	15,000				Support cure research and general support through education and advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST CHRISTIAN CHURCH OF JEFFERSON COUNTY KENTUCKY INC 920 BLANKENBAKER PKWY LOUISVILLE, KY 40243	61-0850307	501(c )(3)	15,000				General program support
JUNIOR ACHIEVEMENT OF KENTUCKIANAINC 1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 402031745	61-0476694	501(c)(3)	12,500				support introduction of young people throughout our community to the realities and possibilities of the working world and personal finance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAIN INJURY ALLIANCE OF KENTUCKY 7321 NEW LAGRANGE RD LOUISVILLE, KY 40222	61-1128496	501(c)(3)	12,500				Support for outreach and education for patients with brain injuries
NATIONAL KIDNEY FOUNDATION OF KENTUCKY 161 ST MATTHEWS AVE LOUISVILLE, KY 40207	61-0673518	501(c)(3)	12,400				Supporting the awareness, prevention and treatment of kidney disease

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLON CANCER PREVENTION PROJECT PO BOX 4039 LOUISVILLE, KY 40204	20-1510713	501(c)(3)	12,000				Support for colon cancer awareness initiatives
VOLUNTEERS OF AMERICA OF KENTUCKY INC 570 S 4th ST LOUISVILLE, KY 402022504	61-0480950	501(c)(3)	11,000				Support to provide affordable housing and other assistance to low income families

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFEHOUSE INC 2710 RIEDLING DR LOUISVILLE, KY 40206	20-8514733	501(c)(3)	10,500				supporting emotional, spiritual, physical and intellectual needs of mother and baby
ASSOCIATION OF PROFESSIONAL CHAPLAINS 2800 W HIGGINS RD HOFFMAN EST, IL 601697221	36-3762667	501(c)(3)	10,500				Support education to sustain excellence in chaplaincy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE AREA CHAMBER OF COMMERCE INC 614 W MAIN ST LOUISVILLE, KY 40202	61-0434089	501(c)(6)	10,100				General support for healthcare programs
LEUKEMIA AND LYMPHOMA SOCIETY 301 E MAIN ST LOUISVILLE, KY 40202	13-5655916	501(c)(3)	10,000				General support for outreach and education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisville Pride Foundation DBA Louisville Pride Festival 1205 EAST WASHINGTON ST LOUISVILLE, KY 40206	47-1945331	501(c)(3)	10,000				Support inclusion and unity for all
CHRISTIAN ACADEMY FOUNDATION INC 700 S ENGLISH STATION RD LOUISVILLE, KY 402453912	61-1323813	501(c)(3)	10,000				general program support



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLEJEFFERSON CO METRO 531 COURT PLACE LOUISVILLE, KY 402023396	32-0049006	Jefferson Co	10,000				Supporting hike bike and paddle- promotion of healthy lifestyle
Simmons College of Kentucky 1000 S Fourth St LOUISVILLE, KY 40203	20-5289168	501(c )(3)	10,000				Support general education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE INC 201 N 25TH ST LOUISVILLE, KY 40212	61-0445842	501(c)(3)	9,200				Support children and families
HOSPARUS INC 3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 40205	61-0921718	501(c)(3)	9,000				Pediatric bereavement program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1201 STORY AVE LOUISVILLE, KY 40206	13-5661935	501(c)(3)	8,000				Support education and resources related to multiple sclerosis
ST JOHN CENTER INC 700 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	61-1135907	501(c)(3)	8,000				Support homeless population

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS CANCER ALLIANCE INC P O BOX 24337 LOUISVILLE, KY 40224	61-1256743	501(c)(3)	8,000				Support pediatric cancer patients
ELDERSERVE INC 215 W BRECKINRIDGE ST LOUISVILLE, KY 40203	61-6024140	501(c ) (3)	8,000				support the empowerment of older adults to live independently with dignity

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR WOMEN AND FAMILIES INC PO BOX 2048 LOUISVILLE, KY 402012048	61-0444846	501(c)(3)	7,500				Support for trauma-informed advocacy and support for individuals, families and communities affected by intimate partner violence and sexual assault
BRIDGEHAVEN INC 950 S FIRST ST LOUISVILLE, KY 40203	61-0548949	501(c)(3)	7,500				Mental health support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIVELY AREA MINISTRIES INC 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(c)(3)	7,500				Support for health/wellness programs, medical assistance for underserved population in Shively Area
TELUGU ASSOCIATION OF KENTUCKIANA 18725 WEATHERFORD CIRCLE LOUISVILLE, KY 40245	03-0528530	501(c)(3)	6,500				Support of telugu people in the community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY CHAMBER OF COMMERCE 464 CHENAULT AVE FRANKFORT, KY 40601	61-0405718	501(c)(6)	6,500				General support
EPILEPSY FOUNDATION OF KENTUCKIANA INC 982 EASTERN PARKWAY LOUISVILLE, KY 402171566	61-1314540	501(c)(3)	6,500				Epilepsy support groups and outreach

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP KENTUCKY FOUNDATION INC 464 CHENAULT RD FRANKFORT, KY 406019260	31-1096215	501(c)(3)	6,100				General program support for LKY programs
MARCH OF DIMES FOUNDATION DONATIONS PROCESSING CENTER P O BOX 18819 ATLANTA, GA 31126	13-1846366	501(c)(3)	6,000				Support outreach and education for families with premature babies



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVOLUTION DEVELOPMENT CYCLING INC 1806 GRESHAM RD LOUISVILLE, KY 40205	81-2907077	501(c)(3)	6,000				Support to promote healthy lifestyle
Parkinson Support Center of Kentucky 315 TOWNEPARK CIRCLE LOUISVILLE, KY 40243	61-1367576	501(c )(3)	5,800				Support programs and services for people with Parkinson's disease and provide public education adna wareness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DR LOUISVILLE, KY 40214	61-1251305	501(c)(3)	5,500				Support for education and outreach for Louisville's refugee, immigrant and underserved populations
KENTUCKY DERBY MUSEUM 704 CENTRAL AVE LOUISVILLE, KY 40208	31-1023459	501(c)(3)	5,450				General program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVITY ACADEMY AT ST BONIFACE 529 E LIBERTY ST LOUISVILLE, KY 40202	51-0450314	501(c)(3)	5,100				General education support
THE ALS ASSOCIATION KY CHAPTER 13102 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	94-3124729	501(c)(3)	5,000				Support for ALS patient care services program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOS INTERNATIONAL INC 1500 ARLINGTON AVE LOUISVILLE, KY 40206	27-2624272	501(c ) (3)	5,000				Support of providing medical supplies to areas of need
WELLSPRING SPECIAL EVENT POBOX 1927 LOUISVILLE, KY 402011927	31-1020023	501(c)(3)	5,000				Supporting mental health recovery

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORTON CENTER INC 1028 BARRETT AVE LOUISVILLE, KY 402041667	31-1068020	501(c)(3)	5,000				support and treatment for addiction
PRP ALUMNI ASSOCIATION INC PO BOX 58051 LOUISVILLE, KY 40268	32-0087730	501(c)(3)	5,000				Sponsorship of Excellence in Education Award for PRPAA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY Clark & Floyd Indiana Inc P O BOX 1814 NEW ALBANY, IN 47150	35-1817055	501(c)(3)	5,000				General program support
LOUISVILLE MEDICAL LEGAL COMMUNITY HEALTH PARTNERSHIP 600 W MAIN ST LOUISVILLE, KY 40202	35-2079715	501(c)(3)	5,000				General program support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE EVPHA OFFICE 323 E CHESTNUT ST LOUISVILLE, KY 40202	61-1014882	501(c)(3)	5,000				general education support
PREGNANCY HELPLINE INC OF LOUISVILLE 515 WEST OAK ST LOUISVILLE, KY 40203	61-1055060	501(c)(3)	5,000				General program support for pregnancy center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY PEDIATRIC SOCIETY 420 CAPITAL AVE FRANKFORT, KY 40601	61-1125554	501(c)(3)	5,000				Support for continuing medical education for KY pediatric physicians
KENTUCKY HARVEST INC 7705 NATIONAL TURNPIKE LOUISVILLE, KY 40214	61-1135269	501(c)(3)	5,000				Supporting nutritional needs of the community



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR INTERFAITH RELATION INC 415 W MULHAMMED ALI BLVD LOUISVILLE, KY 40202	61-1149619	501(c)(3)	5,000				Supporting diversity of faith traditions, strengthen the role of faith in society through common actions
OVARIAN AWARENESS OF KENTUCKY 2300 HURSTBOURNE VILLAGE DR LOUISVILLE, KY 40299	61-1393292	501(c)(3)	5,000				Support education and awarness of ovarian cancer and provide support women with ovarian cancer

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNNHURST UNITED CHURCH OF CHRIST 4401 TAYLOR BLVD LOUISVILLE, KY 40215	61-6014324	501(c)(3)	5,000				Support after school educational programs

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization Norton Healthcare Inc		Employer identification number 61-1028725

Part I Questions Regarding Compensation		Yes	No
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 idemnification 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 (e.g., 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	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

**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.

[illegible]

**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	Explanation
Schedule J, Part I, Line 1a Discretionary spending account	DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE, Inc. EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NORTON HEALTHCARE PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS. THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NORTON HEALTHCARE DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT. THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2019: Russell F. Cox - \$30,000 Michael G. Gough - \$30,000 Robert B. Azar - \$17,500 Adam Kempf - \$15,000 Tracy Williams - \$17,500 Steve Hester - \$17,500 Scott Watkins - \$15,000 Gladys Abarca-Lopez - \$15,000 Charles Bohn - \$14,808 Steve Ready - \$10,000 James Frazier - \$10,000 Steve Heilman - \$10,000 Shelly Gast - \$10,000 Douglas Winklehake - \$17,500 Dana Allen - \$15,000 Mary Jo Bean - \$15,000 Kimberly Tharp-Barrie - \$10,000 Helena Schulz - \$10,000 Jennifer Evans - \$10,000 Kathleen Exline - \$10,000 Jim Meyers - \$10,000 Bryon Lewis - \$15,000
Schedule J, Part I, Line 4a Severance or change-of-control payment	Severance payment was received during 2019 by former Key Employees, Charles Bohn in the amount of \$359,557 . Other compensation included in Schedule J Column B(iii)
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN. THE "PAY CREDIT" OUTLINED BELOW REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS; AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS. NAME - PAY CREDIT Russell F. Cox - \$141,621 Michael W. Gough - \$89,896 Robert Azar - \$97,041 Adam Kempf - \$102,103 Mary Lynn Meyer - \$63,627 Dana Allen - \$22,016 Mary Jo Bean - \$62,232 Charles Bohn - \$4,602 Jennifer Evans - \$57,194 Shelly Gast - \$41,652 Kathleen Exline - \$43,851 James Frazier - \$65,462 Steven Heilman - \$60,068 Steven Hester - \$145,200 Jim Meyers - \$41,616 Steve Ready - \$93,953 Scott Watkins - \$86,532 Tracy Williams - \$29,529 Douglas Winklehake - \$132,528 Stephen Wyatt - \$7,725 Kimberly Tharp-Barrie - \$35,784 Helena Schulz - \$41,840 Bryon Lewis - \$44,086 Gladys Abarca-Lopez \$70,363 THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2019 AND CAN BE COMPRISED OF Current and or PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS. NAME - PAYMENT RECEIVED Russell F. Cox - \$133,455 Michael W. Gough - \$1,201,977 Robert Azar - \$67,016 Adam Kempf - \$43,053 Mary Lynn Meyer - \$50,068 Dana Allen - \$249,363 Mary Jo Bean - \$43,394 Charles Bohn - \$344,581 Jennifer Evans - \$33,093 Shelly Gast - \$32,259 Kathleen Exline - \$33,076 James Frazier - \$45,245 Steven Heilman - \$46,724 Steven Hester - \$90,723 Jim Meyers - \$34,743 Steve Ready - \$53,960 Scott Watkins - \$56,936 Tracy Williams - \$40,407 Kenneth Wilson - \$63,931 Douglas Winklehake - \$78,414 Kimberly Tharp-Barrie - \$30,494 Helena Schulz - \$30,371 Byron Lewis - \$37,877
Schedule J, Part I, Line 7 Non-fixed payments	In 2019, Norton Healthcare, Inc. (NHC) had in place a Variable Compensation Plan for Executives, eligibility under which extended to employees holding a full-time position as Senior Officer, Officer, System Director or other designated Director level position. Under the plan, a variable compensation pool amount is approved by the Board of Trustees. Each participant's performance is evaluated relative to the goals and objectives documented as part of the participant's plan; and an award is determined for the participant, based on achievement of the goals and objectives, subject to the funding of the variable compensation pool. At the end of each year, the Committee on Executive Compensation and Benefits determines an appropriate award for the NHC's President & Chief Executive Officer, and the President & Chief Executive Officer recommends appropriate awards for other senior executives to the Committee on Executive Compensation and Benefits for its review and approval.

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 61-1028725  
Name: Norton Healthcare Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1Russell F Cox President & CEO/Trustee	(i)	1,241,302	626,112	480,960	160,027	30,779	2,539,179	0
	(ii)	0	0	0	0	0	0	0
1Stephen Williams Former CEO	(i)	0	0	593,451	0	23,710	617,161	0
	(ii)	0	0	0	0	0	0	0
2Robert B Azar Sr VP Chief Legal Officer/Secretary	(i)	483,956	212,683	111,085	113,661	13,502	934,889	64,572
	(ii)	0	0	0	0	0	0	0
3Michael W Gough Exec VP and COO	(i)	841,376	387,193	1,334,771	107,654	28,651	2,699,645	1,110,136
	(ii)	0	0	0	0	0	0	0
4Adam Kempf Sr VP, CFO/Treasurer	(i)	514,491	175,229	81,877	117,543	27,503	916,643	44,472
	(ii)	0	0	0	0	0	0	0
5Charles Bohn Former SYS VP Chief HR Officer	(i)	0	0	699,625	15,802	17,708	733,134	537,186
	(ii)	0	0	0	0	0	0	0
6Kenneth Wilson MD SYS VP Clinical Effectiveness	(i)	116,274	83,140	71,809	13,527	16,837	301,586	46,407
	(ii)	0	0	0	0	0	0	0
7Gladys Abarca-Lopez Sr VP Chief HR Officer	(i)	400,921	94,654	40,030	84,363	16,658	636,627	0
	(ii)	0	0	0	0	0	0	0
8Dana Allen Sys VP Chief Mktg & Communication Officer	(i)	253,279	135,649	294,479	38,960	12,113	734,480	74,406
	(ii)	0	0	0	0	0	0	0
9Mary Jo Bean Sr VP Planning & Bus Analysis	(i)	322,923	145,578	86,738	78,355	19,184	652,778	43,116
	(ii)	0	0	0	0	0	0	0
10Kathleen Exline Sys VP Perf Excel & Care Continium	(i)	296,073	90,223	61,102	60,396	23,552	531,347	32,384
	(ii)	0	0	0	0	0	0	0
11James Frazier MD VP Medical Affairs	(i)	385,716	122,423	81,257	82,015	26,350	697,761	47,932
	(ii)	0	0	0	0	0	0	0
12Shelly Gast Sys VP Mngd Care & Payor Strategy	(i)	291,243	83,673	46,885	58,077	15,073	494,952	31,584
	(ii)	0	0	0	0	0	0	0
13Steven Heilman MD Sr VP & Chief Innovation Officer	(i)	387,114	119,341	79,816	76,634	27,464	690,370	46,724
	(ii)	0	0	0	0	0	0	0
14Steven Hester MD Div President Provider Ops & Sys CMO	(i)	632,899	277,798	132,519	165,241	28,791	1,237,248	88,824
	(ii)	0	0	0	0	0	0	0
15Mary Lynn Meyer Sr VP CDO	(i)	218,587	0	0	0	0	218,587	0
	(ii)	140,398	167,239	72,958	79,523	17,991	478,108	49,020
16Jim Meyers Sys VP Revenue Cycle	(i)	286,174	86,886	48,186	57,268	26,162	504,675	34,016
	(ii)	0	0	0	0	0	0	0
17Steve Ready Sr VP & CIO	(i)	479,208	143,491	89,491	114,406	86,327	912,923	53,828
	(ii)	0	0	0	0	0	0	0
18Scott Watkins Sr VP Operations	(i)	400,983	180,470	97,144	105,809	28,236	812,642	57,704
	(ii)	0	0	0	0	0	0	0
19Tracy Williams Sr VP & CNO & Learning Officer	(i)	362,065	161,943	86,599	46,768	18,863	676,237	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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				
<b>21</b> Douglas Winkelhake Division President	(i)	587,778	249,576	119,467	151,215	26,472	1,134,508	79,800
	(ii)	0	0	0	0	0	0	0
<b>1</b> Jennifer Evans MD Sys VP Women's & Pediatric Svc Line	(i)	390,159	90,293	50,205	71,194	19,448	621,298	32,400
	(ii)	0	0	0	0	0	0	0
<b>2</b> Byron Lewis Sys VP Health Policy	(i)	308,615	28,135	76,785	58,086	23,277	494,898	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Helena Schulz Sys VP Treasurer	(i)	284,884	87,305	42,913	56,668	23,669	495,438	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Kimberly Tharp-Barrie Sys VP Nursing Inst/Outreach	(i)	252,170	78,280	56,384	52,434	10,155	449,423	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Stephen Wyatt MD Chief Research Executive	(i)	336,189	75,530	24,666	21,725	5,108	463,218	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Norton Healthcare Inc

Supplemental Information on Tax-Exempt Bonds

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

2019

Open to Public Inspection

Employer identification number  
61-1028725

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		18,780,000		16,800,000		0	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	75,000,300		23,775,000		21,100,000		200,060,571	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	953,000		150,000		171,313		0	
8	Credit enhancement from proceeds . . . . .	2,000		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		31,048	
10	Capital expenditures from proceeds . . . . .	74,045,259		0		0		200,029,523	
11	Other spent proceeds . . . . .	41		23,625,000		20,928,687		0	
12	Other unspent proceeds . . . . .	0		0		0			
13	Year of substantial completion . . . . .	2011						2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X						X	



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X						X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X						X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	2.09 %						1.25 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0.79 %						0.79 %	
<b>6</b> Total of lines 4 and 5 . . . . .	2.88 %		0 %		0 %		2.04 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		X						X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X						X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X			X	X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	NONE		NONE		NONE		NONE	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-mediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
Schedule K, Part I, Column (f) Issuer Name: Louisville/Jefferson County Metro Government	ROW B, TO REFUND A PORTION OF THE COUNTY OF JEFFERSON, KENTUCKY HEALTH SYSTEM REVENUE BONDS, SERIES 1997 (ALLIANT HEALTH SYSTEM, INC.) AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS.

Return Reference	Explanation
Schedule K, Part I, Column (f) Issuer Name: Louisville/Jefferson County Metro Government	ROW A, TO REIMBURSE THE CORPORATION FOR THE COSTS OF CONSTRUCTING AND EQUIPPING THE NORTON CANCER INSTITUTE DOWNTOWN RADIATION CENTER, CONSTRUCTING AND EQUIPPING A PEDIATRIC AMBULATORY CARE CENTER (NORTON CHILDREN'S MEDICAL CENTER - BROWNSBORO) AND RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AND ITS AFFILIATES AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS.

Return Reference	Explanation
Schedule K, Part I, Column (f) Issuer Name: Louisville/Jefferson County Metro Government	ROW C, TO REFUND THE REMAINDER OF THE COUNTY OF JEFFERSON, KENTUCKY HEALTH SYSTEM REVENUE BONDS, SERIES 1997 (ALLIANT HEALTH SYSTEM, INC.) AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS.

Return Reference	Explanation
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	DIFFERENCE BETWEEN SERIES 2011 ISSUE PRICE (ISSUE DATE 8/10/11) IN PART I, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. DIFFERENCE BETWEEN SERIES 2013 ISSUE PRICE (ISSUE DATE 8/10/13) AND TOTAL PROCEEDS OF ISSUE IN PART ii, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD. DIFFERENCE BETWEEN SERIES 2016A ISSUE PRICE (ISSUE DATE 8/11/16) AND TOTAL PROCEEDS OF ISSUE IN PART ii, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.

Return Reference	Explanation
Schedule K, Part I, Column (f) DESCRIPTION OF PURPOSE	ROW D, TO REIMBURSE THE CORPORATION FOR THE COSTS OF (I) RENOVATIONS AND EQUIPMENT TO CONVERT NORTON SUBURBAN HOSPITAL TO A WOMEN'S AND CHILDREN'S HOSPITAL, (II) RENOVATIONS AND EQUIPMENT FOR NORTON CHILDREN'S HOSPITAL, (III) RENOVATION AND EXPANSION OF VARIOUS PATIENT CARE AREAS AND THE ACQUISITION OF HOSPITAL EQUIPMENT, INCLUDING BUT NOT LIMITED TO SOFTWARE, MEDICAL AND SURGICAL EQUIPMENT, IMAGING EQUIPMENT AND MONITORING EQUIPMENT AT THE FACILITIES OF THE OBLIGATED GROUP MEMBERS AND (IV) RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AT ITS AFFILIATES.

Return Reference	Explanation
Schedule K, Part II, Line 7 ISSUANCE COSTS FROM PROCEEDS	COLUMN D, E and F - 2013 BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.

Return Reference	Explanation
Schedule K, Part IV, Line 5c IS THE BOND ISSUE A VARIABLE RATE ISSUE?	COLUMN E - 2013A BOND ISSUE IS FIXED RATE DEBT AND 2013C BOND ISSUE IS VARIABLE RATE DEBT. PROCEEDS FROM BOTH BOND ISSUES WERE REPORTED ON ONE IRS FORM 8038 AND COMBINED INTO ONE PROJECT ACCOUNT WITH THE TRUSTEE.



Return Reference	Explanation
Schedule K, Part I, Column (f) LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW E; TO REIMBURSE THE CORPORATION FOR COSTS OF (i) EXPANSION AND MAJOR RENOVATION OF NORTON AUDUBON HOSPITAL (ii) ACQUISITION OF TWO PARCELS OF LAND, (iii) BUILDING, RENOVATION, REPAIR AND OTHER PATIENT CARE RELATED PROJECTS AND/OR EQUIPMENT RELATED TO THE CORPORATION (INCLUDING SOFTWARE). NORTON HOSPITALS AND/OR AFFILIATES OF THE CORPORATION, (iv) CERTAIN COSTS OF ISSUANCE AND (v) CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM REVENUE BONDS, SERIES 2006 (NORTON HEALTHCARE, INC.)

Return Reference	Explanation
Schedule K, Part I, Column (f) LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	ROW F: CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM VARIABLE RATE REVENUE REFUNDING BONDS, SERIES 2011D (NORTON HEALTHCARE, INC.) AND CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM VARIABLE RATE REVENUE BONDS, SERIES 2013B (NORTON HEALTHCARE, INC.)

Return Reference	Explanation
Schedule K, Part III Private Business Use	Applicable questions are left blank due to bonds 8/24/11 and 10/31/12 being refunding issues which refund pre-January 1, 2003 bond issues.

Return Reference	Explanation
Schedule K, Part II, Line 7 ISSUANCE COSTS FROM PROCEEDS	COLUMN D, E AND F - 2016 BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2016 BOND ISSUE WERE PAID FOR WITH INTEREST INCOME ACCRUED DURING THE FIRST BOND YEAR FROM THE BOND PROCEEDS. NO BOND PROCEEDS WERE USED TO PAY FOR THE COST OF ISSUANCE.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTTING NO REBATE DUE WAS PERFORMED ON 9/26/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT The calculation for computing no rebate due was performed on 08/11/2016

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT The calculation for computing no rebate due was performed on 08/24/2016

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT The calculation for computing no rebate due was performed on 10/29/2017



Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT The calculation for computing no rebate due was performed on 09/26/2018

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Norton Healthcare Inc

Supplemental Information on Tax-Exempt Bonds

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

2019

Open to Public Inspection

Employer identification number

61-1028725

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LouisvilleJefferson County Metro Government	32-0049006	54659LBV5	08-11-2016	612,775,838	SEE SUPPLEMENTAL INFORMATION		X		X		X
B LouisvilleJefferson County Metro Government	32-0049006		08-11-2016	100,075,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	17,220,000		49,035,000					
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	616,547,762		100,075,000					
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	2,490,756							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	0							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	4,580,984							
10	Capital expenditures from proceeds . . . . .	300,912,044							
11	Other spent proceeds . . . . .	308,563,977		100,075,000					
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .	2019							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X							

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.84 %		0 %					
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.79 %		0 %					
<b>6</b>	Total of lines 4 and 5 . . . . .	1.63 %		0 %					
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .	X		X					
<b>b</b>	Exception to rebate? . . . . .								
<b>c</b>	No rebate due? . . . . .								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		X	X					
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Norton Healthcare Inc

Employer identification number  
61-1028725

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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) Kathleen Exline	Norton Healthcare, Inc. highly compensated employee	Norton Healthcare, Inc Scholar Program (Disclosure continued below)		X	28,309	12,703		No	Yes		Yes	
Total						12,703						

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jessica Lloyd	Family member of Adam Kempf, Officer	54,307	Compensation		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule L, Part II, Column (a) Schedule L, Part II, Column (A) - purpose of loan	NORTON HEALTHCARE SCHOLARS PROGRAM IS A STUDENT LOAN PROGRAM THAT PROVIDES EDUCATIONAL FUNDING TO STUDENTS INTERESTED IN PURSUING DESIGNATED HEALTHCARE CAREERS. IT IS AN AFFILIATION BETWEEN NORTON HEALTHCARE AND OVER 59 COLLEGES AND UNIVERSITIES NATIONALLY. THIS PROGRAM WAS STARTED BY NORTON HEALTHCARE AS A RESULT OF THE HEALTHCARE WORKER SHORTAGE AND WAS BEGUN AS A WORKFORCE DEVELOPMENT INITIATIVE TO ENSURE THE COMMUNITY HAS ENOUGH HEALTHCARE WORKERS. UPON GRADUATION, NORTON HEALTHCARE SCHOLARS BEGIN CAREERS WITH NORTON HEALTHCARE AND ARE ELIGIBLE TO HAVE THEIR LOAN FORGIVEN. CURRENTLY NORTON HEALTHCARE HAS 247 SCHOLARS IN SCHOOL. THIS PROGRAM HAS 992 GRADUATES. Since 2014, 823 OF THESE GRADUATES HAVE CONTINUED THEIR CAREERS WITH NORTON HEALTHCARE. APPLICANTS ARE REVIEWED EACH YEAR FOR THIS PROGRAM. FOR 2019, 176 APPLICANTS WERE GRANTED ENROLLMENT INTO THE NORTON HEALTHCARE SCHOLARS PROGRAM. SCHOLARS WHO FAIL TO GRADUATE OR FULFILL THEIR COMMITMENT WITH NORTON HEALTHCARE ARE REQUIRED TO REPAY THE LOAN AT THE TIME OF WITHDRAWAL FROM THE PROGRAM.

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<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No. 1545-0047
			<b>2019</b>
Department of the Treasury Internal Revenue Service			<b>Open to Public Inspection</b>
Name of the organization Norton Healthcare Inc		Employer identification number  61-1028725	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	<p>(Continued from Part III) In 2019, NHC, through its affiliate, Community Medical Associates, Inc., had approximately 2.3 million patient encounters. NHC's hospitals, diagnostic centers and Norton Cancer Institute (NCI) served 76,825 inpatients, 596,249 outpatients, and 261,206 emergency room visits. In addition NHC hospitals' operating rooms cared for 21,224 inpatient surgical patients and 37,219 outpatient surgical patients. Additionally, 7,912 babies were delivered at NHC birthing centers. As part of our commitment to improving the health of our community, NHC provides funding for a wide array of life-saving and life-enhancing services that benefit the communities we serve. In 2019, under its charity care program, NHC provided free care to 10,522 patients, at a cost of \$14.6 million. Also, NHC grants patients a discount from billed charges to any individuals that have no access to private health insurance or do not qualify for government assistance or charity care. Under this program, 14,820 patients were provided care at discounted rates. Other contributions to the community were the unpaid cost of Medicaid services of \$66.0 million and educational support of \$54.7 million primarily to the University of Louisville's School of Medicine. Also community health improvement services totaled \$10.2 million, and contributions to community groups were \$1.7 million. As Norton Healthcare representatives, our employees donated 54,079 hours of community service, a benefit valued at more than \$1 million. In addition, many employees self-reported personal volunteer activities. Norton Healthcare provides programmatic support to the University of Louisville School of Medicine through funding and facilities. During the 2019 calendar year, 178 residents completed clinical rotations in 41 specialties at Norton Healthcare facilities. Residency programs are part of the \$54.7 million in educational support and clinical funding provided to the school. Contributions to the community * Norton Healthcare employees and physicians gave nearly \$976,073 to the 2019-2020 Combined Giving Campaign to help support community organizations that also are committed to improving the health and well-being of community residents. Supported organizations include WHAS Crusade for Children, Metro United Way, Fund for the Arts, and our own Norton Children's Hospital Foundation and Norton Healthcare Foundation. * More than 125 Norton Healthcare employees "raised the roof" on a Habitat for Humanity house on Broadleaf Drive in Louisville, Kentucky. This is the 12th Habitat home Norton Healthcare employees have built. * In 2019, more than 3,000 Norton Healthcare employees donated time and funds to plan, purchase and deliver gifts, food and clothing for the Caring Tree program. The program assisted 498 employees and their 1,138 children/dependents by providing for their families at Christmas. * More than 44,000 pounds of usable surplus medical supplies valued at more than \$717,000 and over \$93</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	<p>,000 in equipment were donated for use locally and around the world. Community Education and Workforce Development As one of Kentucky's largest health care systems, Norton Healthcare has established a culture of continual, lifelong learning. Opportunities are available through our Human Resource's Workforce Development team and our Learning and Development Department. Workforce Development encourages continuing education, improves job performance and provides financial assistance for designated educational programs related to the business operations of the organization. Norton Healthcare encourages and supports the career goals of employees and their dependents by providing financial assistance and scholarships as well as other advancement opportunities. Established in the early 2000s, Workforce Development has assisted more than 6,000 students (69% front-line workers) with tuition assistance. In 2019, Workforce Development financially supported 679 students with nearly \$5.2 million in educational assistance programs. * Workforce Development's career coaching has served over 1,400 students. Each program participant worked directly with a certified career management coach. Coaches offer services in resume writing, career and educational exploration, financial assistance opportunities for educational pursuit, interviewing skills and mentoring. * Norton Scholars accelerated program, a student loan program for employees and nonemployees, provides educational funding to students interested in pursuing designated health care careers. It is an affiliation between Norton Healthcare and over 100 colleges and universities nationally. Since 2014, this program has had 992 graduates continue their careers with Norton Healthcare. * In 2018, Norton Healthcare was one of the founding partners in Jefferson County Public Schools' Academies of Louisville, a strategic pipeline development program in conjunction with the public school system. Jefferson County Public Schools created an academy model in which students have the opportunity to select career-focused education and earn industry-recognized credentials while in high school. Norton Healthcare transformed its summer program and previous high school scholarship offerings into a comprehensive, three-tiered apprentice program for students on the health care academy track. Beginning in a student's junior year, health care academy students explore career pathways in one of four key areas: Patient Care, Medical Office, Allied Health and Pharmacy Technician. Norton Healthcare primarily focused on Patient Care and Medical Office in 2019. Each phase offers a rigorous curriculum, business acumen and professional development, as well as hands-on learning opportunities in the students' chosen career fields. To date, Norton Healthcare has transitioned more than 52 students into staff positions with our organization after completion of the program, and offers tuition assistance for these new employees to continue their acad</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	<p>emic and career pursuits while working in the field of their choice. * In 2019, Norton Healthcare announced a strategic partnership program with UPS. Norton Healthcare-UPS Health Care Career Tracks provides a 2+2 method, splitting a four years bachelor's degree into two parts. Typically, the first two years are spent working with UPS in a general or pre-clinical designation and the last two years is when the student begins their clinical program and becomes a Norton Scholar. This program helps to support career readiness in a health care-related field. The combined tuition assistance offers students a debt-free way to get a college education while working with two of the leading companies in the region. * The Student Nurse Apprenticeship Program is a 12 to 18-month apprenticeship in which nursing students work and engage in hands-on learning with an experienced mentor while becoming integrated with Norton Healthcare. Top area student nurses with good grades, good references and a desire to be the best will gain the skills and the confidence to deliver quality patient care. Leadership for this program is through Norton Healthcare Institute for Nursing. * In 2019, Norton Healthcare launched new apprenticeship programs. The Surgical Tech Apprentice Program and the Respiratory Therapy Apprenticeship Program allow students to work and learn with tuition assistance as they grow their careers with Norton Healthcare. Development of the Medical Assistant Program also occurred in 2019, and this program launched in spring 2020. Learning and Development consists of continuing education, continuing medical education, E-Learning, EPIC, Institute for Nursing, media services, and Norton University, which provides learning opportunities to enhance the professional, educational and personal development of all employees. Norton University's Value Proposition states "Norton University nurtures learning and relationships to inspire change that leads to exceptional experiences for both patients and employees." In 2019, Norton University held 295,578 learning events, an average of 18 trainings per employee. In 2019, 46,227 attendees completed in-structor-led courses and 175,441 web-based training courses were completed. * Programs such as Elevating First-Line Employees, School at Work, College at Work and career coaching expose entry-level staff to health care careers and help them obtain a higher-level position, GED or college degree. * Leadership development programs support the development of leaders across the continuum (physicians, nurses, physician practice staff and system staff). * Organizational development activities assist in creating a more effective and efficient workplace with highly engaged employees.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	<p>Norton Faith &amp; Health Ministries Norton Faith &amp; Health Ministries works with faith communities to weave health and faith together, promoting the intentional integration of faith, healing and wellness through the development of health ministries. Norton Faith &amp; Health Ministries provides mentoring, educational resources and networking opportunities to assist health ministry coordinators and faith community nurses in ministering to their churches. In 2019, the department mentored and served nearly 200 multid denominational faith communities with active health ministry programs, and assisted others with health and wellness efforts. * Norton Faith &amp; Health Ministries nurtured relationships with faith communities through participation in events held by the Episcopal Diocese of Kentucky, Kentucky Annual Conference of The United Methodist Church, Central District Baptist Association, Kentucky Tri-Presbytery Meeting and others. * In order to advance congregational health ministries, faith community nursing and other health-related programs, Norton Faith &amp; Health Ministries made 33,000 contacts by distributing 21 electronic newsletters. At 63 regional faith community events, people were provided health literacy education using educational tools loaned from Norton Faith &amp; Health Ministries. At 108 events, 1,500 people were screened for blood pressure, blood glucose, body mass index and/or cholesterol, and often received counseling and referrals by faith community nurses. Six formal educational and networking events were held, reaching 315 individuals. Pastoral Care Department Norton Healthcare's Pastoral Care Department provides spiritual, religious and emotional care and support for patients, families and staff throughout the system, 24 hours a day, 7 days a week. In 2019, chaplains made more than 35,000 patient contacts, plus additional contacts with their families. The assistance included, but was not limited to grief support and facilitation of decision-making at death; end-of-life and goals-of-care conversations; education about and enacting advance directives; offering religious rituals and literature; discussing ethical dilemmas; and providing comfort and conversation with patients who are lonely, afraid, conflicted or struggling. Chaplains care for people, regardless of their religious or spiritual backgrounds and beliefs, to help them use and strengthen their spiritual, emotional and relational resources to better cope and to thrive. A unique aspect of care provided by the Pastoral Care Department is the Bereavement Intervention Program. Through this program, the bereavement chaplain connects with all of the more than 100 families whose children died at Norton Children's Hospital. That contact often begins at the time of death, and can include a funeral home visit, visit in the home, phone calls, letters, and a dinner and grief educational program that helps families and friends learn how to better care for the grieving parents. In addition to the v</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	<p>isits caring for patient and families, the chaplains provide care every day to the staff o f the system through individual counseling, sharing prayers and other rituals, debriefing stressful events on units, comforting department staff when a co-worker dies, and blessing newly renovated units. Through teaching, committee involvement, ethics consultations and many other ways, chaplains are fully integrated into the life of the Norton Healthcare sys tem. Norton Heart &amp; Vascular Institute Norton Heart &amp; Vascular Institute provides care to more than 250,000 unique patients a year, including completing more than 11,500 surgical p rocedures and 18,850 noninvasive cardiovascular diagnostic tests each year. As the area's leading provider of cardiovascular care, the institute is committed to meeting the needs o f the community, including providing education and support to reduce cardiovascular lifest yle risk factors that can improve the heart health of those we serve. * In 2019, Norton He art &amp; Vascular Institute offered the area's most comprehensive education and prevention pr ogram including the following activities at no cost to participants or the community: - In the Kitchen With Norton Healthcare is a series of heart-healthy cooking classes, includin g demonstrations and instruction that help attendees learn to prepare heart-healthy meals. Participants receive samples and recipes to take home to continue their journey to a hear t-healthy diet. 14 classes were offered and 274 people attended in 2019. - Tai Chi for Hea rt Health is a free class series offered several times a year. It is designed for those wi th heart issues to help improve quality of life, psychological well-being, blood pressure, balance, flexibility, stress and depression. 89 separate classes were completed and serve d 1,365 total attendees in 2019. - A-fib Education Workshops were offered three times in 2 019. Patients facing an atrial fibrillation (A-fib) diagnosis learned more about the lates t in treatment and medication options, steps to lower their risk of stroke, and how to liv e better with A-fib. Total attendees for 2019 was 130. - Heart Failure Education Workshops were offered to patients and their families four times in 2019. These workshops help them learn about ways to live a full life and reduce side effects while managing heart failure . Total attendees for 2019 was 94. - Circle of Hearts is a series of classes for patients with heart and vascular disease. Classes focus on various topics, including prevention, he art health education and other wellness issues. Total attendees for the 2019 class series was 31. * Norton Heart &amp; Vascular Institute offers a one-of-a-kind patient support program through Advocates for Healthy Hearts. This unique group of eight advocates gives men and women a chance to connect with others who are heart disease survivors themselves to provid e individual support and resources for recovery. Advocates visit those preparing to underg o cardiac surgeries or other p</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	<p>cedures, and those who are in the recovery phase of their cardiac event. Patient visits are completed at Norton Healthcare's three centers for cardiac and pulmonary rehabilitation patients. The program provided support to 64 heart patients in 2019. * Connecting Hearts for Support, the only group of its kind in Kentucky, provides a monthly opportunity for men and women living with a heart condition to connect for support and education. The monthly group is offered at Marshall Women's Health &amp; Education Center on the Norton Healthcare - St. Matthews campus. It is led by the eight trained Advocates for Healthy Hearts and a designated cardiovascular nurse navigator from the Norton Heart &amp; Vascular Institute Resource Center. The group provides emotional support as well as education on healthy nutrition, exercise and stress management. In 2019, 10 support group classes were offered and 187 heart patients attended. * Norton Heart &amp; Vascular Institute is an 11-year active supporter of the American Heart Association's Go Red For Women movement. In 2019, a free breakout session called "Heart Healthy Cooking" was offered prior to the annual Go Red For Women luncheon to more than 45 attendees. * In 2019, Norton Heart &amp; Vascular Institute Resource Center cardiovascular nurse navigators attended 11 heart health community events, including health fairs, presentations and speaking engagements representing businesses, churches, women's groups and health care professionals. More than 1,290 participants attended the events. * Heart-healthy lifestyle consultations are offered to the community for one-on-one instruction with the Norton Heart &amp; Vascular Institute Resource Center cardiovascular nurse navigator. In 2019, six people participated in this offering. Norton Orthopedic Institute Norton Orthopedic Institute earned The Joint Commission's Gold Seal of Approval for knee and hip replacement. This recognition confirms Norton Orthopedic Institute provides a consistently high level of quality care, expert training on best practices, a team approach to patient care and a culture of excellence throughout Norton Healthcare's hospitals and physicians' offices. * Norton Orthopedic &amp; Hand Center on the Norton Brownsboro Hospital campus is a state-of-the-art facility where Norton Healthcare specialists, including those from Norton Orthopedic Institute and Norton Sports Health, provide a multidisciplinary approach to innovative orthopedic care. The facility supports research, training and education. * Housed in the same building as Norton Orthopedic &amp; Hand Center are subspecialized trained orthopedists, a Norton Immediate Care Center with a focus on orthopedics, rehabilitation services, advanced sports training, and primary care services with an emphasis on orthopedics.</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	<p>Norton Women's Care * In 2019, Norton Women's Care birthing facilities at Norton Hospital and Norton Women's &amp; Children's Hospital provided care and medical services for 7,912 deliveries. * Norton Hospital and Norton Women's &amp; Children's Hospital offer free childbirth education classes, hosting a total of 555 in 2019. Norton Children's Prevention &amp; Wellness * Child passenger safety technicians check car and booster seats and also provide car and booster seats at free checkup clinics statewide. In 2019, 266 car seats were given to families in need through the community events and hospital admissions. Additionally, 53 special needs car seats were loaned to children with body casts and premature infants who would not fit in a conventional car seat. Certified car seat technicians completed 696 car seat inspections. 109 new car seat technicians were trained and certified locally and throughout the state. * The Norton Children's Hospital Bike Safety Rodeo program held 126 rodeo events to teach bicycle safety to 13,837 students from grades three through five throughout Kentucky. * Following interactive classroom lessons on pedestrian safety, 430 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. * Norton Children's Hospital's "Just for Kids" Transport Team transports babies and children from across the region to Norton Children's Hospital. Transportation is provided by airplane, helicopter and specially equipped ambulances (mobile intensive care units). In 2019, 2,389 transportation trips were completed. * More than 3,300 kindergarten students, teachers, chaperones and nursing students participated in the 36th annual Children &amp; Hospitals Week event. The program was held at Louisville Slugger Field and supported by a Kohl's Cares grant. Children &amp; Hospitals Week, held each year in the spring, is designed to teach safe decisions and behaviors to help lessen the fear and anxiety children may have about coming to a hospital. Kentucky Poison Control Center of Norton Children's Hospital Norton Children's Hospital is home to the Kentucky Poison Control Center. In 2019, 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 30,000 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 at (800) 222-1222, available 24 hours a day, 7 days a week. Norton Neuroscience Institute Founded in 2009, Norton Neuroscience Institute is continuing its quest to be the regional and national leader in treatment, research and academic training for adult and pediatric neuroscience.</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	<p>ce disciplines. Norton Neuroscience Institute allows patients to be treated for neurologic al disorders without having to leave the region for care. Subspecialty neurosurgeons, neur ologists and other neurological-related specialists have joined the growing institute. The se physicians and advanced practice providers offer expertise in stroke care, epilepsy, Pa rkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS), brain tumors, headaches, concussions, spine care, endovascular and cerebrovascular neurosurgery and many other neurological conditions. * Kentucky is considered to be part of the stroke belt, a region of the United States that sees a high number of stroke cases. As a result, Norton N euroscience Institute has committed to being a leader in stroke care. Norton Brownsboro Ho spital is a designated Comprehensive Stroke Center, while Norton Audubon Hospital and Nort on Hospital are certified Primary Stroke Centers, and Norton Women's &amp; Children's Hospital is an Acute Stroke Ready certified center. * Neurosurgeons with Norton Neuroscience Insti tute were the first in Kentucky to use minimally invasive surgery techniques, including ro botic surgery, laser ablation and stereoelectroencephalography (SEEG) in the treatment of b rain tumors and epilepsy for adult and pediatric patients. * Norton Neuroscience Institute offers treatment for nearly all neurological disorders. Much of the focus is on working t ogether for the patient, providing multidisciplinary programs for brain tumors, ALS, movem ent disorders, epilepsy, trigeminal neuralgia (face pain) and stroke. * Norton Leatherman Spine offers advanced treatment options for spine conditions such as Chiari malformation, degenerative disc diseases, scoliosis and spinal stenosis, as well as tumors and infection s of the spine. * Norton Leatherman Spine brings leading spine specialists together for a comprehensive approach to treating all spine issues. Through a multidisciplinary team appr oach, neurosurgeons, orthopedic spine surgeons, general surgeons, pain management speciali sts, neurologists, physical therapists, neuroradiologists and nurses work together to crea te a plan that meets the specific needs of each patient, leading to better patient outcome s. The center's surgeons have pioneered many important breakthroughs in spinal treatment t hat are performed in the U.S. and around the world. In fact, patients from as far away as South America, Southeast Asia, and Europe have traveled to Louisville for treatment. * In 2019, Norton Neuroscience Institute pediatric neurosurgeons came together with the Univers ity of Louisville School of Medicine's child neurology team to create Norton Children's Ne uroscience Institute. While both groups having been working together for decades, the crea tion of Norton Children's Neuroscience Institute, allows for leading experts to work toget her to treat the full spectrum of pediatric spine and brain conditions. Norton Community M edical Associates * Physicians</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	<p>and a chaplain make house calls for elderly patients who have difficulty leaving home for medical care. * Physicians are involved in medical screening, community outreach and community education activities to promote wellness and early interventions. Norton Healthcare Prevention &amp; Wellness * In 2019, Norton Healthcare Prevention &amp; Wellness staff provided preventive screenings aboard the Norton Healthcare Mobile Prevention Center in collaboration with various community partners. Due to a major retrofit of the mobile unit, no screenings were available until April 15. Almost 1,800 women received mammograms and/or wellness exams, including cervical cancer screenings, aboard the mobile unit. Of those, approximately 9% had not been screened in the past five years and 1% had never had a mammogram. Fourteen individuals were diagnosed and treated for preinvasive and invasive breast cancer. Of the almost 150 Norton Healthcare Mobile Prevention Center events, over half took place in underserved communities and over 60% of patients came from medically underserved areas. * Education on cardiovascular health, effects of smoking, prostate health, breast and women's health, colon health, and more was given to 4,471 community members at various events such as health fairs and presentations. If eligible and interested, participants were offered referrals for colonoscopy or given an at-home testing kit that they could mail to the lab and later receive their results. Colonoscopy referrals were made for 34 people, and 35 people received at-home testing kits. To help eliminate barriers to care, Prevention &amp; Wellness implemented (502) 446-WELL, a number that links eligible patients to colonoscopy or in-home tests. * In collaboration with many community partners, staff provided over 9,600 cardiovascular screenings (blood pressure, BMI, glucose and cholesterol) for approximately 4,100 participants in multiple locations throughout Jefferson and surrounding counties, including Southern Indiana. Each participant received education on healthy lifestyle choices such as diet and exercise. Group education on various health and wellness information was provided throughout the year. * Prevention &amp; Wellness conducted 19 Freedom From Smoking classes in 2019. One class was taught in Spanish. Research * Norton Healthcare guides one of the largest portfolios of clinical research of any community health care system in the United States. At any given time, more than 750 clinical studies are active or pending at Norton Healthcare. These studies engage more than 300 Norton Healthcare staff and significantly impact our patients and their families. * Focus areas for clinical research include pediatrics, oncology, cardiology, orthopedics and spine, neurology, neurosurgery, maternal-fetal medicine and pulmonology.</p>



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Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	<p>* Norton Healthcare Research Office partnered with Norton University to continue to offer research education to all researchers in Louisville Metro and beyond. In 2019, two education programs were offered, and attendees included staff from a large number of area health care institutions. The Children's Hospital Foundation raises funds to support programs, equipment and facilities, research, advocacy and education for Norton Children's Hospital, Norton Women's &amp; Children's Hospital and Norton Children's Medical Center. The Children's Hospital Foundation is motivated to ensure that children in Greater Louisville have the medical care they need when they need it, while keeping kids as close to their home as possible. Support from The Children's Hospital Foundation allows the pediatric specialists of Norton Children's Hospital and others working in the Norton Healthcare's pediatric service line, to continue to respond to the unique medical needs of children from birth to age 18. This 300-bed hospital is the only full-service, free-standing pediatric hospital in Kentucky, Louisville's only Level I Pediatric Trauma Center and the primary teaching facility for University of Louisville School of Medicine's Department of Pediatrics. To continue to address the community's need for specialized pediatric care and meet the ever-growing needs served by Norton Children's Hospital, 2019 brought several specific fundraising initiatives forward to donors and the community at large. These efforts focused on raising funds for pediatric heart care, neonatal care, intensive care, our transport team, prevention and wellness team and more. Workforce, research and facilities serve to guide the fundraising growth in each of the aforementioned pediatric services. Additionally, ongoing areas of need, such as child advocacy, pediatric pastoral care, bereavement programs, endowed research chairs, specialty therapies (such as child life, expressive and music therapies), continue to be areas of funding and priority for Norton Children's Hospital Foundation to ensure a truly "Just for Kids" experience for patients and families. The Children's Hospital Foundation continues to expand partnerships within the community and enhance the hospital's ability to serve all children regardless of their families' ability to pay. The foundation awarded \$9.9 million in grants for capital, programs and patient financial assistance to the hospitals in 2019, including: * Construction of the Jennifer Lawrence Cardiac Intensive Care Unit at Norton Children's Hospital. * Renovation and upgrades of the neonatal intensive care unit and "Just for Kids" Critical Care Center (pediatric intensive care unit). * Creation of a new healing garden at Norton Children's Hospital. * Continued funding for a new surgical theater virtual reality technology for pediatric neurosurgery. * Purchase of a new "Just for Kids" Transport Team ambulance. * Continued funding of Norton Children's</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	<p>n's Prevention &amp; Wellness, which helps provide safety and outreach information in support of the hospital's health and wellness prevention initiatives. * Establishment of the Ulmer Family Wellness Program at Norton Children's Medical Associates - Broadway, providing expanded programming to assist families, including a full-time social worker. * Funding the addition of a child life specialist/facility dog handler to our Heel, Dog, Heal facility dog program. * Funding for staff educational opportunities and advanced certifications.</p> <p>Norton Healthcare Foundation The Norton Healthcare Foundation is the philanthropic arm of the not-for-profit Norton Healthcare's adult-service hospitals: Norton Audubon Hospital, Norton Brownsboro Hospital, Norton Hospital and Norton Women's &amp; Children's Hospital. The Norton Healthcare Foundation raises funds each year to improve programs, equipment and facilities, and research and education, enabling the hospitals to stay up to date with medical advances and technology, and maintaining the community's access to health care. Community support through the Norton Healthcare Foundation allows caregivers to continue making a difference for patients served by Norton Healthcare. The foundation awarded \$4.6 million in grants for capital, programs and patient financial assistance to the hospitals in 2019, including: * The purchase of a new Norton Healthcare Mobile Prevention Center to provide screening mammograms and wellness exams to women ages 40 and over in underserved areas of our community. * Establishment of a genomics platform and precision medicine clinic to better tailor cancer treatments to individuals. * Renovation of the diagnostic Breast Center in Norton Healthcare Pavilion. * Renovation of the Wade Mountz Auditorium in Norton Hospital. * Funding participation in the HepConnect program to address the increase in hepatitis C infections. * Creating a family comfort garden on the third floor of Norton Hospital. * Refurbishment of an ambulance for the Norton Healthcare Adult Transport Team. * Purchase of equipment for the Norton Neuroscience Institute Telestroke System. * Purchase of natural labor equipment and supplies such as disposable birthing pools. * Support for nurses to obtain oncology-certified nurse designation, enabling them to provide the most advanced and comprehensive care to cancer patients. * Continued funding of the adult facility dog program. Philanthropy plays an increasingly important role at Norton Healthcare as caregivers strive to continuously improve the health of the community.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part V, Line 1a COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE, INC., NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC. AND THE CHILDREN'S HOSPITAL FOUNDATION INC. THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2019 BY NORTON HEALTHCARE, INC., WAS APPROXIMATELY 1049. NORTON HEALTHCARE, INC., HAS APPROXIMATELY 139 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2019. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 795 VENDORS ON FORM 1096 FOR 2019.

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Return Reference	Explanation
Form 990, Part V, Line 1b W-2 G COMMON PAYING AGENT	NORTON HEALTHCARE INC., AS THE COMMON PAYING AGENT, FILED TWO FORM W-2Gs ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION AND ONE FORM W-2G ON BEHALF OF NORTON HEALTHCARE FOUNDATION.

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Return Reference	Explanation
Form 990, Part V, Line 1c COMMON PAYING AGENT FOR VENDORS	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE INC, AND ALL AFFILIATES. NORTON HEALTHCARE, INC. REQUIRES THAT ALL VENDORS PROVIDE AN ACCURATE TAXPAYER IDENTIFICATION NUMBER ON A FORM W-9, AS REQUIRED BY LAW, PRIOR TO ASSURANCE OF ANY PAYMENT.

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Return Reference	Explanation
Form 990, Part V, Line 2a COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND THE CHILDREN'S HOSPITAL FOUNDATION, INC. THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. NORTON HEALTHCARE, INC. HAS APPROXIMATELY 2,753 EMPLOYEES. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 17,903 EMPLOYEES ON FORM W-3 FOR 2019.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall possess and may exercise all the powers and authority of the Board of Trustees in the management and direction of the business and affairs of the Corporation. However, the Executive Committee does not possess the authority to do the following: a) fill vacancies on the Board; b) change the membership of the Executive Committee; c) make decisions to merge, liquidate, or otherwise make decisions outside of the normal course of business; d) make final determinations of long-term policy; e) hire or fire the Chief Executive Officer; and f) amend the Articles of Incorporation or Bylaws

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JAMES FRAZIER, KEY EMPLOYEE, NORTON HEALTHCARE, INC. - Business relationship, STEVE HEILMAN, KEY EMPLOYEE, NORTON HEALTHCARE, INC - Business relationship, DOUGLAS WINKELHAKE, KEY EMPLOYEE, NORTON HEALTHCARE, INC - Business relationship



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	At the October 1, 2020 Norton Healthcare, Inc. (NHC) Finance Committee meeting and at the October 8, 2020 NHC Board of Trustees meeting , the Forms 990 and supplemental schedules were discussed and committee members and Trustees had an opportunity to ask questions. Coinciding with the Finance Committee meeting, electronic copies of the Forms 990 and supplemental schedules were made available to all members of the Finance Committee and the Board of Trustees through the Director's portal site, prior to the filing with the IRS. NHC is the parent of Community Medical Associates, Inc., Norton Hospitals, Inc., Norton Properties, Inc., Norton Healthcare Foundation, Inc., and The Children's Hospital Foundation, Inc.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

Return Reference	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. Norton Healthcare, Inc. (NHC) engages an outside independent compensation consultant, Integrated Healthcare Strategies (IHS)/Gallagher, to provide comparability data for NHC's officers and key employees on total compensation for similar positions at health systems and hospital organizations similar in size, scope of services, and circumstances. In addition, the organization participates in third party surveys which provide aggregate, comparative compensation data for officers and key employees in similar positions at similar organizations. IHS/Gallagher consultants presented and discussed this comparability data in 2018 for the 2019 compensation review and met in 2019 for the 2020 compensation review with the committee of board leadership (now Executive Committee) of the Board of Trustees (Board) The Committee reviewed the executive compensation and benefits program, determined total compensation for the CEO, and approved compensation for other officers and key employees. The Committee reviewed NHC's variable compensation program and determined appropriate awards for performance relative to goals set for the year. After the Committee determined appropriate compensation and benefits for officers and key employees, the Board approved their total compensation.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a, Column (D) Board Member Stipend Payments	<p>Norton Healthcare, Inc. (NHC) and affiliates (Norton Hospitals, Inc., Community Medical Associates, Inc., Norton Properties, Inc., Norton Healthcare Foundation, Inc., and The Children's Hospital Foundation, Inc.) encourages and facilitates board member attendance at educational programs and conferences on subjects relevant to NHC. NHC's travel policy for Board of Trustees provides that for each trustee that attends at least one out of town educational conference, a lump sum stipend will be paid to cover unreimbursed travel expense and other miscellaneous expenses associated with conference preparation, attendance or follow up. In compliance with IRS regulations, NHC provides a form 1099 to any trustee that receives a stipend. These amounts have been reported in Part VII or the form 990 as reportable compensation to the trustee receiving stipends in 2019.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Proceeds from Passport - Total Revenue: 6909807, Related or Exempt Function Revenue: 6909807, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Outside Services - Total Expense: 64664305, Program Service Expense: 51648943, Management and General Expenses: 13015362, Fundraising Expenses: ; Other expenses - Total Expense: 1775587, Program Service Expense: 665187, Management and General Expenses: 1110400, Fundraising Expenses: ; Contract Labor - Total Expense: 3128984, Program Service Expense: 3012915, Management and General Expenses: 116069, Fundraising Expenses: ; Professional Fees - Total Expense: 558558, Program Service Expense: 558558, Management and General Expenses: , Fundraising Expenses: ;



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	AFFILIATE TRANSFER - -326441; SWAP MARK TO MARKET ADJUSTMENT - 742234; CHANGE IN MINIMUM PENSION LIABILITY - 7309122; CHANGE IN NET PERIODIC PENSION COST - -10081059;

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in Net Assets or Fund Balance	<p>In March 2017, the FASB issued ASU 2017-07 Compensation -Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost (ASU 2017-07), which changes how employers that sponsor defined benefit pension present the net periodic benefit cost in the statement of operations. ASU 2017-07 requires employers to present the service cost component of net periodic benefit cost in the same statement of operations line items as other employee compensation costs arising from services rendered during the period. Employers are to present the other components of net periodic benefit cost separately from the line item that includes the service cost and outside of any subtotal of operating income, if one is presented. Employers will have to disclose the lines used to present the other components of net periodic benefit cost, if the components are not presented separately in the statement of operations. The corporation elected to adopt the provisions of ASU 2017-07 as of January 1, 2017. The non-contribution defined benefit pension plan was frozen effective January 1, 2010. As a result no service cost was incurred during the year ended December 31, 2019. The other components of net periodic pension cost was \$10.1 million for year ended December 31, 2019.</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization  
Norton Healthcare Inc

Employer identification number  
61-1028725

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Norton Pharmacies PLLC 224 E Broadway 5th FL Louisville, KY 40202 83-1832543	Pharmacy	KY	40,541,687	3,848,434	Norton Healthcare Inc

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)NORTON HOSPITALS INC 224 E BROADWAY 5TH FLOOR  LOUISVILLE, KY 40202 61-0703799	PROVIDE HOSPITAL SERVICES	KY	501(c)(3)	3	NA	Yes	
(2)COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY 5TH FLOOR  LOUISVILLE, KY 40202 61-1276316	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(c)(3)	10	NA	Yes	
(3)NORTON PROPERTIES INC 224 E BROADWAY 5TH FLOOR  LOUISVILLE, KY 40202 61-1028724	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(c)(3)	Type I	NA	Yes	
(4)THE CHILDREN'S HOSPITAL FOUNDATION INC 224 E BROADWAY 5TH FLOOR  LOUISVILLE, KY 40202 61-6027530	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(c)(3)	7	NA	Yes	
(5)NORTON HEALTHCARE FOUNDATION INC 224 E BROADWAY 5TH FLOOR  LOUISVILLE, KY 40202 31-0914919	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(c)(3)	7	NA	Yes	

**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	

**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
<b>(1)</b> NORTON ENTERPRISES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1054301	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	NA	C Corporation	48,790,426	40,837,162	100 %	Yes	

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

**1a**

No

**1b**

No

**1c**

Yes

**1d**

No

**1e**

No

**1f**

No

**1g**

No

**1h**

No

**1i**

No

**1j**

No

**1k**

Yes

**1l**

No

**1m**

No

**1n**

No

**1o**

No

**1p**

No

**1q**

No

**1r**

Yes

**1s**

Yes

**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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655  
Software Version: 2019v5.0  
EIN: 61-1028725  
Name: Norton Healthcare Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Norton Hospitals Inc	R	1,885,538,707	FMV
Norton Hospitals Inc	S	2,006,988,491	FMV
Community Medical Associates Inc	R	527,129,982	FMV
Community Medical Associates Inc	S	388,893,818	FMV
Norton Properties Inc	R	77,942,394	FMV
Norton Properties Inc	S	36,714,969	FMV
The Children's Hospital Foundation Inc	R	5,807,555	FMV
The Children's Hospital Foundation Inc	S	11,921,813	FMV
Norton Healthcare Foundation Inc	R	1,527,811	FMV
Norton Healthcare Foundation Inc	S	2,018,630	FMV
Norton Enterprises Inc	R	29,042,061	FMV
Norton Enterprises Inc	S	19,293,090	FMV
Norton Healthcare Foundation Inc	C	841,702	FMV
The Children's Hospital Foundation Inc	C	351,625	FMV