

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

**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.

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning** , 2022, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTON HEALTHCARE, INC.</b>		<b>D</b> Employer identification number <b>61-1028725</b>
	Doing business as		<b>E</b> Telephone number <b>(502) 629-8249</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>ACCOUNTING, 224 E BROADWAY 5TH FL</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40202</b>		<b>G</b> Gross receipts \$ <b>802,111,273</b>	
<b>F</b> Name and address of principal officer: <b>RUSSELL F. COX</b> <b>4967 US HIGHWAY 42, SUITE 100, LOUISVILLE, KY 40222</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>WWW.NORTONHEALTHCARE.COM</b>		If "No," attach a list. See instructions.	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
<b>L</b> Year of formation: <b>1983</b>		<b>M</b> State of legal domicile: <b>KY</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>3,959</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>300,514</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>69,098</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,257,661	2,803,690
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448,482,736	506,680,681
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,179,597	52,274,276
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	617,825,151	569,215,201
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,357,984	8,487,750
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	215,941,217	242,267,053
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	244,574,658	279,794,613
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	464,873,859	530,549,416
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	152,951,292	38,665,785	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	2,835,434,005	2,441,255,153
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,713,518,595	2,394,033,872
		121,915,410	47,221,281

**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.

<b>Sign Here</b>	Signature of officer <b>ADAM KEMPF, CFO</b>	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIM SCIFRES</b>	Preparer's signature <b>KIM SCIFRES</b>	Date <b>11/01/2023</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01316095</b>
	Firm's name <b>CROWE LLP</b>	Firm's EIN <b>35-0921680</b>			
	Firm's address <b>9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-3902</b>	Phone no. <b>(502) 326-3996</b>			

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** (2022)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code: ) (Expenses \$ 445,514,604 including grants of \$ 8,487,750 ) (Revenue \$ 513,836,721 )

NORTON HEALTHCARE INC. IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KENTUCKY. IN 2022, NORTON HEALTHCARE, THROUGH ITS AFFILIATE, NORTON HOSPITALS INC., HAD A TOTAL OF 1,993 LICENSED BEDS: NORTON AUDUBON HOSPITAL, 432 BEDS; NORTON BROWNSBORO HOSPITAL, 197 BEDS; NORTON CHILDREN'S HOSPITAL, 300 BEDS; NORTON HOSPITAL, 605 BEDS; NORTON WOMEN'S & CHILDREN'S HOSPITAL, 373 BEDS; AND NORTON KINGS' DAUGHTER'S HOSPITAL, 86 BEDS. THESE SIX HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK. NORTON PHARMACIES PLLC, A DISREGARDED ENTITY OF NORTON HEALTHCARE, INC. OPERATES FIVE RETAIL PHARMACIES AND ONE SPECIALTY PHARMACY THAT DISPENSE MEDICATIONS FOR THE CONVENIENCE OF NORTON HEALTHCARE'S PATIENTS AND EMPLOYEES. (CONTINUED IN SCHEDULE O)

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

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

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

4e Total program service expenses 445,514,604

**Part IV Checklist of Required Schedules**

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

**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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<input checked="" type="checkbox"/>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<input checked="" type="checkbox"/>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<input checked="" type="checkbox"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input checked="" type="checkbox"/>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	3,959		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		✓	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
HELENA SCHULZ, ACCOUNTING, 224 E BROADWAY, 5TH FL, LOUISVILLE, KY 40202-2025, (502) 629-8263

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUSSELL F. COX PRESIDENT & CEO/TRUSTEE	30.0 20.0	✓		✓				4,778,102	0	181,103
(2) MICHAEL W. GOUGH EXEC VP AND COO	30.0 20.0			✓				1,834,089	0	133,598
(3) GLADYS ABARCA-LOPEZ SR VP CHIEF HR OFFICER	50.0 0.0				✓			869,262	0	976,610
(4) STEVEN HESTER, M.D. DIV PRESIDENT PROVIDER OPS & SYS CMO	50.0 0.0				✓			1,287,903	0	245,004
(5) JENNIFER EVANS, M.D. SYS VP WOMEN'S & PEDIATRIC SVC LINE	50.0 0.0					✓		621,174	0	710,331
(6) DOUGLAS WINKELHAKE DIVISION PRESIDENT	50.0 0.0				✓			1,097,601	0	202,424
(7) ADAM KEMPF SR VP, CFO/TREASURER	30.0 21.0			✓				1,039,507	0	178,515
(8) ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	30.0 21.0			✓				1,116,031	0	90,244
(9) STEVE READY SR VP & CIO	50.0 0.0				✓			936,353	0	177,765
(10) SCOTT WATKINS SR VP OPERATIONS	50.0 1.0				✓			771,364	0	155,802
(11) STEVEN HEILMAN, M.D. SR VP & CHIEF INNOVATION OFFICER	50.0 0.0				✓			741,568	0	136,270
(12) JAMES FRAZIER, M.D. VP MEDICAL AFFAIRS	50.0 0.0				✓			707,666	0	127,872
(13) MARY LYNN MEYER SR VP WCCP/ CDO	32.0 18.0				✓			242,754	402,827	115,005
(14) MARY JO BEAN SR VP PLANNING & BUS ANALYSIS	50.0 0.0				✓			685,643	0	73,042

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHARLOTTE IPSAN SENIOR VP AND CHIEF HOSPITAL OFFICER	21.0 29.0				✓		198,638	395,341	126,651	
(16) JIM MEYERS SYS VP REVENUE CYCLE	50.0 0.0				✓		511,250	0	106,101	
(17) KATHLEEN EXLINE SYS VP PERF EXCEL & CARE CONTINIUM	50.0 0.0				✓		506,488	0	99,239	
(18) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	50.0 0.0				✓		498,479	0	91,405	
(19) STEPHEN WYATT, M.D. CHIEF RESEARCH EXECUTIVE	50.0 0.0					✓	538,641	0	32,277	
(20) BYRON LEWIS SYS VP HEALTH POLICY	50.0 0.0					✓	465,246	0	95,468	
(21) HELENA SCHULZ SYS VP TREASURER	50.0 0.0					✓	467,651	0	88,470	
(22) KIMBERLY THARP-BARRIE SR VP & CNO	50.0 0.0				✓		505,451	0	44,854	
(23) MARK KIRCHER DIVISION VP FINANCE	50.0 0.0				✓		491,130	0	51,853	
(24) TRACY WILLIAMS FORMER SR VP & CNO & LEARNING OFFICER	0.0 0.0					✓	511,980	0	18,750	
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>							21,423,971	798,168	4,258,652	
<b>c Total from continuation sheets to Part VII, Section A</b>							504,784	0	46,193	
<b>d Total (add lines 1b and 1c)</b>							21,928,755	798,168	4,304,845	

**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 **468**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FIRSTSOURCE SOLUTIONS USA LLC, 10400 LINN STATION RD, SUITE 100, LOUISVILLE, KY 40223	PATIENT FINANCIAL SERVICES	7,724,496
HURON CONSULTING SERVICES LLC, 3005 MOMENTUM PLACE, CHICAGO, IL 60689-5330	CONSULTING	7,668,337
THE CSI COMPANIES, INC., P. O. BOX 890841, CHARLOTTE, NC 40202	CONSULTING	4,828,785
KNOWBRIST CORP, 409 MAJESTIC CT., KELLER, TX 28289-0841	CONTRACT LABOR	3,035,553
VOCERA COMMUNICATIONS, INC., P. O. BOX 809087, CHICAGO, IL 60680-9087	SUPPORT FOR CLINICAL ALARMS AND ALERT SYSTEMS	2,408,435

**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 **126**



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b>	Membership dues . . . . .	<b>1b</b>						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>						
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	2,802,797					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	893					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>						
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		2,803,690					
	<b>Program Service Revenue</b>				Business Code				
<b>2a</b>		MANAGEMENT FEES	900099	390,204,701	390,204,701				
<b>b</b>		NET PATIENT REVENUE	621999	94,086,458	94,086,458				
<b>c</b>		CLINICAL RESEARCH TRIALS	541715	22,136,225	22,136,225				
<b>d</b>		EDUCATION PROGRAMS	624190	253,297	253,297				
<b>e</b>									
<b>f</b>		All other program service revenue . .		0	0	0	0		
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		506,680,681						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		30,980,061			30,980,061		
	<b>4</b>	Income from investment of tax-exempt bond proceeds		287,957			287,957		
	<b>5</b>	Royalties . . . . .							
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real					
				(ii) Personal					
				<b>6b</b>	Less: rental expenses				
				<b>6c</b>	Rental income or (loss)	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .							
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	253,902,330				
				(ii) Other					
				<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	232,896,072			
				<b>7c</b>	Gain or (loss) . . . . .	21,006,258	0		
	<b>d</b>	Net gain or (loss) . . . . .		21,006,258			21,006,258		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .								
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>							
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . .								
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
			<b>10b</b>	Less: cost of goods sold . . . . .					
			<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>				Business Code					
	<b>11a</b>	CREDIT CARD REBATE	900099	1,801,874	1,801,874				
	<b>b</b>	EMPLOYEE EMERGENCY FUND	900099	219,823	219,823				
	<b>c</b>	MISCELLANEOUS INCOME	900099	3,902,461	3,601,947	300,514			
	<b>d</b>	All other revenue . . . . .	900099	1,532,396	1,532,396	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		7,456,554						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		569,215,201	513,836,721	300,514	52,274,276			

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	8,398,597	8,398,597		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	89,153	89,153		
<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 . . . . .	18,531,946	10,443,753	8,088,193	
<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) . . . . .	683,124	511,701	171,423	
<b>7</b> Other salaries and wages . . . . .	179,241,758	160,797,465	18,444,293	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	8,476,500	7,558,188	918,312	
<b>9</b> Other employee benefits . . . . .	21,110,968	19,289,323	1,821,645	
<b>10</b> Payroll taxes . . . . .	14,222,757	12,525,611	1,697,146	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,733,737	2,374,088	359,649	
<b>c</b> Accounting . . . . .	745,000	298,000	447,000	
<b>d</b> Lobbying . . . . .	120,000	48,000	72,000	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	3,607,015	3,607,015		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	67,708,242	52,276,033	15,432,209	0
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	7,558,507	6,630,141	928,366	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	10,299,882	8,441,471	1,858,411	
<b>17</b> Travel . . . . .	1,279,738	1,036,223	243,515	
<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 . . . . .	40,880,307	40,880,307		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	27,187,576	328,234	26,859,342	
<b>23</b> Insurance . . . . .	25,270,890	21,864,950	3,405,940	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>EQUIPMENT RENTAL &amp; REPAIR</u> . . . . .	68,595,358	61,798,580	6,796,778	
<b>b</b> <u>PHARMACY DRUGS</u> . . . . .	86,240,044	86,157,429	82,615	
<b>c</b> <u>INTEREST ALLOCATION</u> . . . . .	(41,315,610)	(41,315,610)		
<b>d</b> <u>INSURANCE ALLOCATION</u> . . . . .	(24,835,193)	(21,482,442)	(3,352,751)	
<b>e</b> All other expenses . . . . .	3,719,120	2,958,394	760,726	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	530,549,416	445,514,604	85,034,812	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	130,310,908	<b>1</b>	132,560,957
	<b>2</b> Savings and temporary cash investments . . . . .	104,339,390	<b>2</b>	100,009,266
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	4,829,246
	<b>4</b> Accounts receivable, net . . . . .	30,106,863	<b>4</b>	46,487,957
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<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 . . . . .	4,152,545	<b>8</b>	4,923,682
	<b>9</b> Prepaid expenses and deferred charges . . . . .	64,805,861	<b>9</b>	69,509,243
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 338,390,507		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 244,637,860	73,808,950	<b>10c</b> 93,752,647
	<b>11</b> Investments—publicly traded securities . . . . .	1,657,061,621	<b>11</b>	1,332,611,103
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	620,654,574	<b>12</b>	596,866,651
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	21,775,973	<b>13</b>	21,775,973
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	128,417,320	<b>15</b>	37,928,428
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	2,835,434,005	<b>16</b>	2,441,255,153	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	248,853,414	<b>17</b>	304,837,558
	<b>18</b> Grants payable . . . . .	5,225,496	<b>18</b>	8,607,475
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,427,824,227	<b>20</b>	1,461,327,511
	<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 . . . . .	1,031,615,458	<b>25</b>	619,261,328
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,713,518,595	<b>26</b>	2,394,033,872
<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 . . . . .	120,973,742	<b>27</b>	35,067,342
	<b>28</b> Net assets with donor restrictions . . . . .	941,668	<b>28</b>	12,153,939
	<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> Total net assets or fund balances . . . . .	121,915,410	<b>32</b>	47,221,281
<b>33</b> Total liabilities and net assets/fund balances . . . . .	2,835,434,005	<b>33</b>	2,441,255,153	

**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>	569,215,201
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	530,549,416
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	38,665,785
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	121,915,410
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(265,633,955)
<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 on Schedule O)	<b>9</b>	152,274,041
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	47,221,281

**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 on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) BRENDA RUNNER ----- SYS VP ASSOC GENERAL COUNSEL	50.0 ----- 0.0					✓		464,784	0	46,193
(26) BARRY PENNYBAKER ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(27) CRAIG D. GRANT ----- TRUSTEE	3.0 ----- 2.5	✓						2,000	0	0
(28) DAVID CRAIG ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(29) EDIE NIXON ----- CHAIR	13.0 ----- 2.5	✓						2,000	0	0
(30) ERWIN ROBERTS ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(31) G. HUNT ROUNSAVALL, SR. ----- TRUSTEE	4.0 ----- 2.5	✓						2,000	0	0
(32) GAIL LYTTLE ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(33) GARY L. STEWART ----- VICE-CHAIR (PARTIAL YR)	5.0 ----- 2.5	✓						2,000	0	0
(34) GREGORY E. MAYES ----- TRUSTEE	5.0 ----- 2.5	✓						2,000	0	0
(35) JAMES L. SUBLETT, M.D. ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(36) JUDGE DENISE CLAYTON ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(37) LEE K. GARLOVE ----- TRUSTEE	1.0 ----- 3.5	✓						2,000	0	0
(38) MARIA HAMPTON ----- TRUSTEE	2.0 ----- 2.5	✓						2,000	0	0
(39) MARIA L. BOUVETTE ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(40) MARTHA K. HEYBURN, M.D. ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(41) REV WILLIAM J. SCHULTZ ----- TRUSTEE	3.0 ----- 2.5	✓						2,000	0	0
(42) RICHARD R. IVEY ----- TRUSTEE	1.0 ----- 2.5	✓						2,000	0	0
(43) RICHARD S. WOLF, M.D. ----- CHAIR EMERITUS	1.0 ----- 2.5	✓						2,000	0	0
(44) RONALD LEHOCKY, M.D. ----- TRUSTEE	3.0 ----- 2.5	✓						2,000	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(45) SUE DAVIS, EDD, RN ----- TRUSTEE	1.0 ----- 2.5	✓					2,000	0	0
(46) BRENDAN CANAVAN ----- TRUSTEE (PARTIAL YEAR)	1.0 ----- 2.5	✓					0	0	0
(47) DONALD H. ROBINSON ----- TRUSTEE	4.0 ----- 2.5	✓					0	0	0
(48) RICK GUILLAUME ----- CHAIR EMERITUS (PARTIAL YEAR)	1.0 ----- 2.5	✓					0	0	0
(49) RITA HUDSON SHOURDS, EDD ----- TRUSTEE	1.0 ----- 2.5	✓					0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>NORTON HEALTHCARE, INC.</b>	Employer identification number <b>61-1028725</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations 5

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	3,196,657,234

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2022.** 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—2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		✓
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		✓
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		✓
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		✓
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		✓
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	✓	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		✓
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		✓
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		✓
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		✓
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		✓
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		✓
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		✓
<b>b</b>	A family member of a person described on line 11a above?		✓
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		✓

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<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? 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.		

**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)? 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).		✓

**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>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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b 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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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.		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b 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? If "Yes" or "No," provide details in <b>Part VI</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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

<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>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 ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035.	<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 0.85 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).		

Schedule A (Form 990) 2022

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			



Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 12G(VI) - TYPE OF OTHER SUPPORT	OTHER SUPPORT INCLUDES ADMINISTRATION OVERHEAD AND DIRECT SUPPORT OF OPERATIONS FOR ALL SUPPORTED ORGANIZATIONS.
SCHEDULE A, PART IV, SECTION A, LINE 1 - 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 FOUR SUPPORTED ORGANIZATIONS ARE IDENTIFIED BY CLASS OR PURPOSE. SPECIFICALLY, THE ARTICLES OF INCORPORATION OF NORTON HEALTHCARE, INC. PROVIDE THAT THE ORGANIZATION WILL SUPPORT (IN ADDITION TO NORTON HOSPITALS, INC.) THE OPERATIONS AND ACTIVITIES OF OTHER AFFILIATED PUBLICLY SUPPORTED ORGANIZATIONS THAT ARE OPERATED TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IN CONJUNCTION WITH NORTON HOSPITALS.
SCHEDULE A, PART IV, SECTION C, LINE 1 - MAJORITY DIRECTOR DETAIL	AS A SUPPORTING ORGANIZATION, NORTON HEALTHCARE, INC. IS SUPERVISED OR CONTROLLED IN CONNECTION WITH THE SUPPORTED ORGANIZATIONS, AND THEREFORE, IS DESIGNATED AS A TYPE II SUPPORTING ORGANIZATION. NORTON HEALTHCARE, INC. MEETS THIS CLASSIFICATION BECAUSE THE MANAGEMENT OF NORTON HEALTHCARE, INC. IS VESTED IN THE SAME PERSONS THAT CONTROL AND MANAGE THE SUPPORTED ORGANIZATIONS. SPECIFICALLY, THE ORGANIZATIONS SHARE THE SAME PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, AND CHIEF FINANCIAL OFFICER. THIS COMMON CONTROL ALLOWS NORTON HEALTHCARE, INC. AND ITS FOUR SUPPORTED ORGANIZATIONS TO FUNCTION COLLECTIVELY AS A HEALTH SYSTEM, WITH NORTON HEALTHCARE, INC. PROVIDING MANAGEMENT AND ADMINISTRATIVE SUPPORT TO THE SUPPORTED ORGANIZATIONS. THE FACT THAT THE CORE LEADERSHIP TEAM OF EACH OF THE SUPPORTED ORGANIZATIONS IS ALSO THE CORE LEADERSHIP TEAM OF NORTON HEALTHCARE, INC. ASSURES THAT NORTON HEALTHCARE, INC. IS RESPONSIVE TO THE NEEDS AND DEMANDS OF THE SUPPORTED ORGANIZATIONS AND THAT NORTON HEALTHCARE, INC. CONSTITUTES AN INTEGRAL PART OF AND MAINTAINS A SIGNIFICANT INVOLVEMENT IN THE OPERATIONS OF THE SUPPORTED ORGANIZATIONS.

**Part I**

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
NORTON HOSPITALS INC	61-0703799	3. HOSPITAL. SECTION 170(B)(1)(A)(III).	✓		0	2,276,375,707
COMMUNITY MEDICAL ASSOCIATES, INC.	61-1276316	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	0	910,014,197
NORTON HEALTHCARE FOUNDATION, INC.	31-0914919	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	0	1,577,189
THE CHILDREN'S HOSPITAL FND, INC.	61-6027530	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	0	6,409,281
NORTON KING'S DAUGHTERS' HEALTH, INC.	35-0895832	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	0	2,280,860



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[x] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>NORTON HEALTHCARE, INC.</b>	Employer identification number <b>61-1028725</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,228,425	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 574,372	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NORTON HEALTHCARE, INC.</b>	Employer identification number <b>61-1028725</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>NORTON HEALTHCARE, INC.</b>	Employer identification number <b>61-1028725</b>
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>NORTON HEALTHCARE, INC.</b>	Employer identification number <b>61-1028725</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (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 (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		120,000
<b>j</b> Total. Add lines 1c through 1i			120,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

[SEE NEXT PAGE](#)

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - 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 \$120,000.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Conservation Easements with multiple questions (1-9) and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions 1a, 1b, 2, and 2a, 2b.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.**

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

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

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

- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		2,125,807		2,125,807
<b>b</b> Buildings		34,507,637	25,889,912	8,617,725
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		253,563,410	218,536,820	35,026,590
<b>e</b> Other		48,193,653	211,128	47,982,525
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				93,752,647

**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	346,206,924	END OF YEAR MARKET VALUE
(B) REAL ESTATE MASTER TRUST UNITS	140,514,926	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY MASTER TRUST	110,144,801	END OF YEAR MARKET VALUE
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	<b>596,866,651</b>	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO AFFILIATES	393,623,470
(3) SELF INSURANCE TRUST	91,882,550
(4) OTHER LIABILITIES	77,788,659
(5) OTHER INSURANCE	3,697,127
(6) PENSION	52,269,522
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>619,261,328</b>

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

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

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		387,744,038
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		9,708,146
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			397,452,184
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			397,452,184

**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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

**3** Enter total number of other organizations or entities . . . ▶

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

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

**Part IV Foreign Forms**

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



Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> GOODWILL INDUSTRIES OF KENTUCKY, INC. 1325 SOUTH FOURTH ST, LOUISVILLE, KY, 40208	61-0475284	501(C)(3)	4,000,000				(SEE STATEMENT)
<b>(2)</b> (SEE STATEMENT)	61-1303937	501(C)(3)	1,400,000				(SEE STATEMENT)
<b>(3)</b> (SEE STATEMENT)	31-1053467	501(C)(3)	1,000,000				(SEE STATEMENT)
<b>(4)</b> (SEE STATEMENT)	61-6001316	JEFFERSON CO	570,000				(SEE STATEMENT)
<b>(5)</b> (SEE STATEMENT)	61-6001218	STATE OF KY	210,000				(SEE STATEMENT)
<b>(6)</b> (SEE STATEMENT)	61-0600439	170(C)(1)	75,000				(SEE STATEMENT)
<b>(7)</b> LEADERSHIP LOUISVILLE FOUNDATION INC 711 WEST MAIN ST , LOUISVILLE, KY, 40202-2657	31-0958491	501(C)(3)	56,550				(SEE STATEMENT)
<b>(8)</b> (SEE STATEMENT)	61-0444680	501(C)(3)	55,000				(SEE STATEMENT)
<b>(9)</b> (SEE STATEMENT)	58-1735528	501(C)(3)	50,000				(SEE STATEMENT)
<b>(10)</b> (SEE STATEMENT)	61-0434089	501(C)(6)	41,700				GENERAL PROGRAM SUPPORT
<b>(11)</b> (SEE STATEMENT)	61-1100993	501(C)(3)	40,000				(SEE STATEMENT)
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 68

**3** Enter total number of other organizations listed in the line 1 table 5

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

Cat. No. 50055P

Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 (SEE STATEMENT)	168	89,153			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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**Part II**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST, LOUISVILLE, KY, 40202-2235	23-7075524	501(C)(3)	35,000				CORPORATE GIFT FROM COMBINED GIVING CAMPAIGN/ SUPPORTING CHILDREN WITH SPECIAL NEEDS
(13) FUND FOR THE ARTS, INC 623 W. MAIN ST, ATTN CHRISTEN BOONE, LOUISVILLE, KY, 40202	61-0479626	501(C)(3)	32,500				SUPPORTING THE DEVELOPMENT AND EDUCATION AND QUALITY OF LIFE THROUGH THE ARTS
(14) COMMUNITY MEDICAL ASSOCIATES, INC. 224 E. BROADWAY, 5TH FLOOR, LOUISVILLE, KY, 40202-2025	61-1276316	501(C)(3)	32,225				SUPPORT OF A NURSE PRACTITIONER FOR THE BELLARMINE STUDENT HEALTH CLINIC AND SUPPORT LOCATL PUBLIC SCHOOLS FOR SCHOOL-BASED TELEMEDICINE SERVICES
(15) CHRISTIAN ACADEMY OF LOUISVILLE INC. CHRISTIAN ACADEMY SCHOOL SYS, 700 SOUTH ENGLISH STATION RD, LOUISVILLE, KY, 40245	61-0907309	501(C)(3)	29,200				GENERAL EDUCATIONAL SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(16) LIGHTER THAN AIR BALLOON ADVENTURE, LLC 321 JADE DRIVE, SHEPHERDSVILLE, KY, 40165	82-2120525	LLC	25,257				PROVIDING HOT AIR BALLOON RIDE CERTIFICATES TO NOT FOR PROFIT ORGANIZATIONS
(17) SACRED HEART SCHOOLS INC 3115 LEXINGTON RD, LOUISVILLE, KY, 40206	61-1181710	501(C)(3)	25,200				GENERAL EDUCATION SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(18) ROTARY CLUB OF LOUISVILLE 325 WEST MAIN STREET, SUITE 1808, LOUISVILLE, KY, 40202	61-0325695	501(C)(3)	25,000				SUPPORT PROMOTION AND NETWORKING OF LOCAL BUSINESS PROFESSIONALS
(19) PRESENTATION ACADEMY, INC. 861 SOUTH 4TH ST, LOUISVILLE, KY, 40203- 2100	61-0507080	501(C)(3)	25,000				GENERAL EDUCATION SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.

(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
(20) AMERICAN CANCER SOCIETY, INC P O BOX 681405, ATTN ELLEN SCHROEDER, INDIANAPOLIS, IN, 46268	13-1788491	501(C)(3)	24,000				CONTRIBUTION FOR CANCER PREVENTION, OUTREACH, PATIENT SERVICES THROUGH RELAY FOR LIFE
(21) GILDA'S CLUB KENTUCKIANA 2440 GRINSTEAD DR, LOUISVILLE, KY, 40204	20-1635170	501(C)(3)	24,000				PROVIDING CANCER CARE TO PATIENTS IN THE COMMUNITY
(22) MUHAMMAD ALI MUSEUM AND EDUCATION CENTER, INC 144 N 6TH ST, LOUISVILLE, KY, 40202	61-1323046	501(C)(3)	23,000				PROVIDING EDUCATIONAL PROGRAMMING, EXHIBITS AND PARTNERSHIPS THAT MOBILIZE CHANGEMAKERS AND ADVANCE SOCIAL JUSTICE
(23) CHRISTIAN ACADEMY OF INDIANA 1000 ACADEMY DR, NEW ALBANY, IN, 47150	06-1686237	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(24) KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE RD, DIRECTOR OF DEVELOPMENT, SUITE 305, LOUISVILLE, KY, 40241	61-0731998	501(C)(3)	22,500				PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(25) 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.
(26) LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT 611 WEST JEFFERSON ST, LOUISVILLE, KY, 40202	32-0049006	GOVERNMENT	20,000				SUPPORTING HIKE BIKE AND PADDLE- PROMOTION OF HEALTHY LIFESTYLE
(27) GREATER LOUISVILLE SPORTS COMMISSION 401 WEST MAIN ST , SUITE 2200, LOUISVILLE, KY, 40202	61-1365860	501(C)(3)	19,000				PROMOTING HEALTHY LIFESTYLES
(28) AMERICAN HEART ASSOCIATION INC P O BOX 841390, DALLAS, TX, 75284	13-5613797	501(C)(3)	16,000				SUPPORT HEART HEALTH AWARENESS
(29) LOUISVILLE DOWNTOWN DEVELOPMENT CORP 315 GUTHRIE ST STE 300, LOUISVILLE, KY, 40202	31-0992627	501(C)(3)	15,000				SUPPORTING SAFETY, CLEANLINEE AND SAFETY PROGRAMS FOR THE DOWNTOWN LOUISVILEL AREA REDEVELOPMENT AND PLANNING FOR DOWNTOWN DISTRICT
(30) THE COUNCIL OF STATE GOVERNMENTS 1776 AVENUE OF THE STATES, ATTN LINCOLN TAYLOR, LEXINGTON, KY, 40511	36-6000818	501(C)(3)	15,000				GENERAL PROGRAM SUPPORT FOR SERVICES FOR THE MOST VULNERABLE ADULTS AND CHILDREN

(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
(31) ARTHRITIS FOUNDATION INC 1355 PEACHTREE ST NE, SUITE 600, ATLANTA, GA, 30309	58-1341679	501(C)(3)	15,000				SUPPORT FINDING A CURE AND CHAMPIONING THE FIGHT AGAINST ARTHRITIS THROUGH VITAL INFORMATION, ADVOCACY, SCIENCE AND COMMUNITY.
(32) KENTUCKY CHAMBER OF COMMERCE 464 CHENAULT AVE., FRANKFORT, KY, 40601	61-0405718	501(C)(6)	15,000				GENERAL PROGRAM SUPPORT
(33) YMCA OF GREATER LOUISVILLE INC ATTN: Y @ WORK, 545 SOUTH SECOND ST, LOUISVILLE, KY, 40202	61-0444843	501(C)(3)	15,000				SUPPORT FOR SAFE SHELTERS, YOUTH NUTRITION PROGRAM, AND YOUTH REFUGEE INTEGRATION PROGRAM
(34) HOSPARUS, INC ATTN: FIANANCE, 6200 DUTCHMANS LN , SUITE 102, LOUISVILLE, KY, 40205-3285	61-0921718	501(C)(3)	15,000				PROVIDE HOSPICE AND PALLIATIVE CARE TO INDIVIDUALS AND FAMILIES
(35) FRIEND FOR LIFE A CANCER SUPPORT NETWORK, INC. 4003 KRESGE WAY , SUITE 100, LOUISVILLE, KY, 40207	61-1139410	501(C)(3)	15,000				PROVIDING A NETWORK OF RESOURCES TO CANCER SURVIVORS
(36) HARPER SLADE LLC 1906 RIVA RIDGE ROAD, LOUISVILLE, KY, 40214	88-2618811	LLC	14,800				BLACK PROFESSIONAL MIXER SPONSORSHIP; MARKETING \$200.00;; PROGRAM SUPPORT FOR EQUITY AND INCLUSION
(37) JEFFERSON COMMUNITY AND TECHNICAL COLLEGE FOUNDATION INC. INSTITUTIONAL ADVANCEMENT, 109 EAST BROADWAY, LOUISVILLE, KY, 40202	23-7035648	501(C)(3)	14,200				GENERAL SUPPORT FOR HEALTHCARE CAREERS TO REDUCE DEFICIT IN THE WORKFORCE
(38) BRAIN INJURY ALLIANCE OF KENTUCKY 7321 NEW LAGRANGE RD , SUITE 100, LOUISVILLE, KY, 40222	61-1128496	501(C)(3)	14,200				OUTREACH, EDUCATION AND SUPPORT FOR PATIENTS WITH BRAIN INJURIES
(39) KIDS CANCER ALLIANCE INC P O BOX 24337, LOUISVILLE, KY, 40224	61-1256743	501(C)(3)	14,000				SUPPORT PEDIATRIC CANCER PATIENTS
(40) J B SPEED ART MUSEUM 2035 SOUTH THIRD ST, LOUISVILLE, KY, 40208-1803	61-0444823	501(C)(3)	13,700				GENERAL PROGRAM SUPPORT SANFORD BIGGERS, CODESWITCH EXHIBITION
(41) THE HEALING PLACE, INC. 1020 W MARKET ST, LOUISVILLE, KY, 40202	61-1164775	501(C)(3)	13,000				SUPPORTING HOMELESS SHELTER FOR MEN AND WOMEN
(42) VOLUNTEERS OF AMERICA OF KENTUCKY, INC 570 S 4TH ST #100, LOUISVILLE, KY, 40202-2504	61-0480950	501(C)(3)	12,500				PROVIDE AFFORDABLE HOUSING AND OTHER ASSISTANCE TO LOW INCOME FAMILIES
(43) FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE, LOUISVILLE, KY, 40208	61-1285124	501(C)(3)	12,000				SUPPORT MISSION OF EMPOWERING FAMILIES AND YOUTH TO SUCCEED IN EDUCATION AND ACHIEVE LIFE LONG SELF-SUFFICIENCY

(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
(44) BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LN, SUITE B, LOUISVILLE, KY, 40218	61-6057856	501(C)(3)	11,500				SUPPORT FOR ALL CHILDREN TO REACH THEIR POTENTIAL THROUGH PROFESSIONALL SUPPORTED 1:1 RELATIONSHIPS WITH VOLUNTEER MENTORS
(45) JUNIOR ACHIEVEMENT OF KENTUCKIANA,INC 1401 W MUHAMMAD ALI BLVD, LOUISVILLE, KY, 40203-1745	61-0476694	501(C)(3)	11,450				SUPPORT INTRODUCTION OF YOUNG PEOPLE THROUGHOUT OUR COMMUNITY TO THE REALITIES AND POSSIBILITIES OF THE WORKING WORLD AND PERSONAL FINANCE
(46) AMERICAN LUNG ASSOCIATION 10168 LINN STATION RD, SUITE 100, LOUISVILLE, KY, 40223-3894	13-1632524	501(C)(3)	11,400				IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE THROUGH EDUCATION, ADVOCACY AND RESEARCH
(47) ASSUMPTION HIGH SCHOOL INC 2170 TYLER LN, LOUISVILLE, KY, 40205	61-1133759	501(C)(3)	11,075				GENERAL EDUCATIONA SUPPORT AND PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
(48) LEADERSHIP SOUTHERN INDIANA 8204 HWY. 311, SELLERSBURG, IN, 47172	35-1644080	501(C)(3)	10,300				SUPPORT FOR LEADERSHIP DEVELOPMENT PROGRAM
(49) LEUKEMIA & LYMPHOMA SOCIETY, INC P O BOX 772373, DETROIT, MI, 48277-2373	13-5644916	501(C)(3)	10,000				OUTREACH, EDUCATION AND GENERAL SUPPORT
(50) JDRF INTERNATIONAL INDIANA & KENTUCKY CHAPTER, 225 S EAST ST , SUITE 280, INDIANAPOLIS, IN, 46202	23-1907729	501(C)(3)	10,000				FUNDS TYPE 1 DIABETES RESEARCH, PROVIDES A BROAD ARRAY OF COMMUNITY AND ACTIVIST SERVICES TO THE T1D POPULATION
(51) SPINA BIFIDA ASSOCIATION OF KENTUCKY, INC. 982 EASTERN PKWY , BOX 18, LOUISVILLE, KY, 40217	31-1081176	501(C)(3)	10,000				SUPPORTING EDUCATION AND RESOURCES FOR FAMILIES AFFECTED BY SPINA BIFIDA
(52) HOME OF THE INNOCENTS, INC. 1100 EAST MARKET ST, LOUISVILLE, KY, 40206-1874	61-0445834	501(C)(3)	10,000				SUPPORT THE ENRICHMENT OF THE LIVES OF CHILDREN AND FAMILIES IN OUR COMMUNITY
(53) NEIGHBORHOOD HOUSE, INC 201 N. 25TH ST, LOUISVILLE, KY, 40212	61-0445842	501(C)(3)	10,000				SUPPORT CHILDREN AND FAMILIES
(54) ST. JOHN CENTER INC. 700 E. MUHAMMAD ALI BLVD., LOUISVILLE, KY, 40202	61-1135907	501(C)(3)	10,000				SUPPORT HOMELESS POPULATION

(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
(55) LOUISVILLE OLMSTED PARKS CONSERVANCY INC 1299 TREVILIAN WAY, LOUISVILLE, KY, 40213	61-1196368	501(C)(3)	10,000				PRESERVING LOUISVILLE'S HISTORIC PARKS AND PARKWAYS
(56) CITIZENS OF LOUISVILLE ORGANIZED AND UNITED TOGETHER C/O FR. JOE GRAFFIS, 1113 S. 4TH ST, LOUISVILLE, KY, 40203	61-1202173	501(C)(3)	10,000				PROGRAM SUPPORT OF INTERFAITH RELATIONS AND SOCIAL JUSTICE
(57) LEADERSHIP KENTUCKY FOUNDATION, INC 464 CHENAULT RD, FRANKFORT, KY, 40601-9260	31-1096215	501(C)(3)	9,600				GENERAL DONATION TO SUSTAIN LKY PROGRAMS
(58) NATIONAL MULTIPLE SCLEROSIS SOCIETY 1201 STORY AVE , SUITE 200, LOUISVILLE, KY, 40206	13-5661935	501(C)(3)	9,000				SUPPORT EDUCATION AND RESOURCES RELATED TO MULTIPLE SCLEROSIS
(59) AMERICAN RED CROSS 510 E CHESTNUT, LOUISVILLE, KY, 40202	53-0196605	501(C)(3)	9,000				SUPPORT RED CROSS EFFORTS OF EMERGENCY ASSISTANCE, DISASTER RELIEF AND EDUCATION
(60) NATIONAL KIDNEY FOUNDATION OF KENTUCKY 12468 LAGRANGE RD, ROOM 207, LOUISVILLE, KY, 40245	61-0673518	501(C)(3)	9,000				SUPPORTING THE AWARENESS, PREVENTION AND TREATMENT OF KIDNEY DISEASE
(61) KENTUCKY CHAPTER - AMERICAN COLLEGE OF CARDIOLOGY 1024 CAPITAL CENTER DR , SUITE 205, FRANKFORT, KY, 40601	61-1225884	501(C)(3)	8,540				GENERAL PROGRAM SUPPORT FOR EDUCATION RELATED TO BEST PRACTICE AND INNOVATION IN THE FIELD OF CARDIOLOGY
(62) 21ST CENTURY PARKS, INC. 471 W MAIN ST, LOUISVILLE, KY, 40202	20-1780317	501(C)(3)	8,400				PRESERVE, PROTECT AND MAINTAIN OPEN GREEN SPACES
(63) MARCH OF DIMES FOUNDATION DONATIONS PROCESSING CENTER, P O BOX 18819, ATLANTA, GA, 31126	13-1846366	501(C)(3)	8,000				OUTREACH, EDUCATION AND SUPPORT FOR FAMILIES WITH PREMATURE BABIES
(64) LOUISVILLE PRIDE FOUNDATION DBA LOUISVILLE PRIDE FESTIVAL PO BOX 4341, LOUISVILLE, KY, 40204	47-1945331	501(C)(3)	8,000				SUPPORT INCLUSION AND UNITY FOR ALL
(65) YOUTH ETHICS AND SKILLS CENTER 812 LYNDON LN, SUITE 210, LOUISVILLE, KY, 40222	26-2737625	501(C)(3)	7,500				SUPPORTING YOUTH TO BECOME POSITIVE LEADERS
(66) SHIVELY AREA MINISTRIES, INC 4415 DIXIE HWY, LOUISVILLE, KY, 40216	61-1134579	501(C)(3)	7,500				CONTRIBUTION FOR HEALTH/WELLNESS PROGRAMS, MEDICAL ASSISTANCE FOR UNDERSERVED POPULATION IN SHIVELY AREA
(67) LDG DEVELOPMENT FOUNDATION 1469 SOUTH 4TH ST, LOUISVILLE, KY, 40208	83-4099012	501(C)(3)	7,500				"BACK TO SCHOOL" INITIATIVE



(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
(68) INTEGRATING WOMAN LEADERS FOUNDATION INC 571 MONON BLVD , SUITE 200, CARMEL, IN, 46032	47-1139202	501(C)(3)	7,000				PROMOTES ACCELERATION OF ADVANCEMENT FOR WOMEN IN LEADERSHIP
(69) THE CENTER FOR WOMEN AND FAMILIES, INC. PO BOX 2048, LOUISVILLE, KY, 40201-2048	61-0444846	501(C)(3)	6,700				SUPPORTING THE REBUILD OF FAMILIES AFTER SPOUSAL ABUSE
(70) TELUGU ASSOCIATION OF KENTUCKIANA 18725 WEATHERFORD CIR, LOUISVILLE, KY, 40245	03-0528530	501(C)(3)	6,500				SUPPORT OF TELUGU PEOPLE IN THE COMMUNITY
(71) THE LOUISVILLE URBAN LEAGUE, INC 1535 WEST BROADWAY, LOUISVILLE, KY, 40203	61-0444771	501(C)(3)	6,000				PROVIDES WORKFORCE DEVELOPMENT SERVICES, HOUSING SERVICES, AND YOUTH DEVELOPMENT & EDUCATION SERVICES.
(72) CYSTIC FIBROSIS FOUNDATION 1941 BISHOP LN, SUITE 108, LOUISVILLE, KY, 40218	13-1930701	501(C)(3)	5,700				CYSTIC FIBROSIS PATIENT SUPPORT
(73) BAPTIST SEMINARY OF KENTUCKY 400 E COLLEGE ST, GEORGETOWN, KY, 40324	61-1312812	501(C)(3)	5,400				EMPOWERING LEADERSHIP FOR MINISTRY

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>ALL GRANT APPLICANTS ARE REQUIRED TO SUBMIT A GRANT APPLICATION TO THE MANAGER OF STEWARDSHIP. THE GRANT IS REVIEWED AND APPROVED BY NORTON HEALTHCARE MANAGEMENT. ALL GRANT REQUESTS GREATER THAN \$100,000 REQUIRE THE APPROVAL OF THE NORTON HEALTHCARE FOUNDATION, INC. BOARD OF DIRECTORS OR THE CHILDREN'S HOSPITAL FOUNDATION BOARD OF TRUSTEES. SELECTION CRITERIA INCLUDES APPROPRIATENESS OF THE REQUEST, LEVEL OF NEED AND WHETHER THE REQUEST IS IN ALIGNMENT WITH THE ORGANIZATION'S GOALS AND OBJECTIVES. UPON APPROVAL, THE GRANT IS ENTERED INTO THE GRANT DATABASE AND THE FINANCIAL SYSTEM. THE ORGANIZATION REQUIRES THAT A PROGRESS REPORT BE SUBMITTED MIDWAY THROUGH THE PROJECT, AND A FINAL REPORT IS REQUIRED AT THE END OF THE PROJECT FOR WHICH FUNDING IS RECEIVED. GRANT REPORT DEADLINES AND GUIDELINES THAT EXPLAIN WHAT TO INCLUDE IN REPORTS WILL BE SENT TO THE PROJECT DIRECTOR/GRANTEE UPON GRANT AWARD NOTIFICATION. GRANT REPORTS MUST INCLUDE AN ACCOUNTING OF FUNDS EXPENDED AND ENCUMBERED, INCLUDING SUPPORTING DOCUMENTATION. GRANT RECIPIENTS WHO FAIL TO SUBMIT REPORTS OR ACCOUNT FOR THE EXPENSE OF GRANT FUNDS WILL NOT BE ALLOWED TO APPLY FOR FUTURE FUNDING UNTIL THE REPORTING REQUIREMENTS ARE MET.</p> <p>GRANTS WILL BE AWARDED FROM THE BOARD-DESIGNED FUND TO ADVANCE INITIATIVES THAT ARE ALIGNED WITH OR A DIRECT PART OF NORTON HEALTHCARE STRATEGIC PLAN. AWARDS ARE GRANTED FOR EDUCATION, RESEARCH, WORKFORCE DEVELOPMENT, COMMUNITY HEALTH AND/OR TECHNOLOGY OR EQUIPMENT OF SPECIAL NATURE.</p> <p>CASH ASSISTANCE IS AWARDED THROUGH THE COMMUNITY INITIATIVE COMMITTEE AND EXPENSED IN THE YEAR THAT THE CASH ASSISTANCE IS AWARDED. A REQUEST PROCESS IS IN PLACE TO ENSURE THAT THE REQUEST IS IN ALIGNMENT WITH THE NORTON HEALTHCARE VALUES AND STRATEGIC PLAN.</p>
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BATES COMMUNITY DEVELOPMENT CORPORATION</p> <p>1228 S. JACKSON ST, LOUISVILLE, KY, 40203</p>
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA, INC</p> <p>550 SOUTH 1ST ST, LOUISVILLE, KY, 40202</p>
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BOARD OF EDUCATION OF JEFFERSON COUNTY, KENTUCKY</p> <p>P O BOX 34020, ATTN: TREASURER JCPS, LOUISVILLE, KY, 40232-4020</p>
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF KENTUCKY</p> <p>725 ROSE ST, ROOM 215, LEXINGTON, KY, 40536-0082</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>KENTUCKY STATE TREASURER/TEAM KENTUCKY COVID-19 MEMORIAL FUND</p> <p>SECRETARY OF STATE, P.O.BOX 718, FRANKFORT, KY, 40602-0718</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>METRO UNITED WAY INC</p> <p>PO BOX 950148, DEPT 52860, UNIT AA, LOUISVILLE, KY, 40295-0148</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC.</p> <p>1620 BANK ST, LOUISVILLE, KY, 40203</p>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>LOUISVILLE AREA CHAMBER OF COMMERCE INC</p> <p>METRO CHAMBER OF COMMERCE, 614 W MAIN ST, LOUISVILLE, KY, 40202</p>
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC</p> <p>WATERFRONT PLAZA, 325 W MAIN ST , SUITE 1110, LOUISVILLE, KY, 40202</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>GOODWILL INDUSTRIES OF KENTUCKY, INC.:</p> <p>SUPPORT THE CONSTRUCTION AND OPERATION OF THE GOODWILL CAMPUS IN WEST LOUISVILLE. ASSIST GOODWILL'S MISSION AND BECOME INVOLVED IN THE CAMPUS.</p>

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BATES COMMUNITY DEVELOPMENT CORPORATION:  SUPPORT TO HELP STRENGTHEN AND EXPAND BATES' HEALTHY HEARTS AND LIFESTYLES PROGRAM TO ADDRESS THE UNIQUE HEALTH CARE NEEDS THAT EXIST WITHIN LOUISVILLE'S SMOKETOWN AND SHELBY PARK NEIGHBORHOODS.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA, INC:  SUPPORT THE EXPANSION OF RMH'S PROVISION OF TEMPORARY ACCOMMODATIONS FOR FAMILIES OF CHILDREN RECEIVING CARE WITHIN LOUISVILLE MEDICAL CENTER
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOARD OF EDUCATION OF JEFFERSON COUNTY, KENTUCKY:  PROGRAM SUPPORT TO ENSURE THAT TRAINERS AND SPORTS MEDICINE EXPERTS ARE AVAILABLE AND SUPPORT OF BASELINE CONCUSSION TESTING.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UNIVERSITY OF KENTUCKY:  SUPPORT UNIVERSITY PHARMACY COLLEGE PROGRAMS AND SUPPORT UK LEADERSHIP PROGRAM FOR ANNUAL GRADUATE STUDENT SCHOLARSHIP
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	KENTUCKY STATE TREASURER/TEAM KENTUCKY COVID-19 MEMORIAL FUND:  GENERAL PROGRAM SUPPORT TEAM KENTUCKY COVID-19 MEMORIAL FUND
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LEADERSHIP LOUISVILLE FOUNDATION INC:  SUPPORT FOR LEADERSHIP DEVELOPMENT PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	METRO UNITED WAY INC:  SUPPORT THE ENGAGEMENT OF THE COMMUNITY TO GIVE, ADVOCATE AND VOLUNTEER
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC.:  FUNDING FOR A HOME BUILD PROJECT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC:  GENERAL PROGRAM SUPPORT FOR MEANINGFUL CHANGE IN AND BEYOND LOUISVILLE.
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	EMPLOYEE EMERGENCY RELIEF FUNDS TO EMPLOYEES IN NEED OF ASSISTANCE DUE TO EXTRAORDINARY CIRCUMSTANCES

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTON HEALTHCARE, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

61-1028725

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input checked="" type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	1b <input checked="" type="checkbox"/>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	2 <input checked="" type="checkbox"/>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	4a <input checked="" type="checkbox"/>	
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	4b <input checked="" type="checkbox"/>	
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	5a <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	6a <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	7 <input checked="" type="checkbox"/>	
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	9 <input type="checkbox"/>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RUSSELL F. COX PRESIDENT & CEO/TRUSTEE	(i)	1,381,929	850,949	2,545,224	144,894	36,209	4,959,205	1,456,526
	(ii)	0	0	0	0	0	0	0
2 MICHAEL W. GOUGH EXEC VP AND COO	(i)	1,006,097	501,896	326,096	101,573	32,025	1,967,687	31,939
	(ii)	0	0	0	0	0	0	0
3 GLADYS ABARCA-LOPEZ SR VP CHIEF HR OFFICER	(i)	447,049	218,327	203,886	946,875	29,735	1,845,872	61,132
	(ii)	0	0	0	0	0	0	0
4 STEVEN HESTER, M.D. DIV PRESIDENT PROVIDER OPS & SYS CMO	(i)	779,470	361,670	146,763	209,998	35,006	1,532,907	101,268
	(ii)	0	0	0	0	0	0	0
5 JENNIFER EVANS, M.D. SYS VP WOMEN'S & PEDIATRIC SVC LINE	(i)	419,797	124,426	76,951	687,413	22,918	1,331,505	49,772
	(ii)	0	0	0	0	0	0	0
6 DOUGLAS WINKELHAKE DIVISION PRESIDENT	(i)	607,605	317,668	172,328	170,476	31,948	1,300,025	88,948
	(ii)	0	0	0	0	0	0	0
7 ADAM KEMPF SR VP, CFO/TREASURER	(i)	617,611	278,616	143,280	144,879	33,636	1,218,022	78,012
	(ii)	0	0	0	0	0	0	0
8 ROBERT B. AZAR SR VP CHIEF LEGAL OFFICER/SECRETARY	(i)	577,778	257,754	280,499	74,695	15,549	1,206,275	165,378
	(ii)	0	0	0	0	0	0	0
9 STEVE READY SR VP & CIO	(i)	517,319	283,552	135,482	145,763	32,002	1,114,118	70,996
	(ii)	0	0	0	0	0	0	0
10 SCOTT WATKINS SR VP OPERATIONS	(i)	420,274	218,722	132,368	121,362	34,440	927,166	61,244
	(ii)	0	0	0	0	0	0	0
11 STEVEN HEILMAN, M.D. SR VP & CHIEF INNOVATION OFFICER	(i)	415,595	211,723	114,250	102,354	33,916	877,838	50,812
	(ii)	0	0	0	0	0	0	0
12 JAMES FRAZIER, M.D. VP MEDICAL AFFAIRS	(i)	451,196	148,366	108,104	95,997	31,875	835,538	50,868
	(ii)	0	0	0	0	0	0	0
13 MARY LYNN MEYER SR VP WCCP/ CDO	(i)	242,754	0	0	0	0	242,754	0
	(ii)	137,725	185,806	79,296	92,920	22,085	517,832	52,024
14 MARY JO BEAN SR VP PLANNING & BUS ANALYSIS	(i)	188,209	393,980	103,454	60,126	12,916	758,685	50,816
	(ii)	0	0	0	0	0	0	0
15 CHARLOTTE IPSAN SENIOR VP AND CHIEF HOSPITAL OFFICER	(i)	183,608	0	15,030	87,392	13,169	299,199	0
	(ii)	182,409	133,786	79,146	8,338	17,752	421,431	40,136
16 (SEE STATEMENT)	(i)							
	(ii)							

**Part II**

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

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) JIM MEYERS SYS VP REVENUE CYCLE	(i)	355,063	105,305	50,882	73,641	32,460	617,351	36,104
	(ii)	0	0	0	0	0	0	0
(17) KATHLEEN EXLINE SYS VP PERF EXCEL & CARE CONTINIUM	(i)	334,108	116,349	56,031	69,296	29,943	605,727	39,892
	(ii)	0	0	0	0	0	0	0
(18) SHELLY GAST SYS VP MNGD CARE & PAYOR STRATEGY	(i)	331,862	111,996	54,621	68,680	22,725	589,884	38,400
	(ii)	0	0	0	0	0	0	0
(19) STEPHEN WYATT, M.D. CHIEF RESEARCH EXECUTIVE	(i)	399,423	96,538	42,680	26,213	6,064	570,918	9,635
	(ii)	0	0	0	0	0	0	0
(20) BYRON LEWIS SYS VP HEALTH POLICY	(i)	345,772	34,100	85,374	66,193	29,275	560,714	40,920
	(ii)	0	0	0	0	0	0	0
(21) HELENA SCHULZ SYS VP TREASURER	(i)	302,176	105,808	59,667	64,599	23,871	556,121	36,276
	(ii)	0	0	0	0	0	0	0
(22) KIMBERLY THARP-BARRIE SR VP & CNO	(i)	301,972	100,122	103,357	29,261	15,593	550,305	8,582
	(ii)	0	0	0	0	0	0	0
(23) MARK KIRCHER DIVISION VP FINANCE	(i)	306,101	92,052	92,977	28,157	23,696	542,983	0
	(ii)	0	0	0	0	0	0	0
(24) TRACY WILLIAMS FORMER SR VP & CNO & LEARNING OFFICER	(i)	0	0	511,980	10,269	8,481	530,730	487,647
	(ii)	0	0	0	0	0	0	0
(25) BRENDA RUNNER SYS VP ASSOC GENERAL COUNSEL	(i)	269,368	92,485	102,931	24,849	21,344	510,977	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT</p>	<p>DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE, INC. EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NORTON HEALTHCARE PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS. THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NORTON HEALTHCARE DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT.</p> <p>THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2022:</p> <p>RUSSELL F. COX - \$30,000  MICHAEL G. GOUGH - \$30,000  ROBERT B. AZAR - \$17,500  ADAM KEMPF - \$15,000  TRACY WILLIAMS - \$11,442  STEVE HESTER - \$17,500  SCOTT WATKINS - \$15,000  GLADYS ABARCA-LOPEZ - \$14,135  STEVE READY - \$15,000  JAMES FRAZIER - \$10,000  STEVE HEILMAN - \$15,000  SHELLY GAST - \$10,000  DOUGLAS WINKLEHAKE - \$17,500  MARY JO BEAN - \$8,077  HELENA SCHULZ - \$10,000  JENNIFER EVANS - \$10,000  KATHLEEN EXLINE - \$10,000  MARK KIRCHER - \$10,000  CHARLOTTE IPSAN \$5,769  KIMBERLY THARP-BARRIE - \$11,923  JIM MEYERS - \$10,000  BYRON LEWIS - \$15,000</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>SEVERANCE PAYMENT WAS RECEIVED DURING 2022 BY FORMER KEY EMPLOYEE, TRACY WILLIAMS IN THE AMOUNT OF \$308,213; KEY EMPLOYEE, GLADYS ABARCA-LOPEZ IN THE AMOUNT OF \$29,408. OTHER COMPENSATION INCLUDED IN SCHEDULE J COLUMN B(III)</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN.</p> <p>THE "PAY CREDIT" OUTLINED BELOW REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS; AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS.</p> <p>NAME - PAY CREDIT  RUSSELL F. COX - \$117,699  MICHAEL W. GOUGH - \$74,682  ROBERT AZAR - \$54,258  ADAM KEMPF - \$125,316  MARY LYNN MEYER - \$70,456  MARY JO BEAN - \$45,917  JENNIFER EVANS - \$61,844  SHELLY GAST - \$50,047  KATHLEEN EXLINE - \$50,423  JAMES FRAZIER - \$77,409  STEVEN HEILMAN - \$83,746  STEVEN HESTER - \$182,896  STEVE READY - \$118,766  SCOTT WATKINS - \$92,369  DOUGLAS WINKELHAKE - \$140,889  STEPHEN WYATT - \$10,963  HELENA SCHULZ - \$44,150  MARK KIRCHER - \$7,645  GLADYS ABARCA-LOPEZ - \$77,316  KIMBERLY THARP-BARRIE - \$7,819  CHARLOTTE IPSAN - \$69,414  JIM MEYERS - \$53,809  BYRON LEWIS - \$50,943  BRENDA RUNNER - \$4,984</p> <p>THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2022 AND CAN BE COMPRISED OF CURRENT AND OR PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS.</p> <p>NAME - PAYMENT RECEIVED  RUSSELL F. COX - \$2,156,367  MICHAEL W. GOUGH - \$178,379  ROBERT AZAR - \$228,616  ADAM KEMPF - \$115,476  MARY LYNN MEYER - \$52,046  MARY JO BEAN - \$64,801  JENNIFER EVANS - \$59,573  SHELLY GAST - \$38,416  KATHLEEN EXLINE - \$39,909  JAMES FRAZIER - \$69,824  STEVEN HEILMAN - \$73,254  STEVEN HESTER - \$101,311  STEVE READY - \$92,382  SCOTT WATKINS - \$91,374  TRACY WILLIAMS - \$221,318  DOUGLAS WINKELHAKE - \$127,703  STEPHEN WYATT - \$9,635  HELENA SCHULZ - \$46,206  MARK KIRCHER - \$49,829  GLADYS ABARCA-LOPEZ - \$78,999  KIMBERLY THARP-BARRIE - \$51,377  CHARLOTTE IPSAN - \$48,416  JIM MEYERS - \$36,119  BYRON LEWIS - \$45,522  BRENDA RUNNER - \$68,796</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>IN 2022, 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 &amp; CHIEF EXECUTIVE OFFICER, AND THE PRESIDENT &amp; CHIEF EXECUTIVE OFFICER RECOMMENDS APPROPRIATE AWARDS FOR OTHER SENIOR EXECUTIVES TO THE COMMITTEE ON EXECUTIVE COMPENSATION AND BENEFITS FOR ITS REVIEW AND APPROVAL.</p>



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAL8	08/10/2011	75,000,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
<b>B</b>	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LAW4	09/26/2013	200,000,887	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
<b>C</b>	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LBV5	08/11/2016	612,775,838	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
<b>D</b>	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	000000000	08/11/2016	100,075,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	5,305,000		0		33,840,000		87,520,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		0		0	
<b>3</b>	Total proceeds of issue . . . . .	75,000,300		200,060,571		616,547,762		100,075,000	
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0		0	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0		2,490,756		0	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		0	
<b>7</b>	Issuance costs from proceeds . . . . .	953,000		0		0		0	
<b>8</b>	Credit enhancement from proceeds . . . . .	2,000		0		0		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		31,048		4,580,985		0	
<b>10</b>	Capital expenditures from proceeds . . . . .	74,045,259		200,029,523		300,912,044		0	
<b>11</b>	Other spent proceeds . . . . .	41		0		308,563,977		100,075,000	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .	2011		2014		2019			
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		✓		✓	✓		✓	
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓		✓		✓
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓		✓		✓	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓		✓	

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

Cat. No. 50193E

Schedule K (Form 990) 2022

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		✓
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<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?	✓		✓		✓			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			✓
<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?	✓		✓		✓			
<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 . . . . .	2.17 %		1.09 %		0.82 %		0.00 %	
<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 . . . . .	0.00 %		0.00 %		0.00 %		0.00 %	
<b>6</b> Total of lines 4 and 5 . . . . .	2.17 %		1.09 %		0.82 %		0.00 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<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?		✓		✓		✓		✓
<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? . . . . .	✓		✓		✓		✓	

**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? . . . . .		✓		✓		✓		✓
<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? . . . . .	✓		✓		✓		✓	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .	08/10/2021		09/26/2018		08/10/2021		08/10/2021	
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓		✓			✓	✓	

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓		✓		✓		✓
<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? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		✓		✓		✓		✓
<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? . . . . .		✓		✓		✓		✓
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	✓		✓		✓		✓	

**Part V Procedures To Undertake Corrective Action**

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

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

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**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT	32-0049006	54659LCE2	03/10/2020	478,988,828	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
<b>B</b>	INDIANA FINANCE AUTHORITY	35-1602316	000000000	03/03/2022	82,810,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .		0		4,435,000				
<b>2</b>	Amount of bonds legally defeased . . . . .		0		0				
<b>3</b>	Total proceeds of issue . . . . .		479,492,394		82,810,000				
<b>4</b>	Gross proceeds in reserve funds . . . . .		0		0				
<b>5</b>	Capitalized interest from proceeds . . . . .		0		0				
<b>6</b>	Proceeds in refunding escrows . . . . .		0		0				
<b>7</b>	Issuance costs from proceeds . . . . .		0		586,527				
<b>8</b>	Credit enhancement from proceeds . . . . .		0		0				
<b>9</b>	Working capital expenditures from proceeds . . . . .		35,022,965		0				
<b>10</b>	Capital expenditures from proceeds . . . . .		444,468,755		0				
<b>11</b>	Other spent proceeds . . . . .				82,223,473				
<b>12</b>	Other unspent proceeds . . . . .		672		0				
<b>13</b>	Year of substantial completion . . . . .				2022				
		<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>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		✓	✓					
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓				
<b>16</b>	Has the final allocation of proceeds been made? . . . . .		✓	✓					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓					

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

Cat. No. 50193E

Schedule K (Form 990) 2022

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓		✓					
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓					
<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?	✓		✓					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓					
<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?	✓		✓					
<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 . . . . .		1.01 %		0.72 %		%		%
<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 . . . . .		0.00 %		0.00 %		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		1.01 %		0.72 %		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓				
<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?		✓		✓				
<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? . . . . .	✓		✓					

**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? . . . . .		✓		✓				
<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? . . . . .		✓		✓				
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? . . . . .		✓		✓				



Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME - ROW F	ROW F: 2022 BOND ISSUE - THE BONDS ARE BEING ISSUED TO (I) ACQUIRE AN ACUTE CARE HOSPITAL AND A COMMUNITY AND MEDICAL ARTS CENTER LOCATED IN MADISON, INDIANA (THE "PROJECT") VIA THE REFINANCING OF ALL OF THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2010 (THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES) (THE "REFINANCED BONDS"), WHICH WERE USED FOR THE PURPOSE OF FINANCING COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF THE PROJECT ON BEHALF OF NORTON-KING'S DAUGHTERS' HEALTH, INC. (FORMERLY, THE BETHANY CIRCLE OF KING'S DAUGHTERS' OF MADISON, INDIANA, INC.), A NONPROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF INDIANA ("KDH"), AND (II) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS BY THE ISSUER.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: - ROW D	ROW D: 2016B/C BOND ISSUES - CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM VARIABLE RATE REVENUE BONDS, SERIES 2013B (NORTON HEALTHCARE, INC.)
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: - ROW C	ROW C: 2016A BOND ISSUE - TO REIMBURSE THE CORPORATION FOR COSTS OF (I) EXPANSION AND MAJOR RENOVATION OF NORTON AUDUBON HOSPITAL (II) ACQUISITION OF TWO PARCELS OF LAND, (III) BUILDING, RENOVATION, REPAIR AND OTHER PATIENT CARE RELATED PROJECTS AND/OR EQUIPMENT RELATED TO THE CORPORATION (INCLUDING SOFTWARE), NORTON HOSPITALS AND/OR AFFILIATES OF THE CORPORATION, (IV) CERTAIN COSTS OF ISSUANCE AND (V) CURRENT REFUNDING OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT HEALTH SYSTEM REVENUE BONDS, SERIES 2006 (NORTON HEALTHCARE, INC.)
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: - ROW E	ROW E: 2020 A/B/C/D - TO PAY OR REIMBURSE THE CORPORATION FOR THE COST OF (I) VARIOUS PROJECTS CONSISTING OF THE CONSTRUCTION, PLANNING, RENOVATION, EXPANSION, EQUIPPING AND ACQUIRING PATIENT CARE RELATED PROJECTS AND/OR EQUIPMENT RELATED TO THE CORPORATION INCLUDING BUT NOT LIMITED TO, THE EXPANSION OF NORTON BROWNSBORO HOSPITAL, THE PURCHASE OF A PEDIATRIC MEDICAL OFFICE BUILDING IN LOUISVILLE, KENTUCKY, MASTER PLAN IMPROVEMENTS AT THE DOWNTOWN CAMPUS, RENOVATIONS AND IMPROVEMENTS AT THE SYSTEM'S CAMPUSES AND IMPROVEMENTS SUPPORTING VARIOUS SERVICE LINES. (II) TO FUND INTEREST ON ALL OR A PORTION OF THE BONDS DURING THE CONSTRUCTION OF THE NEW MONEY PROJECT
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: ROW A	ROW A: 2011A/B BOND ISSUES - TO REIMBURSE THE CORPORATION FOR THE COSTS OF CONSTRUCTING AND EQUIPPING THE NORTON CANCER INSTITUTE DOWNTOWN RADIATION CENTER, CONSTRUCTING AND EQUIPPING A PEDIATRIC AMBULATORY CARE CENTER (NORTON CHILDREN'S MEDICAL CENTER - BROWNSBORO) AND RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AND ITS AFFILIATES AND PAY CERTAIN COSTS OF ISSUANCE OF THE BONDS.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE - ISSUER NAME: ROW B	ROW B: 2013A/C BOND ISSUES - TO REIMBURSE THE CORPORATION FOR THE COSTS OF (I) RENOVATIONS AND EQUIPMENT TO CONVERT NORTON SUBURBAN HOSPITAL TO A WOMEN'S AND CHILDREN'S HOSPITAL, (II) RENOVATIONS AND EQUIPMENT FOR NORTON CHILDREN'S HOSPITAL, (III) RENOVATION AND EXPANSION OF VARIOUS PATIENT CARE AREAS AND THE ACQUISITION OF HOSPITAL EQUIPMENT, INCLUDING BUT NOT LIMITED TO SOFTWARE, MEDICAL AND SURGICAL EQUIPMENT, IMAGING EQUIPMENT AND MONITORING EQUIPMENT AT THE FACILITIES OF THE OBLIGATED GROUP MEMBERS AND (IV) RENOVATING, EXPANDING AND EQUIPPING OTHER PATIENT CARE RELATED PROJECTS AND HOSPITAL PROJECTS AT ITS AFFILIATES.
SCHEDULE K, PART I, COLUMN (F) - THE AMOUNT OF EXPENDITURES DOES NOT MATCH THE ISSUE PRICE	COLUMN F: 2022 BOND ISSUE - DIFFERENCE BETWEEN SERIES 2022 ISSUE PRICE (ISSUE DATE 3/3/22) IN PART I, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 DOES NOT EQUAL ISSUANCE COSTS FROM PROCEEDS PART II, LINE 7, PLUS CAPITAL EXPENDITURES FROM PROCEEDS, PART II, LINE 10 BECAUSE OTHER SPENT PROCEEDS, PART II, LINE 11 WERE USED TO REFINANCE ALL OF THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2010 (THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES) (THE "REFINANCED BONDS") IN PART II, LINE 11.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN A: 2011A/B BOND ISSUES - DIFFERENCE BETWEEN SERIES 2011 ISSUE PRICE (ISSUE DATE 8/10/11) IN PART I, COLUMN E AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN B: 2013A/C BOND ISSUES - DIFFERENCE BETWEEN SERIES 2013 ISSUE PRICE (ISSUE DATE 8/10/13) AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN C: 2016A BOND ISSUE - DIFFERENCE BETWEEN SERIES 2016A ISSUE PRICE (ISSUE DATE 8/11/16) AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN E: 2020 A/B/C/D BOND ISSUES - DIFFERENCE BETWEEN SERIES 2020 ISSUE PRICE (ISSUE DATE 3/10/20) AND TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 IS INVESTMENT EARNINGS DURING THE PROJECT PERIOD AND GAIN/LOSS ON SETTLEMENT OF ASSETS.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN B: 2013 A/C BOND ISSUES - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN C: 2016A BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN D: 2016B/C BOND ISSUES - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART II, LINE 7 - ISSUANCE COSTS FROM PROCEEDS	COLUMN E: 2020A/B/C/D BOND ISSUES - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY. NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE.
SCHEDULE K, PART III - PRIVATE BUSINESS USE	COLUMN D: 2016B/C BOND ISSUES - APPLICABLE QUESTIONS ARE LEFT BLANK DUE TO BONDS REFUNDING ISSUES WHICH REFUND PRE-JANUARY 1, 2003 BOND ISSUES.
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 08/10/2021

Return Reference - Identifier	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 09/26/2018
SCHEDULE K, PART IV, LINE 2C - COLUMN C	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 08/10/2021
SCHEDULE K, PART IV, LINE 2C - COLUMN D	ISSUER NAME: LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 08/10/2021
SCHEDULE K, PART IV, LINE 3 - IS THE BOND ISSUE A VARIABLE RATE ISSUE	COLUMN B: 2013A/C BOND ISSUES - 2013A BOND ISSUE IS FIXED RATE DEBT AND 2013C BOND ISSUE IS VARIABLE RATE DEBT. PROCEEDS FROM BOTH BOND ISSUES WERE REPORTED ON ONE IRS FORM 8038 AND COMBINED INTO ONE PROJECT ACCOUNT WITH THE TRUSTEE.
SCHEDULE K, PART IV, LINE 3 - IS THE BOND ISSUE A VARIABLE RATE ISSUE	COLUMN E: 2020A/B/C/D - 2020A BOND ISSUE IS FIXED RATE DEBT AND 2020B/C/D BOND ISSUES ARE PUT BONDS.



**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open To Public Inspection**

Name of the organization

NORTON HEALTHCARE, INC.

Employer identification number

61-1028725

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

Cat. No. 50056A

Schedule L (Form 990) 2022



**Part IV****Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JESSICA LLOYD	FAMILY MEMBER OF ADAM KEMPF, OFFICER	\$79,924	COMPENSATION		✓
(2) HENRY WINKELHAKE	FAMILY MEMBER OF DOUG WINKELHAKE, KEY EMPLOYEE	\$53,005	COMPENSATION		✓
(3) DEBBIE HALL	FAMILY MEMBER OF ADAM KEMPF, OFFICER	\$31,078	COMPENSATION		✓
(4) CINDY DIGENOVA	FAMILY MEMBER OF SHELLEY GAST, KEY EMPLOYEE	\$169,027	COMPENSATION		✓
(5) CRAIG KIRCHER	FAMILY MEMBER OF MARK KIRCHER, KEY EMPLOYEE	\$44,080	COMPENSATION		✓
(6) KAYCEE NICKELL	FAMILY MEMBER OF KIMBERLY THARP-BARRIE, KEY EMPLOYEE	\$144,867	COMPENSATION		✓
(7) BRANDON FREIBERGER	FAMILY MEMBER OF CHARLOTTE IPSAN, KEY EMPLOYEE	\$161,143	COMPENSATION		✓

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Employer Identification Number  
**61-1028725**

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT</p>	<p>(CONTINUED FROM PART III)</p> <p>IN 2022, NORTON HEALTHCARE, THROUGH ITS AFFILIATE, COMMUNITY MEDICAL ASSOCIATES INC., HAD APPROXIMATELY 3.2 MILLION PATIENT ENCOUNTERS. NORTON HEALTHCARE'S HOSPITALS, DIAGNOSTIC CENTERS AND NORTON CANCER INSTITUTE SERVED 68,001 INPATIENTS AND 712,991 OUTPATIENTS, AND SAW 273,173 EMERGENCY ROOM VISITS. IN ADDITION, NORTON HEALTHCARE HOSPITALS' OPERATING ROOMS CARED FOR 16,981 INPATIENT SURGICAL PATIENTS AND 40,965 OUTPATIENT SURGICAL PATIENTS. ADDITIONALLY, 8,736 BABIES WERE DELIVERED AT NORTON HEALTHCARE BIRTHING FACILITIES AT NORTON HOSPITAL, NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL AND NORTON KINGS DAUGHTER'S HOSPITAL.</p> <p>IN 2022, KING'S DAUGHTERS' HEALTH JOINED NORTON HEALTHCARE AND IS NOW KNOWN AS NORTON KING'S DAUGHTER'S HEALTH. NORTON KDH IS FOCUSED ON DELIVERING EXCEPTIONAL HEALTH SERVICES TO FAMILIES THROUGHOUT SOUTHEAST INDIANA AND PORTIONS OF NORTHERN KENTUCKY. THE MAIN CAMPUS, INCLUDING NORTON KING'S DAUGHTERS' HOSPITAL, IS LOCATED IN MADISON, INDIANA. NORTON KDH ALSO MAINTAINS PROVIDER OFFICES IN VERSAILLES (IN), VEVA (IN), HANOVER (IN), CARROLLTON (KY), AND MILTON (KY).</p> <p>AS PART OF OUR COMMITMENT TO IMPROVING THE HEALTH OF OUR COMMUNITY, NORTON HEALTHCARE PROVIDES FUNDING FOR A WIDE ARRAY OF LIFESAVING AND LIFE-ENHANCING SERVICES THAT BENEFIT THE COMMUNITIES WE SERVE. IN 2022, UNDER ITS CHARITY CARE PROGRAM, NORTON HEALTHCARE PROVIDED FREE CARE TO 6,869 PATIENTS, AT A COST OF \$15.7 MILLION. ALSO, NORTON HEALTHCARE GRANTS A DISCOUNT FROM BILLED CHARGES TO ANY PATIENTS WHO HAVE NO ACCESS TO PRIVATE HEALTH INSURANCE OR DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE. UNDER THIS PROGRAM, 9,286 PATIENTS WERE PROVIDED CARE AT DISCOUNTED RATES. ANOTHER CONTRIBUTION TO THE COMMUNITY WAS EDUCATIONAL SUPPORT OF \$76.1 MILLION, PRIMARILY TO THE UNIVERSITY OF LOUISVILLE (UOFL) SCHOOL OF MEDICINE. COMMUNITY HEALTH IMPROVEMENT SERVICES TOTALED \$32.0 MILLION AND CONTRIBUTIONS TO COMMUNITY GROUPS WERE \$2.2 MILLION.</p> <p>NORTON HEALTHCARE EMPLOYEES DONATED MORE THAN 220,000 HOURS OF COMMUNITY SERVICE, A BENEFIT VALUED AT MORE THAN \$1.6 MILLION IN SALARIES. IN ADDITION, MANY EMPLOYEES SELF-REPORTED PERSONAL VOLUNTEER ACTIVITIES.</p> <p>NORTON HEALTHCARE PROVIDES PROGRAMMATIC SUPPORT TO THE UOFL SCHOOL OF MEDICINE THROUGH FUNDING AND FACILITIES. DURING THE 2022 CALENDAR YEAR, 211 RESIDENTS COMPLETED CLINICAL ROTATIONS IN 50 SPECIALTIES AT NORTON HEALTHCARE FACILITIES. RESIDENCY PROGRAMS ARE PART OF THE \$76.1 MILLION IN EDUCATIONAL SUPPORT AND CLINICAL FUNDING PROVIDED TO THE MEDICAL SCHOOL.</p> <p>CONTRIBUTIONS TO THE COMMUNITY</p> <p>*NORTON HEALTHCARE EMPLOYEES AND PHYSICIANS GAVE NEARLY \$837,000 IN THE 2022-2023 COMBINED GIVING CAMPAIGN TO HELP SUPPORT NONPROFIT ORGANIZATIONS THAT ALSO ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF COMMUNITY RESIDENTS. SUPPORTED ORGANIZATIONS INCLUDE WHAS CRUSADE FOR CHILDREN, METRO UNITED WAY, FUND FOR THE ARTS, AND OUR OWN NORTON CHILDREN'S HOSPITAL FOUNDATION AND NORTON HEALTHCARE FOUNDATION.</p> <p>*IN 2022, 75 EMPLOYEES HELPED "RAISE THE ROOF" ON NORTON HEALTHCARE'S 17TH HABITAT FOR HUMANITY HOME AT 517 IOWA AVE., LOUISVILLE, KENTUCKY.</p> <p>*IN 2022, AN ESTIMATED 1,404 NORTON HEALTHCARE EMPLOYEES DONATED TIME AND FUNDS TO PLAN, PURCHASE AND DELIVER GIFTS, FOOD AND CLOTHING FOR THE CARING TREE PROGRAM. THE PROGRAM ASSISTED 625 EMPLOYEES AND THEIR 1,367 CHILDREN BY PROVIDING FOR THEIR FAMILIES AT CHRISTMAS.</p> <p>*NORTON HEALTHCARE DONATED 210 SYRINGE PUMPS TO SMITHS MEDICAL IN 2022. SMITHS MEDICAL IS A LEADING GLOBAL MANUFACTURER OF SPECIALTY MEDICAL DEVICES THAT PROVIDES INNOVATIVE AND LIFESAVING SOLUTIONS FOR THE WORLD'S HEALTHCARE MARKETS. THE COMPANY SPECIALIZES IN INFUSION THERAPY, VASCULAR ACCESS, AND VITAL CARE.</p> <p>* THE INSTITUTE FOR HEALTH EQUITY, A PART OF NORTON HEALTHCARE, WAS FORMED IN 2020 TO ADDRESS HEALTH AND RACIAL INEQUITIES IN OUR COMMUNITY. THE INSTITUTE'S MAIN OFFICE, LOCATED AT THE VILLAGE @ WEST JEFFERSON IN THE RUSSELL NEIGHBORHOOD OF WEST LOUISVILLE, PROVIDES COMMUNITY MEETING SPACES FOR MENTAL HEALTH SERVICES, SUPPORT FOR CHRONIC DISEASE MANAGEMENT, AND ACCESS TO PREVENTION AND WELLNESS RESOURCES. NORTON HEALTHCARE'S COMMUNITY MEDICAL DIRECTORS, ALL PRACTICING PHYSICIANS, ARE ROOTED WITHIN THE INSTITUTE TO PROVIDE SERVICES AND HEALTH EDUCATION IN COMMUNITIES AND NEIGHBORHOODS WITH THE LARGEST NEEDS. THE INSTITUTE FOR HEALTH EQUITY ALSO SERVES AS A RESOURCE FOR PHYSICIANS AND OTHER CAREGIVERS BY STRENGTHENING KNOWLEDGE OF SOCIAL DRIVERS OF HEALTH INEQUITY, AND ADVOCATING FOR POLICY CHANGES TO IMPROVE SOCIAL DETERMINANTS OF HEALTH FOR UNDERSERVED POPULATIONS.</p> <p>THE PLANNED CONSTRUCTION OF NORTON WEST LOUISVILLE HOSPITAL WAS ANNOUNCED ON FEB. 23, 2022, BY NORTON HEALTHCARE, GOODWILL INDUSTRIES OF KENTUCKY AND KENTUCKY GOV. ANDY BESHEAR. OPENING IN MID-2024, THIS HEW HOSPITAL WILL OFFER COMPREHENSIVE SERVICES, INCLUDING ADULT AND PEDIATRIC PRIMARY CARE PHYSICIAN OFFICES, EMERGENCY ROOM SERVICES, INPATIENT SERVICES AND OUTPATIENT FUNCTIONS. IMAGING SERVICES,</p>

Return Reference - Identifier	Explanation
	<p>INCLUDING X-RAYS AND CT SCANS, WILL BE AVAILABLE, ALONG WITH SPECIALTY SERVICES SUCH AS WOMEN'S HEALTH, CARDIOLOGY, NEUROLOGY AND ENDOCRINOLOGY. THIS HOSPITAL, THE FIRST TO BE BUILT IN WEST LOUISVILLE IN MORE THAN 150 YEARS, WILL BE UNLIKE ANY OTHER MEDICAL FACILITY IN THAT COMMUNITY AND WILL CREATE APPROXIMATELY 100 NEW JOBS. THE NEW HOSPITAL IS PART OF THE NORTON HEALTHCARE GOODWILL OPPORTUNITY CAMPUS, A \$100 MILLION INVESTMENT IN WEST LOUISVILLE THAT WILL BRING A COLLECTION OF LIFE-ENHANCING PROGRAMS AND SERVICES TO ONE OF KENTUCKY'S MOST UNDERSERVED COMMUNITIES. THE GROUNDBREAKING CEREMONY FOR THE CAMPUS TOOK PLACE ON JUNE 28, 2022. MORE INFORMATION IS AVAILABLE AT WESTLOUISVILLEHOSPITAL.ORG.</p> <p>COMMUNITY EDUCATION AND WORKFORCE DEVELOPMENT</p> <p>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 RESOURCES DEPARTMENT'S WORKFORCE DEVELOPMENT TEAM AND OUR NORTON HEALTHCARE INSTITUTE FOR EDUCATION &amp; DEVELOPMENT.</p> <p>WORKFORCE DEVELOPMENT ENCOURAGES CONTINUING EDUCATION, OFFERS PROGRAMS TO IMPROVE JOB PERFORMANCE AND PROVIDES FINANCIAL ASSISTANCE FOR EDUCATIONAL PROGRAMS AIMED TOWARD KEY AREAS OF WORKFORCE NEED WITHIN THE ORGANIZATION. NORTON HEALTHCARE ENCOURAGES AND SUPPORTS THE CAREER GOALS OF EMPLOYEES AND THEIR DEPENDENTS BY PROVIDING TUITION ASSISTANCE AND SCHOLARSHIPS, AS WELL AS OTHER ADVANCEMENT OPPORTUNITIES. ESTABLISHED IN THE EARLY 2000S, WORKFORCE DEVELOPMENT HAS ASSISTED MORE THAN 6,000 STUDENTS WITH TUITION ASSISTANCE. IN 2022, WORKFORCE DEVELOPMENT FINANCIALLY SUPPORTED NEARLY 850 STUDENTS WITH OVER \$5.4 MILLION IN EDUCATIONAL ASSISTANCE PROGRAMS.</p> <p>*IN 2022, WORKFORCE DEVELOPMENT PROVIDED NEARLY 1,160 CAREER COACHING SESSIONS TO EMPLOYEES AND STUDENTS. EACH PROGRAM PARTICIPANT WORKED DIRECTLY WITH A CAREER MANAGEMENT COACH. COACHES OFFER SERVICES IN RESUME WRITING, CAREER AND EDUCATION EXPLORATION, FINANCIAL ASSISTANCE OPPORTUNITIES AND INTERVIEWING SKILLS.</p> <p>*THE ACCELERATED NORTON HEALTHCARE SCHOLARS PROGRAM, A STUDENT LOAN PROGRAM FOR EMPLOYEES AND NONEMPLOYEES, PROVIDES EDUCATIONAL FUNDING TO STUDENTS INTERESTED IN PURSUING HEALTH CARE-RELATED DEGREES IN KEY AREAS OF WORKFORCE NEED. IT IS AN AFFILIATION BETWEEN NORTON HEALTHCARE AND OVER 100 COLLEGES AND UNIVERSITIES NATIONALLY. SINCE 2014, THIS PROGRAM HAS ASSISTED MORE THAN 1,000 GRADUATES CONTINUE THEIR CAREERS WITH NORTON HEALTHCARE.</p> <p>*IN 2018, NORTON HEALTHCARE WAS ONE OF THE FOUNDING PARTNERS IN JEFFERSON COUNTY PUBLIC SCHOOLS' ACADEMIES OF LOUISVILLE - A STRATEGIC PIPELINE DEVELOPMENT PROGRAM ESTABLISHED IN CONJUNCTION WITH THE LOCAL 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 INTERNSHIP PROGRAM FOR STUDENTS ON THE HEALTH CARE ACADEMY TRACK. THE PROGRAM HIRES HIGH SCHOOL SENIORS WHO ARE ENROLLED IN A HEALTH CARE ACADEMY PATHWAY TO PARTICIPATE IN CAREER EXPLORATION IN IDENTIFIED HEALTH CARE AREAS. BEGINNING IN THEIR SOPHOMORE YEAR, JEFFERSON COUNTY PUBLIC SCHOOLS' HEALTH CARE ACADEMY STUDENTS EXPLORE CAREER PATHWAYS IN ONE OF FOUR KEY AREAS: PATIENT CARE, MEDICAL OFFICE, ALLIED HEALTH AND PHARMACY TECHNICIAN. EACH PHASE OFFERS A RIGOROUS CURRICULUM, TRAINING IN BUSINESS ACUMEN AND PROFESSIONAL DEVELOPMENT, AND HANDS-ON LEARNING OPPORTUNITIES IN THE STUDENTS' CHOSEN CAREER FIELDS. THE GOAL IS TO TRANSITION GRADUATING STUDENTS INTO STAFF POSITIONS WITHIN OUR ORGANIZATION AFTER COMPLETION OF THE PROGRAM. TUITION ASSISTANCE IS OFFERED FOR THESE NEW EMPLOYEES TO CONTINUE THEIR ACADEMIC AND CAREER PURSUITS WHILE WORKING AT NORTON HEALTHCARE IN THE FIELD OF THEIR CHOICE.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENT</p>	<p>CONTINUED</p> <p>*IN 2019, NORTON HEALTHCARE ANNOUNCED A STRATEGIC PARTNERSHIP PROGRAM WITH UPS AND ITS METROPOLITAN COLLEGE PROGRAM. NORTON HEALTHCARE-UPS HEALTH CARE CAREER TRACKS PROVIDES A TWO-PLUS-TWO METHOD, SPLITTING A FOUR-YEAR BACHELOR'S DEGREE INTO TWO PARTS. TYPICALLY, THE FIRST TWO YEARS ARE SPENT WORKING WITH UPS IN A GENERAL OR PRECLINICAL DESIGNATION, AND THEN THE STUDENT BEGINS THEIR CLINICAL PROGRAM IN THE REMAINING TWO YEARS. THIS TRANSITION ALLOWS STUDENTS TO EXPLORE EMPLOYMENT WITH NORTON HEALTHCARE, AS WELL AS BECOME A NORTON HEALTHCARE 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.</p> <p>*ESTABLISHED IN 2017, THE STUDENT NURSE APPRENTICESHIP PROGRAM (SNAP) IS A 12- TO 18-MONTH APPRENTICE MODEL LET BY NORTON HEALTHCARE CENTER FOR NURSING PRACTICE, A PART OF NORTON HEALTHCARE INSTITUTE FOR EDUCATION &amp; DEVELOPMENT. STUDENT NURSES IN THE PROGRAM ENGAGE IN HANDS-ON LEARNING WITH AN EXPERIENCED NURSE WHILE LIVING THE MISSION OF NORTON HEALTHCARE.</p> <p>*IN 2019, NORTON HEALTHCARE LAUNCHED TWO NEW APPRENTICESHIP PROGRAMS. THE SURGICAL TECHNOLOGIST APPRENTICESHIP 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 TRAINING PROGRAM LAUNCHED IN 2020 WITH A GOAL OF OFFERING INTERNAL TRAINING PROGRAMS TO PRODUCE QUALITY, PREPARED MEDICAL ASSISTANTS TO INTRODUCE INTO THE NORTON HEALTHCARE WORKFORCE. SEVERAL APPRENTICESHIP COHORTS RUN THROUGHOUT EACH YEAR.</p> <p>*IN 2022, NORTON HEALTHCARE CENTER FOR NURSING PRACTICE, A PART OF NORTON HEALTHCARE INSTITUTE FOR EDUCATION &amp; DEVELOPMENT, CREATED THE STUDENT HEALTHCARE ASSISTANT EMPLOYMENT OPPORTUNITY. COLLEGE STUDENTS ENROLLED IN A HEALTH CARE DISCIPLINE HAVE THE OPPORTUNITY TO LEARN ABOUT PROVIDING DIRECT PATIENT CARE WHILE ENROLLED IN THEIR ACADEMIC PROGRAM, WITH EMPHASIS ON SCHEDULE FLEXIBILITY AND CLINICAL EXPERIENCE.</p> <p>NORTON HEALTHCARE INSTITUTE FOR EDUCATION &amp; DEVELOPMENT PROVIDES LEARNING OPPORTUNITIES TO ENHANCE THE PROFESSIONAL, EDUCATIONAL AND PERSONAL DEVELOPMENT OF ALL EMPLOYEES. IT CONSISTS OF SEVEN CENTERS: THE CENTER FOR ACADEMIC AFFAIRS, CENTER FOR ALLIED HEALTH, CENTER FOR CONTINUING MEDICAL, NURSING &amp; PROVIDER EDUCATION, CENTER FOR ELEARNING &amp; CLINICAL DOCUMENTATION SUPPORT, CENTER FOR NURSING PRACTICE, CENTER FOR PROFESSIONAL GROWTH, AND CENTER FOR SYSTEM NURSING &amp; ANCILLARY EDUCATION. THE CENTER FOR PROFESSIONAL GROWTH PROVIDES LEARNING AND GROWTH OPPORTUNITIES THAT MEET THE NEEDS OF NORTON HEALTHCARE EMPLOYEES. THREE TYPES OF LEADERSHIP DEVELOPMENT COURSES ARE OFFERED TO ADDRESS THE NEEDS OF NEW, ASPIRING AND CURRENT LEADERS:</p> <p>*N THE KNOW: THIS IS OUR ORIENTATION PROGRAM FOR NEW LEADERS. NEWLY HIRED LEADERS AND THOSE PROMOTED INTO LEADERSHIP POSITIONS ARE AUTOMATICALLY ENROLLED. THE PROGRAM CONSISTS OF FOUR REQUIRED COURSES AND SIX ELECTIVE COURSES.</p> <p>*LEARNING THE NORTON WAY: THIS SIX-WEEK PROGRAM IS FOCUSED ON PREPARING EMPLOYEES FOR LEADERSHIP. EMPLOYEES WHO WISH TO ATTEND ARE REQUIRED TO OBTAIN APPROVAL FROM THEIR LEADERS.</p> <p>*LEADING THE NORTON WAY: THIS PROGRAM IS FOR CURRENT NORTON HEALTHCARE LEADERS. IT IS A SIX-WEEK PROGRAM FOCUSED ON BEST PRACTICES FOR EFFECTIVE LEADERSHIP.</p> <p>*ADDITIONAL LEADERSHIP DEVELOPMENT IS PROVIDED THROUGH QUARTERLY NORTON HEALTHCARE LEADERSHIP CONFERENCES.</p> <p>*STAFF DEVELOPMENT PROGRAMS INCLUDE GENERAL ENRICHMENT COURSES AND PERSONAL AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES THAT HONOR NORTON HEALTHCARE'S COMMITMENT TO LIFELONG LEARNING. A VARIETY OF ONLINE AND INSTRUCTOR-LED COURSES FOCUS ON LEARNING TOPICS SUCH AS COMMUNICATION, DIVERSITY, INTERPERSONAL RELATIONSHIP-BUILDING, ACCOUNTABILITY AND PROFICIENCY IN MICROSOFT OFFICE TOOLS.</p> <p>*NORTON HEALTHCARE USES A COMPREHENSIVE LEARNING MANAGEMENT SYSTEM TO PROVIDE A VARIETY OF ONLINE PROGRAMS THAT ENABLE STAFF IN ANY SPECIALTY AS WELL AS OTHER EMPLOYEES TO EXPAND THEIR KNOWLEDGE AND SKILLS. THESE PROGRAMS WERE DESIGNED TO MEET THE NEEDS OF NORTON HEALTHCARE, AS WELL AS OUR COMMUNITY, AND TO ENSURE THE HIGHEST QUALITY OF PATIENT CARE.</p> <p>NORTON FAITH &amp; HEALTH MINISTRIES</p> <p>NORTON FAITH &amp; HEALTH MINISTRIES PARTNERS WITH FAITH COMMUNITIES TO WEAVE TOGETHER HEALTH AND WELLNESS PROMOTION WITH THE INTENTIONAL CARE OF THE SPIRIT. THE DEPARTMENT PROVIDES MENTORING, EDUCATIONAL RESOURCES AND NETWORKING OPPORTUNITIES TO ASSIST HEALTH MINISTRY COORDINATORS AND FAITH COMMUNITY NURSES IN MINISTERING TO THEIR MEMBERS. IN 2022, THE DEPARTMENT ENGAGED IN 69 EVENTS WITH FAITH PARTNERS, INCLUDING, BUT NOT LIMITED TO:</p> <p>*PARTNERING WITH A NETWORK OF 183 FAITH COMMUNITIES TO PROMOTE WHOLE-PERSON HEALTH AND WELLNESS, PROVIDE HEALTH EDUCATIONAL TOOLS AND HEALTH SCREENINGS, AND ONE-ON-ONE HEALTH MINISTRY MENTORING.</p> <p>*CONFERENCES, INCLUDING, POST COVID, RESTARTING THE ANNUAL FAITH LEADERS</p>

Return Reference - Identifier	Explanation
	<p>CONFERENCES WHICH IN 2022 WAS, "RESOURCES FOR FAITH LEADERS: MINISTERING IN A DIVIDED WORLD"</p> <p>*SPONSORING HEALTH MINISTRY NETWORKING PROGRAMS ON EMERGENCY PREPAREDNESS, AGING GRACEFULLY, SHARING HEALTH MINISTRY BEST PRACTICES, AND HEALTH CARE EVENT PLANNING.</p> <p>*PARTNERING WITH THE KENTUCKY HEART DISEASE AND STROKE PREVENTION TASK FORCE TO PROVIDE CARDIOVASCULAR ASSESSMENTS, RISK-REDUCTION INFORMATION AND EDUCATION ON THE BLOOD PRESSURE AWARENESS PROGRAM</p> <p>THE DEPARTMENT CONTINUED TO SERVE AS A TRUSTED SOURCE FOR HEALTH AND WELLNESS INFORMATION BY COORDINATING SUBJECT MATTER EXPERTS AND SPEAKERS FOR A VARIETY OF HEALTH TOPICS. IT ALSO DISTRIBUTED ELECTRONIC CORRESPONDENCE TO A NETWORK OF HEALTH MINISTRIES, A BIMONTHLY NEWSLETTER TO 1,400 SUBSCRIBERS, AND MULTIPLE ISSUES OF THE "HEALTH MINISTRIES CONNECTION" NEWSLETTER TO FAITH COMMUNITIES, NORTON HEALTHCARE EMPLOYEES AND MORE.</p> <p>PASTORAL CARE DEPARTMENT</p> <p>ORGANIZATIONAL -ACTIVITY AND PATIENT VOLUMES RETURNED TO NORMAL IN 2022. LEARNING FROM THE PANDEMIC, AN INCREASED USE OF TECHNOLOGY AND VIRTUAL COMMUNICATION HELPED BRING COMFORT AND HOPE TO STAFF, PATIENTS AND FAMILIES 24 HOURS A DAY, 7 DAYS A WEEK, ACROSS THE FIVE HOSPITALS IN LOUISVILLE AND MANY OUTPATIENT AREAS THAT MAKE UP NORTON HEALTHCARE.</p> <p>LEADERSHIP CONSISTENTLY CALLED ON CHAPLAINS TO BE A RESOURCE FOR EMPLOYEES WHO WERE EXPERIENCING STRESS AND BURNOUT POST-PANDEMIC. CHAPLAIN REFERRALS AND EMPLOYEE RESOURCES WERE REGULARLY HIGHLIGHTED IN LEADERSHIP COMMUNICATIONS, ALONGSIDE EFFORTS TO INCREASE SUPPORT FOR STAFF IN OUTPATIENT AND MEDICAL PRACTICE AREAS.</p> <p>CHAPLAINS PROVIDED CARE IN NEARLY 30,000 DOCUMENTED PATIENT ENCOUNTERS, IN ADDITION TO SERVING THOUSANDS OF FAMILY MEMBERS. SOME OF THE MANY REASONS CHAPLAINS BECAME INVOLVED IN THE CARE OF PATIENTS AND FAMILIES INCLUDED:</p> <ul style="list-style-type: none"> <li>*GRIEF SUPPORT AND FACILITATION OF DECISION-MAKING AT THE TIME OF DEATH</li> <li>*FAMILY SUPPORT FOR PEDIATRIC TRAUMA PATIENTS</li> <li>*CONVERSATIONS ABOUT END-OF-LIFE DECISIONS AND GOALS OF CARE</li> <li>*EDUCATION ABOUT AND ENACTING ADVANCE DIRECTIVES</li> <li>*OFFERING RELIGIOUS RITUALS AND LITERATURE</li> <li>*DISCUSSING ETHICAL DILEMMAS</li> <li>*PROVIDING COMFORT AND CONVERSATION WITH PATIENTS WHO WERE LONELY, AFRAID, CONFLICTED, STRUGGLING OR CELEBRATING GOOD NEWS</li> </ul> <p>CHAPLAINS CARE FOR PEOPLE, REGARDLESS OF THEIR RELIGIOUS OR SPIRITUAL BACKGROUNDS AND BELIEFS, HELPING THEM USE AND STRENGTHEN THEIR SPIRITUAL, EMOTIONAL AND RELATIONAL RESOURCES TO BETTER COPE AND TO THRIVE. THROUGH FORMAL AND INFORMAL STAFF SUPPORT EFFORTS, TEACHING, COMMITTEE INVOLVEMENT, ETHICS CONSULTATIONS AND MANY OTHER WAYS, CHAPLAINS ARE FULLY INTEGRATED INTO THE LIFE OF THE NORTON HEALTHCARE SYSTEM.</p> <p>NORTON HEART &amp; VASCULAR INSTITUTE</p> <p>NORTON HEART &amp; VASCULAR INSTITUTE, A PART OF NORTON HEALTHCARE, IS THE LOUISVILLE AREA'S LEADING CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT PROGRAM. EACH YEAR, NORTON HEART &amp; VASCULAR INSTITUTE PROVIDES DIAGNOSTIC, MEDICAL, INTERVENTIONAL AND SURGICAL CARE FOR THOUSANDS OF PATIENTS FROM KENTUCKY AND SOUTHERN INDIANA. A TEAM OF SPECIALISTS TREATS PATIENTS AT NORTON HEALTHCARE'S FOUR ADULT-SERVICE HOSPITALS IN LOUISVILLE AND NUMEROUS DIAGNOSTIC OUTPATIENT AND SPECIALTY CENTERS THROUGHOUT GREATER LOUISVILLE. EACH FACILITY IS ACCREDITED THROUGH THE AMERICAN COLLEGE OF CARDIOLOGY'S ACCREDITATION SERVICES, WHICH ENSURES THE HIGHEST-QUALITY STANDARDS FOR DIAGNOSTIC SERVICES. ALL FOUR OF NORTON HEALTHCARE'S ADULT ACUTE-CARE HOSPITALS IN LOUISVILLE ARE ACCREDITED BY THE AMERICAN COLLEGE OF CARDIOLOGY'S ACCREDITATION SERVICES AS CHEST PAIN CENTERS, WITH THE HIGHEST ACCREDITATION LEVEL POSSIBLE FOR FACILITIES ABLE TO TREAT HEART ATTACKS. THREE OF THESE FACILITIES - NORTON AUDUBON HOSPITAL, NORTON BROWNSBORO HOSPITAL AND NORTON HOSPITAL - SERVE AS AMERICAN HEART ASSOCIATION AWARD-WINNING REGIONAL PCI (PERCUTANEOUS CORONARY INTERVENTION) RECEIVING CENTERS AND PARTICIPATE IN THE STATE'S FIRST REGIONAL STEMI PROGRAM, PROVIDING 24/7 CARE FOR</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>CONTINUED PATIENTS FROM THROUGHOUT KENTUCKY AND SOUTHERN INDIANA WHO EXPERIENCE THE MOST SEVERE TYPE OF HEART ATTACK.</p> <p>NORTON HEART &amp; VASCULAR INSTITUTE OFFERS A NATIONALLY RECOGNIZED ADVANCED HEART FAILURE AND RECOVERY PROGRAM, WITH EXPERTISE IN THE MANAGEMENT OF END-STAGE HEART FAILURE, MECHANICAL CIRCULATORY SUPPORT IMPLANTATION AND SUPPORT OF PATIENTS WHO REQUIRE HEART TRANSPLANTATION. THE NORTON HEART &amp; VASCULAR INSTITUTE HEART RHYTHM CENTER PROVIDES STATE-OF-THE-ART MONITORING AND A COMPREHENSIVE SUITE OF TREATMENT OPTIONS FOR ALL TYPES OF HEART ARRHYTHMIAS. NORTON HEART &amp; VASCULAR INSTITUTE OPENED A WOMEN'S HEART PROGRAM OFFICE STAFFED BY A FELLOWSHIP-TRAINED CARDIOLOGIST WHO SPECIALIZES IN AND STUDIES WOMEN'S HEART CARE. OUR EXPERIENCED TEAM OF CARDIOTHORACIC AND VASCULAR SURGEONS PROVIDES SURGICAL CAPABILITIES THAT INCLUDE VENTRICULAR ASSIST DEVICE IMPLANTATION, MINIMALLY INVASIVE TREATMENTS FOR ATRIAL FIBRILLATION, CARDIAC VALVE REPAIR AND REPLACEMENT, AND REPAIR OF LIFE-THREATENING VASCULAR CONDITIONS. VASCULAR SURGEONS TREAT THE SPECTRUM OF ARTERIAL AND VENOUS DISEASE WITH ENDOVASCULAR AND OPEN SURGICAL PROCEDURES, INCLUDING BALLOON ANGIOPLASTY AND STENTING, CAROTID ENDARTERECTOMY, ENDOVASCULAR ABDOMINAL AND THORACIC AORTIC ANEURYSM REPAIR WITH STENT GRAFTS, MINIMALLY INVASIVE TRANSCAROTID ARTERY REVASCLARIZATION, AND RADIOFREQUENCY AND LASER ABLATION.</p> <p>NORTON ORTHOPEDIC INSTITUTE</p> <p>NORTON ORTHOPEDIC INSTITUTE PROVIDES ADVANCED ORTHOPEDIC CARE FOR ALL BONES AND JOINTS, AND FOR PEOPLE OF ALL AGES. NORTON ORTHOPEDIC INSTITUTE IS MADE UP OF BOARD-CERTIFIED PHYSICIANS - MANY OF WHOM ARE FELLOWSHIP TRAINED - WHO WORK TOGETHER WITH THERAPISTS, PHYSICAL REHABILITATION SPECIALISTS, PRIMARY CARE PHYSICIANS, NEUROLOGISTS, CERTIFIED ATHLETIC TRAINERS AND OTHER CARE PROVIDERS TO OFFER A FULL RANGE OF MULTIDISCIPLINARY ORTHOPEDIC SERVICES. THESE SPECIALISTS PRACTICE A TEAM APPROACH IN THE DIAGNOSIS, TREATMENT AND REHABILITATION OF BONE AND JOINT CONDITIONS AND INJURIES. NORTON ORTHOPEDIC INSTITUTE'S HIP AND KNEE REPLACEMENT PROGRAM HAS BEEN CERTIFIED AS AN ORTHOPAEDIC CENTER OF EXCELLENCE BY DNV HEALTHCARE, AS MEETING GUIDELINES OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS AND THE AMERICAN ASSOCIATION OF HIP AND KNEE SURGEONS. WITH LOCATIONS THROUGHOUT GREATER LOUISVILLE, INCLUDING SOUTHERN INDIANA, NORTON ORTHOPEDIC INSTITUTE OFFERS SEVERAL SPECIALTY CENTERS FOCUSED ON PROVIDING EXPERTISE IN GENERAL ORTHOPEDICS, JOINT REPLACEMENT, INJURIES, TRAUMA, PEDIATRICS, ONCOLOGY, SPINAL CONDITIONS AND SPORTS HEALTH.</p> <p>NORTON WOMEN'S CARE</p> <p>NORTON WOMEN'S CARE OFFERS A COMPLETE RANGE OF SERVICES WITH AN EMPHASIS ON CARING FOR THE WHOLE WOMAN - MIND, BODY AND SPIRIT. SERVICES FOCUS ON THE HEALTH AND WELLNESS OF WOMEN AT ALL STAGES OF LIFE - ADOLESCENCE, PREGNANCY, MOTHERHOOD, MIDLIFE AND BEYOND. MORE WOMEN CHOOSE NORTON WOMEN'S CARE AT NORTON HOSPITAL AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL TO DELIVER THEIR BABIES THAN ANY OTHER FACILITY IN THE REGION. IN 2022, NORTON WOMEN'S CARE BIRTHING FACILITIES AT NORTON HOSPITAL, NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL AND NORTON KINGS' DAUGHTER'S HOSPITAL PROVIDED CARE AND MEDICAL SERVICES FOR 8,736 DELIVERIES. NORTON WOMEN'S CARE WAS RECOGNIZED AS HIGH PERFORMING IN ADULT MATERNITY CARE (UNCOMPLICATED PREGNANCY) BY U.S. NEWS &amp; WORLD REPORT.</p> <p>SPECIALTY SERVICES INCLUDE FULL GYNECOLOGIC CARE; PELVIC HEALTH PROGRAM; OBSTETRICS, INCLUDING HIGH-RISK PREGNANCY CARE; NEWBORN CARE WITH ACCESS TO LEVEL III AND IV NEONATAL INTENSIVE CARE UNITS; CANCER PREVENTION AND TREATMENT, INCLUDING A COMPREHENSIVE BREAST HEALTH PROGRAM; A DEDICATED WOMEN'S HEART AND VASCULAR CARE, EDUCATION AND SUPPORT PROGRAM; A BONE HEALTH PROGRAM ADDRESSING OSTEOPOROSIS, RHEUMATOLOGY AND PREVENTION OF OTHER ORTHOPEDIC DISEASES; AND NORTON WOMEN'S MENTAL HEALTH SERVICES FOR EVALUATION AND TREATMENT OF ISSUES INCLUDING DEPRESSION, PREMENSTRUAL DYSPHORIC DISORDER, INFERTILITY AND MENOPAUSE.</p> <p>NORTON WOMEN'S CARE ALSO OFFERS A VARIETY OF EDUCATIONAL WELLNESS PROGRAMS THROUGH THE MARSHALL WOMEN'S HEALTH &amp; EDUCATION CENTER- ST. MATTHEWS CAMPUS. INSTRUCTORS CONTINUE TO TEACH AT THE HEALTHY EQUITY INSTITUTE, NORTON HOSPITAL AND NORTON WOMEN'S AND CHILDREN'S HOSPITAL. IN 2022, CLASSES WERE EXPANDED TO REACH MORE OF THE COMMUNITY AND TWO NEW SITES WERE ADDED FOR PRENATAL CLASSES, INCLUDING AMERICANA, WHICH OFFERS SPANISH CLASSES, AND ELIZABETH CATHOLIC CHARITIES. MARSHALL WOMEN'S HEALTH &amp; EDUCATION CENTER ALSO PARTICIPATED IN MULTIPLE HEALTH FAIRS THROUGHOUT THE COMMUNITY IN 2022.</p> <p>NORTON CHILDREN'S PREVENTION &amp; WELLNESS</p> <p>NORTON CHILDREN'S PREVENTION &amp; WELLNESS IS SUPPORTED BY THE NORTON CHILDREN'S HOSPITAL FOUNDATION, WHICH RAISES FUNDS EXCLUSIVELY FOR THE NOT-FOR-PROFIT NORTON CHILDREN'S HOSPITAL AND ITS SISTER FACILITIES. THROUGH DONATIONS, VOLUNTEERISM AND COMMUNITY SUPPORT, THE FOUNDATION IS ABLE TO PROVIDE FUNDING FOR EQUIPMENT, NEW TECHNOLOGIES, CLINICAL RESEARCH, CHILD ADVOCACY AND HEALTH EDUCATION FOR PATIENTS, FAMILIES, MEDICAL STAFF AND THE COMMUNITY.</p> <p>*CHILD PASSENGER SAFETY TECHNICIANS CHECK CAR AND BOOSTER SEATS AND ALSO PROVIDE CAR AND BOOSTER SEATS AT FREE CHECKUP CLINICS STATEWIDE. IN 2022, 626 VIRTUAL AND IN-PERSON CAR SEAT CHECKS WERE COMPLETED. ADDITIONALLY, 110 NEW CHILD PASSENGER SAFETY TECHNICIANS WERE CERTIFIED ON HOW TO PROPERLY INSTALL CAR SEATS.</p> <p>*MORE THAN 10,000 THIRD AND FOURTH GRADERS ACROSS KENTUCKY LEARNED ABOUT BICYCLE SAFETY THROUGH THE NORTON CHILDREN'S HOSPITAL BIKE SAFETY RODEO IN 2022.</p>



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	<p>*THE SAFETY CITY PROGRAM WELCOMED OVER 3,900 SECOND-GRADE STUDENTS TO LEARN ABOUT BIKE AND PEDESTRIAN SAFETY.</p> <p>*IN A VIRTUAL PROGRAM, MORE THAN 4,800 KINDERGARTEN STUDENTS PARTICIPATED IN THE 39TH ANNUAL CHILDREN AND HOSPITALS WEEK EVENT. CHILDREN AND HOSPITALS WEEK IS DESIGNED TO TEACH SAFE DECISIONS AND BEHAVIORS TO HELP LESSEN THE FEAR AND ANXIETY CHILDREN MAY HAVE ABOUT COMING TO A HOSPITAL. THIS SUPERHERO-THEMED VIRTUAL OPTION PROVIDES TEACHERS WITH RESOURCES TO ADMINISTER THE COURSE, AND STUDENTS GRADUATE AS A "HEALTHY SUPERHERO" AT THE CONCLUSION OF THE CLASS.</p> <p>*NORTON CHILDREN'S FOOD PANTRIES SERVED OVER 20,000 INDIVIDUALS WITH FOOD INSECURITY NEEDS, A MORE THAN 20% INCREASE COMPARED TO 2021.</p> <p>*NORTON CHILDREN'S PREVENTION &amp; WELLNESS PROVIDED 16,000 TOOTHBRUSH PACKS TO COMMUNITY MEMBERS AND DISTRIBUTED OVER 2,300 FLUORIDE TREATMENTS TO DENTAL PRACTICES.</p> <p>*VIRTUAL CLASSES CONTINUED IN 2022, SERVING OVER 750 INDIVIDUALS WITH PREVENTION AND WELLNESS PROGRAMMING. EVENTS INCLUDED COOKING WORKSHOPS, CHILD SAFETY CLASSES AND SAFE GRANDPARENTING CLASSES.</p> <p>*THE "JUST FOR KIDS" TRANSPORT TEAM TRANSPORTS BABIES AND CHILDREN FROM ACROSS THE REGION TO NORTON CHILDREN'S HOSPITAL. TRANSPORTATION IS PROVIDED HELICOPTER AND FIVE SPECIALLY EQUIPPED AMBULANCES KNOWN AS MOBILE INTENSIVE CARE UNITS. IN 2022, 2,985 TRANSPORTATION TRIPS WERE COMPLETED.</p> <p>KENTUCKY POISON CONTROL CENTER OF NORTON CHILDREN'S HOSPITAL</p> <p>NORTON CHILDREN'S HOSPITAL IS HOME TO THE KENTUCKY POISON CONTROL CENTER. IN 2022, THE CENTER RECEIVED MORE THAN 40,000 CALLS AND PROVIDED CONTINUED ASSISTANCE THROUGH MORE THAN 42,000 FOLLOW-UP CALLS TO CONCERNED FAMILIES IN ALL 120 COUNTIES IN KENTUCKY, AS WELL AS TO PHYSICIANS AND OTHER HEALTH CARE PROVIDERS FROM EVERY HEALTH CARE FACILITY IN THE STATE. THE CENTER PROVIDED TREATMENT CONSULTATION AND EDUCATION ABOUT HOW TO CORRECTLY HANDLE EXPOSURES TO POISONS. IN ADDITION, THE CENTER DISTRIBUTED MORE THAN 35,000 PREVENTION EDUCATION RESOURCES TO PHYSICIANS' OFFICES, HEALTH DEPARTMENTS AND SCHOOLS, AND ALMOST 1,000 PACKETS OF MATERIALS TO INDIVIDUALS WHO CALLED THE POISON HOTLINE AT (800) 222-1222, WHICH IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK. THE STAFF OF THE POISON CONTROL CENTER ALSO ANSWER THE KENTUCKY HIV AND KENTUCKY OPIOID ASSISTANCE AND RESOURCE HOTLINES.</p> <p>NORTON NEUROSCIENCE INSTITUTE</p> <p>ESTABLISHED IN EARLY 2009, NORTON NEUROSCIENCE INSTITUTE IS THE REGION'S LEADING PROVIDER OF NEUROLOGICAL CARE. THE MULTIDISCIPLINARY COMPREHENSIVE PROGRAM HAS MORE THAN 110 SUBSPECIALTY FELLOWSHIP-TRAINED NEUROSURGEONS, NEUROLOGISTS, NEUROPSYCHOLOGISTS AND ADVANCED PRACTICE PROVIDERS. THESE SPECIALISTS ARE TRAINED TO PROVIDE PATIENTS AND THEIR FAMILIES WITH ADVANCED TREATMENT FOR COMPLEX NEUROLOGICAL DISORDERS, INCLUDING ALS; ANEURYSMS; BRAIN TUMORS; EPILEPSY; HEADACHE AND CONCUSSION; MEMORY AND DEMENTIA DISORDERS, MOVEMENT DISORDERS, INCLUDING PARKINSON'S DISEASE; MULTIPLE SCLEROSIS; PEDIATRIC NEUROSURGERY; SPINAL INJURIES AND DISORDERS; STROKE; AND MORE. PATIENTS ALSO HAVE ACCESS TO CRESSMAN NEUROLOGICAL REHABILITATION, WHICH OFFERS ADVANCED TECHNOLOGY AND SPECIALIZED SERVICES IN ONE LOCATION.</p> <p>NORTON NEUROSCIENCE INSTITUTE PROVIDES LEADERSHIP FOR A SYSTEM OF STROKE CARE, INCLUDING AT NORTON BROWNSBORO HOSPITAL, DESIGNATED AS A COMPREHENSIVE STROKE CENTER BY DNV HEALTHCARE INC., REPRESENTING THE HIGHEST LEVEL OF STROKE CARE. IN ADDITION, THE JOINT COMMISSION HAS CERTIFIED NORTON AUDUBON HOSPITAL AND</p>

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<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>CONTINUED NORTON HOSPITAL AS PRIMARY STROKE CENTERS, AND NORTON WOMEN'S &amp; CHILDREN'S HOSPITAL AS AN ACUTE STROKE READY HOSPITAL.</p> <p>NORTON NEUROSCIENCE INSTITUTE IS A LEADER IN THE REGION FOR PROVIDING INNOVATIVE SURGERY TECHNOLOGY, SUCH AS NEUROPACE, NEUROBLATE AND ROSA (A ROBOTIC SURGICAL ASSISTANT) AND CUTTING-EDGE TREATMENT FOR BRAIN TUMORS, INCLUDING TRUBEAM AND OPTUNE THERAPIES.</p> <p>AS PART OF THE COMPREHENSIVE CARE PROVIDED BY NORTON NEUROSCIENCE INSTITUTE, PATIENTS AND THEIR FAMILIES HAVE ACCESS TO SUPPORT RESOURCES TO MANAGE THEIR DIAGNOSES THROUGH TWO NORTON NEUROSCIENCE INSTITUTE RESOURCE CENTERS. THE RESOURCE CENTERS OFFER DEDICATED PATIENT NAVIGATORS, SUPPORT GROUPS, EXERCISE PROGRAMS AND EXTENSIVE EDUCATIONAL RESOURCES.</p> <p>NORTON COMMUNITY MEDICAL ASSOCIATES</p> <p>NORTON COMMUNITY MEDICAL ASSOCIATES OFFICES PROVIDE PRIMARY CARE IN LOUISVILLE, SOUTHERN INDIANA AND SURROUNDING AREAS AT OVER 30 LOCATIONS. OFFICES ARE STAFFED BY TEAMS OF EXPERIENCED PROVIDERS WHO HELP MANAGE SHORT- AND LONG-TERM HEALTH GOALS, OFFER GUIDANCE ON DISEASE PREVENTION, MANAGEMENT OF CHRONIC CONDITIONS AND DIAGNOSIS OF MEDICAL CONCERNS, AND PROVIDE SUPPORT NAVIGATING SPECIALIZED CARE WHEN NEEDED. PHYSICIANS ARE INVOLVED IN MEDICAL SCREENING, COMMUNITY OUTREACH AND COMMUNITY EDUCATION ACTIVITIES TO PROMOTE WELLNESS AND EARLY INTERVENTIONS.</p> <p>IN DECEMBER 2021, NORTON COMMUNITY MEDICAL ASSOCIATES - LA CLINICA PRESTON, NORTON HEALTHCARE'S FIRST 100% BILINGUAL PRACTICE, OPENED IN THE OKOLONA AREA OF LOUISVILLE. THE STAFF AND PROVIDERS ALL SPEAK ENGLISH AND SPANISH AND UNDERSTAND THE UNIQUE CONCERNS OF LOUISVILLE'S LATINX COMMUNITY AND FAMILIES.</p> <p>NORTON PREVENTION &amp; WELLNESS</p> <p>NORTON PREVENTION &amp; WELLNESS IS SUPPORTED BY THE NORTON HEALTHCARE FOUNDATION, WHICH RAISES FUNDS EXCLUSIVELY FOR NORTON HEALTHCARE'S ADULT-SERVICES HOSPITALS AND SERVICES.</p> <p>*IN 2022, NORTON PREVENTION &amp; WELLNESS STAFF PROVIDED PREVENTIVE SCREENINGS ABOARD THE NORTON PREVENTION &amp; WELLNESS MOBILE PREVENTION CENTER IN COLLABORATION WITH VARIOUS COMMUNITY PARTNERS. OVER 1,541 WOMEN RECEIVED MAMMOGRAMS AND/OR WELLNESS EXAMS, INCLUDING CERVICAL CANCER SCREENINGS, ABOARD THE MOBILE UNIT. OF THOSE, APPROXIMATELY 13% HAD NOT BEEN SCREENED IN THE PAST FIVE YEARS AND 11.3% HAD NEVER HAD A MAMMOGRAM. OF THE 169 MOBILE PREVENTION CENTER EVENTS, OVER HALF TOOK PLACE IN UNDERSERVED COMMUNITIES AND OVER 60% OF PATIENTS CAME FROM MEDICALLY UNDERSERVED AREAS.</p> <p>*EDUCATION ON CARDIOVASCULAR HEALTH, EFFECTS OF SMOKING, PROSTATE HEALTH, BREAST HEALTH AND WOMEN'S HEALTH, COLON HEALTH AND MORE WAS PROVIDED TO 1,372 COMMUNITY MEMBERS AT VARIOUS EVENTS, SUCH AS HEALTH FAIRS AND PRESENTATIONS. IF ELIGIBLE AND INTERESTED, PARTICIPANTS WERE OFFERED REFERRALS FOR A COLONOSCOPY OR GIVEN AN AT-HOME TESTING KIT THAT THEY COULD MAIL TO THE LAB AND LATER RECEIVE THEIR RESULTS. COLONOSCOPY REFERRALS WERE MADE FOR 143 PEOPLE AND 52 PEOPLE RECEIVED AT-HOME TESTING KITS. TO HELP ELIMINATE BARRIERS TO CARE, NORTON PREVENTION &amp; WELLNESS IMPLEMENTED A DEDICATED PHONE NUMBER, (502) 446-WELL, THAT LINKS ELIGIBLE PATIENTS TO COLONOSCOPY SCHEDULING OR REQUESTING IN-HOME TESTS.</p> <p>*IN COLLABORATION WITH MANY COMMUNITY PARTNERS, STAFF PROVIDED 1,804 HEALTH SCREENINGS (BLOOD PRESSURE, BODY MASS INDEX, GLUCOSE AND CHOLESTEROL LEVELS) FOR 952 PARTICIPANTS IN MULTIPLE LOCATIONS THROUGHOUT JEFFERSON COUNTY AND SURROUNDING COUNTIES, INCLUDING IN SOUTHERN INDIANA. EACH PARTICIPANT RECEIVED EDUCATION ON HEALTHY LIFESTYLE CHOICES, SUCH AS DIET AND EXERCISE. GROUP EDUCATION ON VARIOUS HEALTH AND WELLNESS TOPICS WAS PROVIDED THROUGHOUT THE YEAR.</p> <p>*NORTON PREVENTION &amp; WELLNESS CONDUCTED 11 AMERICAN LUNG ASSOCIATION FREEDOM FROM SMOKING CLASSES IN 2022. NEARLY HALF OF THE ATTENDEES REPORTED BEING TOBACCO FREE.</p> <p>*IN 2022, THE GET HEALTHY WALKING CLUB INCREASED BY 2000 MEMBERS AND REACHED OVER 8,000 TOTAL MEMBERS. MEMBERS HAVE FREE ACCESS TO WALK AT THE LOUISVILLE ZOO EACH DAY FROM MARCH THROUGH OCTOBER, FROM 8 TO 9:30 A.M.</p> <p>NORTON HEALTHCARE RESEARCH OFFICE</p> <p>NORTON HEALTHCARE GUIDES ONE OF THE LARGEST PORTFOLIOS OF CLINICAL RESEARCH OF ANY COMMUNITY HEALTH CARE SYSTEM IN THE UNITED STATES. AT ANY TIME, MORE THAN 750 CLINICAL STUDIES ARE ACTIVE OR PENDING AT NORTON HEALTHCARE. THESE STUDIES ENGAGE MORE THAN 400 NORTON HEALTHCARE STAFF AND SIGNIFICANTLY IMPACT OUR PATIENTS AND THEIR FAMILIES.</p> <p>AREAS OF CLINICAL RESEARCH FOCUS INCLUDE PEDIATRICS, ONCOLOGY, CARDIOLOGY, ORTHOPEDICS AND SPINE, INFECTIOUS DISEASES, NEUROLOGY, NEUROSURGERY AND PULMONOLOGY.</p> <p>NORTON HEALTHCARE INVESTS SIGNIFICANTLY IN CLINICAL RESEARCH TO BENEFIT OUR COMMUNITY AND PATIENTS, AND TO SUPPORT CLINICAL SCIENCE BY PARTICIPATING IN THE DEVELOPMENT OF NEW CLINICAL INTERVENTIONS (DRUGS, DEVICES, PROCEDURES) THAT WILL BECOME GENERALIZED AND SHARED WITH A WIDE NUMBER OF PATIENT POPULATIONS AND MEDICAL PROFESSIONALS. THESE NEW, INNOVATIVE TREATMENTS EXPAND THE MEDICAL COMMUNITY'S KNOWLEDGE AND POTENTIALLY IMPROVE THE QUALITY OF MEDICAL CARE NOW</p>

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	<p>AND IN THE FUTURE.</p> <p>IN 2022, NORTON HEALTHCARE STARTED BUILDING ITS RESEARCH CAPACITY AND INFRASTRUCTURE TO ADDRESS HEALTH DISPARITY ISSUES IN OUR COMMUNITY AND REGION. THIS RESEARCH STREAM WILL BE COORDINATED THROUGH THE INSTITUTE FOR HEALTH EQUITY, A PART OF NORTON HEALTHCARE.</p> <p>NORTON CANCER INSTITUTE</p> <p>NORTON CANCER INSTITUTE'S MISSION IS TO BLEND COMPREHENSIVE TREATMENT AND SERVICES WITH COMPASSION, HOPE AND HEALING FOR PATIENTS AND THEIR FAMILIES. THROUGH A MULTIDISCIPLINARY APPROACH, ITS TEAM OF SPECIALISTS OFFERS PATIENTS THE LATEST IN TREATMENTS AND TECHNOLOGY FOCUSED ON CANCER PREVENTION, DIAGNOSIS, CARE AND SURVIVORSHIP ACROSS A BROAD RANGE OF SPECIALTIES THAT INCLUDE BEHAVIORAL ONCOLOGY, GYNECOLOGIC ONCOLOGY, HEMATOLOGY, MEDICAL ONCOLOGY, NEURO-ONCOLOGY, ONCOLOGIC DERMATOLOGY, ORTHOPEDIC ONCOLOGY AND RADIATION ONCOLOGY. NORTON CANCER INSTITUTE OFFERS STATE-OF-THE-ART MEDICBURAL, SURGICAL AND RADIATION THERAPIES, INCLUDING MINIMALLY INVASIVE ROBOTIC SURGERY, STEREOTACTIC RADIOSURGERY (NOVALIS TX AND TRUEBEAM STX) AND ADVANCED BRACHYTHERAPY. PATIENTS HAVE ACCESS TO GROUNDBREAKING RESEARCH THROUGH ITS PARTICIPATION IN DOZENS OF INNOVATIVE NATIONAL CANCER INSTITUTE AND INDUSTRY-SPONSORED CLINICAL TRIALS. EXTENSIVE EDUCATIONAL, PHYSICAL AND EMOTIONAL SUPPORT SERVICES, INCLUDING SUPPORT GROUPS, SEMINARS, ART AND MUSIC THERAPY, MASSAGE THERAPY, YOGA AND NUTRITIONAL COUNSELING ARE AVAILABLE THROUGH FIVE NORTON CANCER INSTITUTE RESOURCE CENTERS. NORTON CANCER INSTITUTE IS DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS THE ONLY ACCREDITED INTEGRATED NETWORK CANCER PROGRAM IN KENTUCKY. MORE INFORMATION IS AVAILABLE AT NORTONCANCERINSTITUTE.COM</p> <p>COMMUNITY SUPPORT FROM OUR FOUNDATIONS</p> <p>IN 2022, NORTON CHILDREN'S HOSPITAL FOUNDATION AND NORTON HEALTHCARE FOUNDATION RAISED \$40.9 MILLION IN SUPPORT OF CARE AT NORTON CHILDREN'S HOSPITAL AND ITS SISTER FACILITIES, AND NORTON HEALTHCARE'S ADULT-SERVICE FACILITIES. GRANTS TOTALING MORE THAN \$17.9 MILLION WERE INVESTED IN NORTON HEALTHCARE FACILITIES TO IMPROVE ACCESS TO CARE AND SPUR INNOVATION IN SERVICES. THE GRANTS SUPPORTED A WIDE RANGE OF INITIATIVES TO EXPAND WORKFORCE, ENHANCE FACILITIES, ESTABLISH NEW PROGRAMS AND PROVIDE ADVANCED FACILITIES.</p> <p>*SUPPORT FOR THE NORTON CHILDREN'S AUTISM CENTER, AFFILIATED WITH INCLUDING DRIVING SIMULATION EQUIPMENT, A PARENT RESOURCE LIBRARY AND SUPPLIES FOR PATIENTS</p> <p>*PEDIATRIC COMMUNITY HEALTH SAFETY VAN PROVIDED THROUGH NORTON CHILDREN'S PREVENTION &amp; WELLNESS</p> <p>*THE HEEL, DOG, HEAL FACILITY DOG PROGRAM ACROSS NORTON HEALTHCARE FACILITIES, INCLUDING 11 TRAINED DOGS AND THEIR HANDLERS</p> <p>*TRANSPORT ISOLETTE FOR THE "JUST FOR KIDS" TRANSPORT TEAM</p> <p>*SUPPORT FOR THE NORTON CANCER INSTITUTE GENOMICS LAB</p> <p>*NORTON HEART &amp; VASCULAR INSTITUTE CARDIOLOGY AND PULMONARY MAPPING SYSTEM</p> <p>*EXPRESSIVE THERAPISTS FOR NORTON CANCER INSTITUTE PAT HARRISON RESOURCE CENTER</p> <p>*FELLOWSHIP DIRECTOR FOR NORTON LEATHERMAN SPINE</p> <p>*OPERATIONAL FUNDING FOR THE NORTON CHILDREN'S PREVENTION &amp; WELLNESS TEAM, INCLUDING THE SAFETY CITY AND NO KID HUNGRY PROGRAMS, AS WELL AS ADDITIONAL EDUCATION AND OUTREACH</p> <p>*CLINICAL RESEARCH NURSE AT NORTON CHILDREN'S CANCER INSTITUTE, AFFILIATED WITH THE UOFL SCHOOL OF MEDICINE</p>
FORM 990, PART V, LINE 1A - COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC., EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE, INC., NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC. AND THE CHILDREN'S HOSPITAL FOUNDATION INC. THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NORTON HEALTHCARE, INC. ON BEHALF OF THESE NAMED ENTITIES. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2022 BY NORTON HEALTHCARE, INC., WAS APPROXIMATELY 1290. NORTON HEALTHCARE, INC., HAS APPROXIMATELY 126 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2021. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 953 VENDORS ON FORM 1096 FOR 2022.
FORM 990, PART V, LINE 1B - W-2 G COMMON PAYING AGENT	NORTON HEALTHCARE INC., AS THE COMMON PAYING AGENT, FILED THREE FORM W-2GS ON BEHALF OF THE CHILDREN'S HOSPITAL FOUNDATION, INC. AND FILED ONE FORM W-2G ON BEHALF OF NORTON HEALTHCARE FOUNDATION, INC.
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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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 3,959 EMPLOYEES. NORTON HEALTHCARE, INC., THE COMMON PAYING AGENT, REPORTED 22,822 EMPLOYEES ON FORM W-3 FOR 2022.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT AND DIRECTION OF THE BUSINESS AND AFFAIRS OF THE CORPORATION. HOWEVER, THE EXECUTIVE COMMITTEE DOES NOT POSSESS THE AUTHORITY TO DO THE FOLLOWING: A) FILL VACANCIES ON THE BOARD; B) CHANGE THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE; C) MAKE DECISIONS TO MERGE, LIQUIDATE, OR OTHERWISE MAKE DECISIONS OUTSIDE OF THE NORMAL COURSE OF BUSINESS; D) MAKE FINAL DETERMINATIONS OF LONG-TERM POLICY; E) HIRE OR FIRE THE CHIEF EXECUTIVE OFFICER; AND F) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	JAMES FRAZIER, STEVE HEILMAN, DOUGLAS WINKELHAKE - BUSINESS RELATIONSHIP RUSSELL F. COX, MICHAEL W. GOUGH, ROBERT B. AZAR (OFFICERS, NORTON ENTERPRISE, INC.) - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AT THE OCTOBER 5, 2023 NORTON HEALTHCARE, INC. (NHC) FINANCE COMMITTEE MEETING AND AT THE OCTOBER 26, 2023 NHC BOARD OF TRUSTEES MEETING, THE FORMS 990 AND SUPPLEMENTAL SCHEDULES WERE DISCUSSED AND COMMITTEE MEMBERS AND TRUSTEES HAD AN OPPORTUNITY TO ASK QUESTIONS. COINCIDING WITH THE FINANCE COMMITTEE MEETING, ELECTRONIC COPIES OF THE FORMS 990 AND SUPPLEMENTAL SCHEDULES WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES THROUGH THE DIRECTOR'S PORTAL SITE, PRIOR TO THE FILING WITH THE IRS. NHC IS THE PARENT OF COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC., THE CHILDREN'S HOSPITAL FOUNDATION, INC., NORTON KINGS DAUGHTER'S HEALTH, INC. AND NORTON HEALTHCARE-INDIANA, INC.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ANNUALLY DISTRIBUTING A QUESTIONNAIRE THAT REQUIRES OFFICERS, TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE INTERESTS THAT MAY GIVE RISE TO CONFLICTS. IF A CONFLICT ARISES, THE POLICY PROVIDES PROCEDURES FOR ADDRESSING CONFLICTS TO ENSURE DECISIONS ARE MADE IN THE BEST INTEREST OF THE ORGANIZATION.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	PLEASE SEE EXPLANATION PROVIDED FOR FORM 990, PART VI, LINE 15B.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE ORGANIZATION TAKES ALL NECESSARY STEPS TO ENSURE THAT COMPENSATION FOR ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES IS REASONABLE AND APPROPRIATE FOR THE SERVICES PROVIDED TO THE ORGANIZATION. THE ORGANIZATION PROVIDES A TOTAL COMPENSATION PACKAGE THAT IS ON PAR WITH COMPENSATION PROVIDED BY SIMILAR ORGANIZATIONS AND WHICH CONFORMS TO THE POLICIES AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES.</p> <p>NORTON HEALTHCARE, INC. (NHC) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, GALLAGHER, TO PROVIDE COMPARABILITY DATA, INCLUDING REVIEW OF OTHER HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS THAT HAVE FILED FORM 990S, FOR NHC'S OFFICERS AND KEY EMPLOYEES ON TOTAL COMPENSATION FOR SIMILAR POSITIONS AT HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS SIMILAR IN SIZE, SCOPE OF SERVICES, AND CIRCUMSTANCES. IN ADDITION, THE ORGANIZATION PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS.</p> <p>GALLAGHER CONSULTANTS PRESENTED AND DISCUSSED THIS COMPARABILITY DATA IN 2021 FOR THE 2022 COMPENSATION REVIEW AND MET IN 2022 FOR THE 2023 COMPENSATION REVIEW WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES (BOARD). THE COMMITTEE REVIEWED THE EXECUTIVE COMPENSATION AND BENEFITS PROGRAM, DETERMINED TOTAL COMPENSATION FOR THE CEO, AND APPROVED COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES. THE COMMITTEE REVIEWED NHC'S VARIABLE COMPENSATION PROGRAM AND DETERMINED APPROPRIATE AWARDS FOR PERFORMANCE RELATIVE TO GOALS SET FOR THE YEAR. AFTER THE COMMITTEE DETERMINED APPROPRIATE COMPENSATION AND BENEFITS FOR OFFICERS AND KEY EMPLOYEES, THE BOARD APPROVED THEIR TOTAL COMPENSATION.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE HERE: <a href="https://nortonhealthcare.com/about-us/financial-information/">HTTPS://NORTONHEALTHCARE.COM/ABOUT-US/FINANCIAL-INFORMATION/</a> . GOVERNING DOCUMENTS, AND CONFLICTS OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC

Return Reference - Identifier	Explanation																																																	
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D) - BOARD MEMBER STIPEND PAYMENTS	NORTON HEALTHCARE, INC. (NHC) AND AFFILIATES (NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND NORTON KING'S DAUGHTERS' HEALTH, 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 2022.																																																	
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="461 401 753 470">(a) Description</th> <th data-bbox="753 401 943 470">(b) Total Expenses</th> <th data-bbox="943 401 1133 470">(c) Program Service Expenses</th> <th data-bbox="1133 401 1323 470">(d) Management and General Expenses</th> <th data-bbox="1323 401 1511 470">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="461 470 753 506">OUTSIDE SERVICES</td> <td data-bbox="753 470 943 506">53,877,974</td> <td data-bbox="943 470 1133 506">44,456,412</td> <td data-bbox="1133 470 1323 506">9,421,562</td> <td data-bbox="1323 470 1511 506"></td> </tr> <tr> <td data-bbox="461 506 753 541">OTHER EXPENSES</td> <td data-bbox="753 506 943 541">2,327,772</td> <td data-bbox="943 506 1133 541">915,472</td> <td data-bbox="1133 506 1323 541">1,412,300</td> <td data-bbox="1323 506 1511 541"></td> </tr> <tr> <td data-bbox="461 541 753 577">CONTRACT LABOR</td> <td data-bbox="753 541 943 577">1,382,433</td> <td data-bbox="943 541 1133 577">1,185,416</td> <td data-bbox="1133 541 1323 577">197,017</td> <td data-bbox="1323 541 1511 577"></td> </tr> <tr> <td data-bbox="461 577 753 613">PROFESSIONAL FEES</td> <td data-bbox="753 577 943 613">196,314</td> <td data-bbox="943 577 1133 613">196,314</td> <td data-bbox="1133 577 1323 613"></td> <td data-bbox="1323 577 1511 613"></td> </tr> <tr> <td data-bbox="461 613 753 663">RESEARCH DEPARTMENT FEES</td> <td data-bbox="753 613 943 663">741,411</td> <td data-bbox="943 613 1133 663">741,411</td> <td data-bbox="1133 613 1323 663"></td> <td data-bbox="1323 613 1511 663"></td> </tr> <tr> <td data-bbox="461 663 753 699">COLLECTION FEES</td> <td data-bbox="753 663 943 699">2,382,953</td> <td data-bbox="943 663 1133 699">2,061,254</td> <td data-bbox="1133 663 1323 699">321,699</td> <td data-bbox="1323 663 1511 699"></td> </tr> <tr> <td data-bbox="461 699 753 735">MARKETING FEES</td> <td data-bbox="753 699 943 735">6,799,385</td> <td data-bbox="943 699 1133 735">2,719,754</td> <td data-bbox="1133 699 1323 735">4,079,631</td> <td data-bbox="1323 699 1511 735"></td> </tr> <tr> <td data-bbox="461 735 753 751"><b>Total</b></td> <td data-bbox="753 735 943 751"><b>67,708,242</b></td> <td data-bbox="943 735 1133 751"><b>52,276,033</b></td> <td data-bbox="1133 735 1323 751"><b>15,432,209</b></td> <td data-bbox="1323 735 1511 751"><b>0</b></td> </tr> </tbody> </table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OUTSIDE SERVICES	53,877,974	44,456,412	9,421,562		OTHER EXPENSES	2,327,772	915,472	1,412,300		CONTRACT LABOR	1,382,433	1,185,416	197,017		PROFESSIONAL FEES	196,314	196,314			RESEARCH DEPARTMENT FEES	741,411	741,411			COLLECTION FEES	2,382,953	2,061,254	321,699		MARKETING FEES	6,799,385	2,719,754	4,079,631		<b>Total</b>	<b>67,708,242</b>	<b>52,276,033</b>	<b>15,432,209</b>	<b>0</b>
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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCE	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, 2022. THE OTHER COMPONENTS OF NET PERIODIC PENSION COST WAS \$1.6 MILLION FOR YEAR ENDED DECEMBER 31, 2022.																																																	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="461 1157 1300 1192">(a) Description</th> <th data-bbox="1300 1157 1511 1192">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="461 1192 1300 1228">AFFILIATE TRANSFER</td> <td data-bbox="1300 1192 1511 1228">27,767</td> </tr> <tr> <td data-bbox="461 1228 1300 1264">SWAP MARK TO MARKET ADJUSTMENT</td> <td data-bbox="1300 1228 1511 1264">14,825,987</td> </tr> <tr> <td data-bbox="461 1264 1300 1299">CHANGE IN MINIMUM PENSION LIABILITY</td> <td data-bbox="1300 1264 1511 1299">- 6,060,439</td> </tr> <tr> <td data-bbox="461 1299 1300 1335">CHANGE IN NET PERIODIC PENSION COST</td> <td data-bbox="1300 1299 1511 1335">- 1,619,372</td> </tr> <tr> <td data-bbox="461 1335 1300 1371">EXCESS OF CONSIDERATION PAID OVER NET ASSETS ACQUIRED</td> <td data-bbox="1300 1335 1511 1371">133,666,613</td> </tr> <tr> <td data-bbox="461 1371 1300 1407">PLEDGE RECEIVABLE ADJUSTMENT</td> <td data-bbox="1300 1371 1511 1407">11,438,485</td> </tr> <tr> <td data-bbox="461 1407 1300 1415">AUDIT TO BOOK TAX ADJUSTMENT</td> <td data-bbox="1300 1407 1511 1415">- 5,000</td> </tr> </tbody> </table>					(a) Description	(b) Amount	AFFILIATE TRANSFER	27,767	SWAP MARK TO MARKET ADJUSTMENT	14,825,987	CHANGE IN MINIMUM PENSION LIABILITY	- 6,060,439	CHANGE IN NET PERIODIC PENSION COST	- 1,619,372	EXCESS OF CONSIDERATION PAID OVER NET ASSETS ACQUIRED	133,666,613	PLEDGE RECEIVABLE ADJUSTMENT	11,438,485	AUDIT TO BOOK TAX ADJUSTMENT	- 5,000																													
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTON HEALTHCARE, INC.

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

61-1028725

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTON PHARMACIES, PLLC (83-1832543) 224 E. BROADWAY, 5TH FL, LOUISVILLE, KY 40202	PHARMACY	KY	101,082,113	13,448,322	NORTON HEALTHCARE, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTON HOSPITALS, INC. (61-0703799) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE HOSPITAL SERVICES	KY	501(C)(3)	3	NORTON HEALTHCARE, INC.	✓	
(2) COMMUNITY MEDICAL ASSOCIATES, INC. (61-1276316) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(C)(3)	10	NORTON HEALTHCARE, INC.	✓	
(3) NORTON PROPERTIES, INC. (61-1028724) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(C)(3)	12 TYPE I	NORTON HEALTHCARE, INC.	✓	
(4) THE CHILDREN'S HOSPITAL FOUNDATION, INC. (61-6027530) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NORTON HEALTHCARE, INC.	✓	
(5) NORTON HEALTHCARE FOUNDATION INC (31-0914919) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(C)(3)	7	NORTON HEALTHCARE, INC.	✓	
(6) NORTON HEALTHCARE - INDIANA INC. (85-0513259) ACCOUNTING 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	OPERATE HOSPITAL AND OTHER HEALTHCARE FACILITIES	IN	501(C)(3)	10	NORTON HEALTHCARE, INC.	✓	
(7) NORTON KING'S DAUGHTERS' HEALTH, INC. (35-0895832) ACCOUNTING 224 E. BROADWAY, LOUISVILLE, KY 40202	PROVIDE HOSPITAL SERVICES	IN	501(C)(3)	3	NORTON HEALTHCARE - INDIANA, INC.	✓	

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTON HOSPITALS, INC.	R	2,276,375,707	FMV
(2) NORTON HOSPITALS, INC.	S	2,420,960,705	FMV
(3) COMMUNITY MEDICAL ASSOCIATES, INC.	R	910,014,197	FMV
(4) COMMUNITY MEDICAL ASSOCIATES, INC.	S	720,731,872	FMV
(5) NORTON PROPERTIES, INC.	R	78,819,737	FMV
(6) (SEE STATEMENT)			



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

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

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

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTON ENTERPRISES INC (61-1054301) 224 E BROADWAY 5TH FLOOR, LOUISVILLE, KY 40202	INVESTS IN PARTNERSHIPS THAT PROVIDE MEDICAL SERVICES	KY	NORTON HEALTHCARE, INC.	C CORPORATION			100.00	✓	

**Part V****Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) NORTON PROPERTIES, INC.	S	80,423,990	FMV
(7) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	R	6,409,281	FMV
(8) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	S	17,714,787	FMV
(9) NORTON HEALTHCARE FOUNDATION, INC.	R	1,577,189	FMV
(10) NORTON HEALTHCARE FOUNDATION, INC.	S	4,239,848	FMV
(11) NORTON ENTERPRISES, INC.	R	342,656	FMV
(12) NORTON ENTERPRISES, INC.	S	1,417,457	FMV
(13) NORTON HEALTHCARE FOUNDATION, INC.	C	2,228,425	FMV
(14) THE CHILDREN'S HOSPITAL FOUNDATION, INC.	C	574,372	FMV
(15) NORTON KING'S DAUGHTERS' HEALTH, INC.	R	2,280,860	FMV
(16) NORTON KING'S DAUGHTERS' HEALTH, INC.	S	368,452,283	FMV