

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2022

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

Open to Public Inspection

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

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

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

C Name of organization **NORTON - KING'S DAUGHTERS' HEALTH, INC.**
 Doing business as **KING'S DAUGHTERS' HEALTH**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1373 EAST STATE ROAD 62, PO BOX 447
 City or town, state or province, country, and ZIP or foreign postal code
MADISON, IN 47250

D Employer identification number
35-0895832

E Telephone number
(502) 629-8263

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

G Gross receipts \$ **457,204,569**

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

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

J Website: **WWW.KDHMADISON.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1899**

M State of legal domicile: **IN**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NORTON - KING'S DAUGHTERS' HEALTH, INC.'S PURPOSE IS TO PROVIDE QUALITY HEALTH CARE TO ALL THOSE WE SERVE, IN A MANNER THAT RESPONDS TO THE NEEDS OF OUR COMMUNITIES AND HONORS OUR FAITH HERITAGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,045
	6 Total number of volunteers (estimate if necessary)	6	1
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	44,011
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	30,751	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,369,853	2,028,192
	9 Program service revenue (Part VIII, line 2g)	145,093,966	123,299,593
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,031,572	20,415,919
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	409,944	616,728
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	171,905,335	146,360,432
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,579	28,462
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	71,842,418	67,688,143
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 121,646		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	65,268,265	73,380,346
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	137,134,262	141,096,951	
19 Revenue less expenses. Subtract line 18 from line 12	34,771,073	5,263,481	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	360,802,224	337,254,827
	21 Total liabilities (Part X, line 26)	99,917,079	379,963,394
	22 Net assets or fund balances. Subtract line 21 from line 20	260,885,145	(42,708,567)

Part II Signature Block

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

Sign Here

Signature of officer: **ADAM KEMPF, CFO** Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **KIM SCIFRES** Preparer's signature: **KIM SCIFRES** Date: **11/01/2023** Check if self-employed PTIN: **P01316095**

Firm's name: **CROWE LLP** Firm's EIN: **35-0921680**

Firm's address: **9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-3902** Phone no.: **(502) 326-3996**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
 NORTON-KING'S DAUGHTERS' HEALTH'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 HERTIAGE.
- 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 \$ 109,789,578 including grants of \$ 28,462) (Revenue \$ 123,562,805)
 NORTON-KING'S DAUGHTERS' HEALTH, INC. (NKDH) IS A NOT-FOR-PROFIT, ACUTE CARE HOSPITAL LOCATED IN
 MADISON, INDIANA. NKDH IS ORGANIZED FOR THE PURPOSE OF PROVIDING HEALTH CARE SERVICES TO THE
 RESIDENTS OF JEFFERSON COUNTY AND THE SURROUNDING AREA. NKDH INCLUDES AN 86-LICENSED BED ACUTE
 CARE HOSPITAL, PHYSICIAN PRACTICE GROUPS, AND HOME HEALTH/HOSPICE SERVICES.

DURING 2022, NKDH SERVED 2,042 INPATIENTS, 68,718 OUTPATIENTS, AND SAW 18,541 EMERGENCY
 DEPARTMENT ROOM VISITS AND 1,936 OBSERVATION CASES. IN ADDITION, NKDH'S OPERATING ROOMS CARED
 FOR 579 INPATIENT SURGICAL PATIENTS AND 2,089 SURGICAL OUTPATIENTS. ADDITIONALLY, 380
 DELIVERIES WERE PERFORMED AT NKDH. NKDH'S PHYSICIAN PRACTICE GROUPS SAW 121,689 VISITS. NKDH'S
 HOME CARE SERVICES SAW 7,319 VISITS.

(CONTINUED ON 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 109,789,578

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5 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>		✓
27	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>		✓
28	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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
c	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>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,045		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b ✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a ✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b ✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a ✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a ✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b ✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a ✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b ✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c ✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
8				
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16	✓
17	Section 501(c)(21) organizations. 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.			
17				

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IN
- 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.
 DAWN NUNAN, 1373 E SR 62, PO BOX 447, MADISON, IN 47250, (812) 801-0800

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) ADAM KEMPF BOARD TREASURER	1.0 50.0	✓		✓				0	1,039,507	178,515
(2) NATHAN POLLEY, M.D. PHYSICIAN	40.0 0.0					✓		1,158,220	0	57,731
(3) ROBERT B. AZAR BOARD SECRETARY	1.0 50.0	✓		✓				0	1,116,031	90,244
(4) SCOTT WATKINS BOARD MEMBER	1.0 50.0	✓						0	771,364	155,802
(5) RAYMONDA STEVENS, M.D. PHYSICIAN	40.0 0.0					✓		804,492	0	14,650
(6) KENNETH MACKINLAY, M.D. PHYSICIAN	40.0 0.0					✓		677,706	0	57,627
(7) THOMAS ECKERT, M.D. PHYSICIAN	40.0 0.0					✓		575,965	0	30,247
(8) CAROL DOZIER PRESIDENT/CEO	40.0 0.0			✓				113,922	425,961	26,006
(9) GEORGE ALCORN, M.D. PHYSICIAN	40.0 0.0					✓		482,658	0	60,448
(10) JONATHAN HANSON, M.D. PHYSICIAN/BOARD MEMBER	1.0 0.0	✓						426,774	0	58,507
(11) MICHAEL ISRAEL, M.D. PHYSICIAN/BOARD MEMBER	1.0 0.0	✓						362,057	0	57,265
(12) JOHN PRICE VICE-PRESIDENT FINANCE	40.0 0.0					✓		68,459	259,576	26,632
(13) JENNIFER LITER VP INPATIENT SERVICES	40.0 0.0					✓		192,267	0	53,559
(14) DENINE FALLIS-HALLGARTH VP PHYSICIAN SERVICES	40.0 0.0					✓		182,999	0	25,681

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) TINA HENDRICK, M.D. PHYSICIAN/BOARD MEMBER (PARTIAL YEAR)	1.0 0.0							187,337	0	10,376
(16) DAVID CRAIG BOARD VICE CHAIRPERSON	1.0 3.5	✓						0	2,000	0
(17) ANNIE SCHROEDER BOARD MEMBER	1.0 0.0	✓						0	0	0
(18) BONNIE COLEN BOARD MEMBER	1.0 0.0	✓						0	0	0
(19) DARLEEN CONNOLLY BOARD CHAIRPERSON	1.0 0.0	✓						0	0	0
(20) KEVIN TURNER BOARD MEMBER	1.0 0.0	✓						0	0	0
(21) MARY BETTE VOYLES BOARD MEMBER	1.0 0.0	✓						0	0	0
(22) MARY KAY MCCUBBIN BOARD MEMBER	1.0 0.0	✓						0	0	0
(23) SHARYN WHITMAN BOARD MEMBER	1.0 0.0	✓						0	0	0
(24) SUSAN OHLENDORF BOARD MEMBER	1.0 0.0	✓						0	0	0
(25)										
1b Subtotal								5,232,856	3,614,439	903,290
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								5,232,856	3,614,439	903,290

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 73

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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
PROLINK STAFFING SERVICES, LLC, 4600 MONTGOMERY ROAD, STE. 300, CINCINNATI, OH 45212	CONTRACTED STAFFING	2,271,789
EMCARE, INC., 7032 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	CONTRACTED PHYSICIAN AND MIDLEVEL PROVIDER SER	1,601,305
ARUP LABORATORIES, INC., P.O. BOX 27964, SALT LAKE CITY, UT 84127	LABORATORY TESTING SERVICES	1,060,885
MEDICAL SOLUTIONS, LLP, P.O. BOX 850737, MINNEAPOLIS, MN 55485-0737	CONTRACTED STAFFING SERVICES	957,718
WEATHERBY LOCUMS, INC., P.O. BOX 972633, DALLAS, TX 75397-2633	CONTRACTED PHYSICIAN AND MIDLEVEL PROVIDER SER	942,639

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 43

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	12,713				
	1d	Related organizations					
	1e	Government grants (contributions)	1,058,554				
	1f	All other contributions, gifts, grants, and similar amounts not included above	956,925				
	1g	Noncash contributions included in lines 1a-1f	\$				
	1h	Total. Add lines 1a-1f	2,028,192				
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	621110	123,299,593	123,260,492	39,101
b							
c							
d							
e							
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		123,299,593			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,610,563		4,610,563	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
				99,951			
	6b	Less: rental expenses		8,377			
	6c	Rental income or (loss)		91,574	0		
	d	Net rental income or (loss)		91,574	84,951	6,623	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				326,475,868	106,400		
	7b	Less: cost or other basis and sales expenses		309,936,359	840,553		
	7c	Gain or (loss)		16,539,509	(734,153)		
	d	Net gain or (loss)		15,805,356		15,805,356	
8a	Gross income from fundraising events (not including \$ 12,713 of contributions reported on line 1c). See Part IV, line 18						
			94,194				
8b	Less: direct expenses		58,848				
c	Net income or (loss) from fundraising events		35,346		35,346		
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	CAFETERIA REVENUE	722310	267,157		267,157	
	b						
	c						
	d	All other revenue	900099	222,651	217,362	4,910	
	e	Total. Add lines 11a-11d		489,808			
12	Total revenue. See instructions		146,360,432	123,562,805	44,011	20,725,424	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,462	28,462		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,740,302	1,185,917	542,573	11,812
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32,742	32,742		
7	Other salaries and wages	51,679,122	43,102,008	8,495,283	81,831
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,007,999	1,655,914	349,063	3,022
9	Other employee benefits	8,708,243	7,140,722	1,554,437	13,084
10	Payroll taxes	3,519,735	2,893,634	620,401	5,700
11	Fees for services (nonemployees):				
a	Management				
b	Legal	165,970		165,970	
c	Accounting	367,011		367,011	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	623,853		623,853	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	21,218,824	14,294,678	6,917,949	6,197
12	Advertising and promotion	133,069	133,069		
13	Office expenses	834,013	489,661	344,352	
14	Information technology	625,169		625,169	
15	Royalties				
16	Occupancy	2,199,550	1,518,044	681,506	
17	Travel	95,669	91,901	3,768	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,228,532	1,491,255	737,277	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,017,413	4,455,326	4,562,087	
23	Insurance	1,360,507	793,226	567,281	
24	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.)				
a	MEDICAL SUPPLIES & DRUGS	23,785,305	22,975,463	809,842	
b	INDIANA MEDICAID ASSESSMENT FEE	4,778,855	4,778,855		
c	REPAIRS & MAINTENANCE	4,827,509	2,311,878	2,515,631	
d	PHYSICIAN RECRUITING	551,882		551,882	
e	All other expenses	567,215	416,823	150,392	0
25	Total functional expenses. Add lines 1 through 24e	141,096,951	109,789,578	31,185,727	121,646
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,230	1	9,950
	2 Savings and temporary cash investments	25,181,101	2	23,867,845
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	15,510,341	4	21,311,887
	5 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	57,908	5	0
	6 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	6	0
	7 Notes and loans receivable, net	887,443	7	457,591
	8 Inventories for sale or use	3,253,610	8	3,541,029
	9 Prepaid expenses and deferred charges	1,708,255	9	738,178
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	100,351,206		
	b Less: accumulated depreciation	8,269,137		
	11 Investments—publicly traded securities	219,392,303	11	187,620,247
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,169,543	15	7,626,031
16 Total assets. Add lines 1 through 15 (must equal line 33)	360,802,224	16	337,254,827	
Liabilities	17 Accounts payable and accrued expenses	10,449,107	17	8,192,386
	18 Grants payable	0	18	0
	19 Deferred revenue	8,421	19	0
	20 Tax-exempt bond liabilities	86,193,262	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	806,393	23	460,556
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	2,459,896	25	371,310,452
	26 Total liabilities. Add lines 17 through 25	99,917,079	26	379,963,394
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	260,864,458	27	(43,451,453)
	28 Net assets with donor restrictions	20,687	28	742,886
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	260,885,145	32	(42,708,567)
33 Total liabilities and net assets/fund balances	360,802,224	33	337,254,827	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	146,360,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,096,951
3	Revenue less expenses. Subtract line 2 from line 1	3	5,263,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	260,885,145
5	Net unrealized gains (losses) on investments	5	(46,187,894)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(262,669,299)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	(42,708,567)

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
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 .	✓	

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization NORTON - KING'S DAUGHTERS' HEALTH, INC.	Employer identification number 35-0895832
--	---

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)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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 _____
 - g Provide the following information about the supported organization(s).

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
b 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? If "Yes," provide detail in Part VI .		
c 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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	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 Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Area with horizontal dashed lines for supplemental information.

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

Table with 2 columns: Name of the organization (NORTON - KING'S DAUGHTERS' HEALTH, INC.) and Employer identification number (35-0895832)

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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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 NORTON - KING'S DAUGHTERS' HEALTH, INC.	Employer identification number 35-0895832
---	--

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	----- ----- -----	\$ ----- 767,022	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 21,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 6,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTON - KING'S DAUGHTERS' HEALTH, INC.	Employer identification number 35-0895832
---	--

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

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

Name of organization NORTON - KING'S DAUGHTERS' HEALTH, INC.	Employer identification number 35-0895832
---	--

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization NORTON - KING'S DAUGHTERS' HEALTH, INC.	Employer identification number 35-0895832
---	--

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		11,625
j Total. Add lines 1c through 1i			11,625
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	AMERICAN HOSPITAL ASSOCIATION DUES AND INDIANA HOSPITAL ASSOCIATION DUES ATTRIBUTABLE TO LOBBYING EXPENSES AS DISCLOSED ON THE DUES NOTICES OF THE RESPECTIVE ASSOCIATIONS. AHA DUES \$28,532 X LOBBYING PERCENTAGE OF 27.29% = \$7,786 IHA DUES \$44,485 X LOBBYING PERCENTAGE OF 8.63% = \$3,839

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 - KING'S DAUGHTERS' HEALTH, INC. Employer identification number: 35-0895832

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after July 25, 2006... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,687	20,555	13,121	12,850	12,957
b Contributions	742,886	3,656	15,965	4,035	3,208
c Net investment earnings, gains, and losses	0	0	0	0	0
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	20,687	3,524	8,531	3,764	3,315
f Administrative expenses	0	0	0	0	0
g End of year balance	742,886	20,687	20,555	13,121	12,850

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.00 %
 - b** Permanent endowment 2.69 %
 - c** Term endowment 97.31 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,309,781		5,309,781
b Buildings		84,433,611	5,233,543	79,200,068
c Leasehold improvements				
d Equipment		10,607,814	3,035,594	7,572,220
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				92,082,069

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	18,152
(3) LIFE INSURANCE POLICIES	406,749
(4) OTHER MISCELLANEOUS LIABILITIES	20,556
(5) THIRD PARTY PAYABLES	0
(6) OTHER INTER-COMPANY PAYABLES	370,864,995
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	371,310,452

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 XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	NORTON-KING'S DAUGHTERS' HEALTH, INC. UTILIZES INCOME GENERATED FROM ENDOWMENT FUNDS TO SUPPORT VARIOUS PROGRAMS, SERVICES AND CAPITAL PROJECTS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF BENEFIT (event type)	GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	25,245	81,662		106,907
	2 Less: Contributions		12,713		12,713
	3 Gross income (line 1 minus line 2)	25,245	68,949	0	94,194
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	1,932			1,932
	6 Rent/facility costs	7,985	6,108		14,093
	7 Food and beverages	10,013	18,555		28,568
	8 Entertainment		1,500		1,500
	9 Other direct expenses	2,267	10,488		12,755
	10 Direct expense summary. Add lines 4 through 9 in column (d)				58,848
11 Net income summary. Subtract line 10 from line 3, column (d)				35,346	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

**Open to Public
Inspection**

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

Name of the organization NORTON - KING'S DAUGHTERS' HEALTH, INC.	Employer identification number 35 0895832
--	---

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			271,836	0	271,836	0.19
b Medicaid (from Worksheet 3, column a)			29,262,906	18,244,191	11,018,715	7.81
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	29,534,742	18,244,191	11,290,551	8.00
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			404,520	53,175	351,345	0.25
f Health professions education (from Worksheet 5)			236,622	82,935	153,687	0.11
g Subsidized health services (from Worksheet 6)			2,516,636	1,971,545	545,091	0.39
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,520	0	8,520	0.01
j Total. Other Benefits	0	0	3,166,298	2,107,655	1,058,643	0.75
k Total. Add lines 7d and 7j	0	0	32,701,040	20,351,846	12,349,194	8.75

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50192T Schedule H (Form 990) 2022

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	20,768,955
6	Enter Medicare allowable costs of care relating to payments on line 5	6	25,429,444
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(4,660,489)
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 NORTON-KING'S DAUGHTERS' HEALTH, INC.
 1373 EAST STATE ROAD 62, P.O. BOX 447, MADISON, IN 47251
 WWW.KDHMADISON.ORG STATE LICENSE NO. :
 22-005063-1

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓					✓			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: NORTON-KING'S DAUGHTERS' HEALTH, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: NORTON-KING'S DAUGHTERS' HEALTH, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: NORTON-KING'S DAUGHTERS' HEALTH, INC.

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: NORTON-KING'S DAUGHTERS' HEALTH, INC.

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

Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL	<p>ON JANUARY 1, 2022, NORTON HEALTHCARE, INC. ACQUIRED KING'S DAUGHTERS' HEALTH TIN 35-0895832 (THE "HOSPITAL") VIA A MEMBER SUBSTITUTION BUSINESS COMBINATION. TIN 35-0895832 IS STILL ACTIVE AND FOLLOWING A NAME CHANGE, THE ENTITY IS NOW NORTON-KING'S DAUGHTERS' HEALTH, INC.</p> <p>PRIOR TO THE ACQUISITION, THE HOSPITAL CONDUCTED A COMMUNITY NEEDS ASSESSMENT IN THE FALL OF 2019. THIS ASSESSMENT WAS BOARD APPROVED ON 10/17/19.</p> <p>FOLLOWING THE ACQUISITION, THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT WITH OTHER NORTON HEALTHCARE, INC. FACILITIES. THIS CHNA WAS CONDUCTED IN CALENDAR YEAR 2022 BUT WAS NOT BOARD APPROVED UNTIL 2/13/23.</p> <p>IRS SECTION 501(R) GUIDANCE STATES "A HOSPITAL ORGANIZATION THAT ACQUIRES A HOSPITAL FACILITY (THROUGH MERER OR ACQUISITION) MUST MEET THE REQUIREMENTS OF SECTION 501(R)(3) WITH RESPECT TO THE ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED". SINCE KING'S DAUGHTERS' HEALTH WAS ACQUIRED ON 1/1/22, THIS WOULD MEAN THE ORGANIZATION HAS UNTIL 12/31/24 TO SATISFY THE REQUIREMENTS OF SECTION 501(R)(3). AS THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY NEEDS ASSESSMENT WITH OTHER NORTON HEALTHCARE, INC. ENTITIES IN 2022 WHICH RECEIVED BOAR APPROVAL ON 2/13/23 AND WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED BY THE BOARD ON 5/8/23, 501(R)(3) REQUIREMENTS HAVE BEEN MET.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<p>HTTPS://NORTONHEALTHCARE.COM/PATIENT-RESOURCES/BILLING-INFORMATION/FINANCIAL-ASSISTANCE/</p>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<p>HTTPS://NORTONHEALTHCARE.COM/PATIENT-RESOURCES/BILLING-INFORMATION/FINANCIAL-ASSISTANCE/</p>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<p>HTTPS://NORTONHEALTHCARE.COM/PATIENT-RESOURCES/BILLING-INFORMATION/FINANCIAL-ASSISTANCE/</p>

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of facility (describe)
1 REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47250	OUTPATIENT REHABILITATION CENTER AND HOME CARE SERVICES
2 DOWNTOWN MEDICAL OFFICE BUILDING 630 NORTH BROADWAY MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE AND HOSPITAL STAFF
3 CARROLLTON MEDICAL OFFICE BUILDING 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
4 TRIMBLE COUNTY MEDICAL OFFICE BUILDING 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
5 CONVENIENT CARE CENTER 445 CLIFTY DRIVE MADISON, IN 47250	CONVENIENT CARE CENTER
6 HANOVER MEDICAL OFFICE BUILDING 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
7 SWITZERLAND COUNTY MEDICAL OFFICE BUILDING 1190 WEST MAIN STREET VEVA, IN 47043	PHYSICIAN MEDICAL OFFICE
8 VERSAILLES MEDICAL OFFICE BUILDING 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
9 	
10 	

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 6A -	NORTON-KING'S DAUGHTERS' HEALTH DOES NOT PREPARE A FORMAL COMMUNITY BENEFIT REPORT. HOWEVER, CERTAIN COMMUNITY BENEFIT INFORMATION IS PROVIDED TO THE STATE OF INDIANA ON THE "HOSPITAL FISCAL REPORT STATE FORM 49520" WHICH IS FILED ANNUALLY.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC WERE INCLUDED ON LINE 7G.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	IF COSTS COULD BE DIRECTLY IDENTIFIED TO A PARTICULAR LINE, THAN THOSE DIRECT COSTS WERE UTILIZED. IF COSTS COULD NOT BE DIRECTLY IDENTIFIED, THEN A COST-TO-CHARGE RATIO WAS UTILIZED.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	<p>THE HOSPITAL HAS ADOPTED REVENUE RECOGNITION ACCOUNTING STANDARD ISSUED BY FASB AND CODIFIED IN THE FASB ASC AS TOPIC 606 ("ASC 606"). AS A RESULT OF ADOPTING ASC 606, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE AUDITED FINANCIAL STATEMENTS (STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS) IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED BY ASC 606) AND THEREFORE INCLUDED AS A REDUCTION TO NET PATIENT SERVICE REVENUE.</p> <p>UPON ADOPTION OF ASC 606, NET PATIENT SERVICE REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE HOSPITAL TO REFLECT THE TOTAL CONSIDERATION DUE FROM PATIENTS AND THIRD-PARTY PAYORS IN EXCHANGE FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE. THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS DETERMINED BASED ON THE HOSPITAL'S STANDARD CHARGES FOR THE GOODS AND SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED TO THIRD-PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS PATIENT DISCOUNTS AND OTHER PATIENT PRICE CONCESSIONS. THE HOSPITAL DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE. THE HOSPITAL DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS.</p> <p>THE AMOUNT REPORTED ON LINE 2 IS "IMPLICIT PRICE CONCESSIONS" AS REFLECTED ON THE AUDITED, CONSOLIDATED TRIAL BALANCE FOR THE HOSPITAL. THE SPECIFIC AMOUNT OF IMPLICIT PRICE CONCESSIONS IS NOT REQUIRED TO BE DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS.</p>
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE, CANDIDATES MUST COOPERATE FULLY. IN ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON, THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES FINANCIAL ASSISTANCE PROGRAM DEDUCTIONS AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FAP POLICY IS NEGLIGIBLE.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	<p>IN ACCORDANCE WITH ACCOUNTING GUIDANCE, BAD DEBT IS NO LONGER AN EXPENSE, BUT IS INCLUDED AS A REDUCTION IN NET PATIENT SERVICE REVENUE. THE FOLLOWING PARAGRAPH PER THE CONSOLIDATED, AUDITED FINANCIAL STATEMENTS FOR NORTON HEALTHCARE, INC. (PAGE 19, FIRST PARAGRAPH) DISCUSSES THE HANDLING OF PATIENT DEDUCTIBLE AND COINSURANCE NOT PAID BY PATIENTS:</p> <p>"GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR PATIENT RESPONSIBILITY BALANCES, INCLUDING DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE CORPORATION ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY EXPLICIT PRICE CONCESSIONS, DISCOUNTS, AND/OR IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF CHANGE. ADJUSTMENTS ARISING FROM A CHANGE IN THE TRANSACTION PRICE ... WERE NOT MATERIAL TO NET PATIENT SERVICE REVENUE FOR EITHER PERIOD".</p>
SCHEDULE H, PART III, LINE 8 -	THE MEDICARE COST REPORT WAS THE SOURCE OF INFORMATION REPORTED ON PART III LINE 6.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE HOSPITAL ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE HOSPITAL BELIEVES THAT ANY MEDICARE SHORTFALLS SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT TYPICALLY FULLY COMPENSATE FOR THE COST OF PROVIDING HEALTHCARE TO MEDICARE BENEFICIARIES.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	ALL UNINSURED PATIENTS RECEIVED AN AUTOMATIC 30% DISCOUNT FROM GROSS CHARGES. AT REGISTRATION, PATIENTS ARE NOTIFIED OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. THEY ARE OFFERED PAMPHLETS DETAILING THE PROGRAM. IF THE PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AND IS APPROVED FOR FINANCIAL ASSISTANCE, THE PATIENT WILL RECEIVE A DISCOUNT OF UP TO 100% ON THE OUTSTANDING ACCOUNT BALANCE. THE HOSPITAL WILL ATTEMPT TO COLLECT ANY BALANCE REMAINING ON THE UNINSURED ACCOUNT AFTER ALL FINANCIAL ASSISTANCE DISCOUNTS HAVE BEEN APPLIED USING A SERIES OF STATEMENTS, LETTERS, AND TELEPHONE CALLS. THE HOSPITAL WILL ALSO OFFER PATIENTS INTEREST-FREE EXTENDED PAYMENT PLANS. IF THE ACCOUNT REMAINS UNPAID, THE ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.
SCHEDULE H, PART V, SECTION B, LINE 3 -	<p>ON JANUARY 1, 2022, NORTON HEALTHCARE, INC. ACQUIRED KING'S DAUGHTERS' HEALTH TIN 35-0895832 (THE "HOSPITAL") VIA A MEMBER SUBSTITUTION BUSINESS COMBINATION. TIN 35-0895832 IS STILL ACTIVE AND FOLLOWING A NAME CHANGE, THE ENTITY IS NOW NORTON-KING'S DAUGHTERS' HEALTH, INC.</p> <p>PRIOR TO THE ACQUISITION, THE HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN THE FALL OF 2019. THIS ASSESSMENT WAS BOARD APPROVED ON 10/17/19.</p> <p>FOLLOWING THE ACQUISITION, THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT WITH OTHER NORTON HEALTHCARE, INC. FACILITIES. THIS CHNA WAS CONDUCTED IN CALENDAR YEAR 2022 BUT WAS NOT BOARD APPROVED UNTIL 2/13/23.</p> <p>IRS SECTION 501(R) GUIDANCE STATES "A HOSPITAL ORGANIZATION THAT ACQUIRES A HOSPITAL FACILITY (THROUGH MERGER OR ACQUISITION) MUST MEET THE REQUIREMENTS OF SECTION 501(R)(3) WITH RESPECT TO THE ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED". SINCE KING'S DAUGHTERS' HEALTH WAS ACQUIRED ON 1/1/22, THIS WOULD MEAN THE ORGANIZATION HAS UNTIL 12/31/24 TO SATISFY THE REQUIREMENTS OF SECTION 501(R)(3). AS THE HOSPITAL PARTICIPATED IN A COLLABORATIVE COMMUNITY NEEDS ASSESSMENTS WITH OTHER NORTON HEALTHCARE, INC. ENTITIES IN 2022 WHICH RECEIVED BOARD APPROVAL ON 2/13/23 AND WHOSE IMPLEMENTATION STRATEGY WAS ADOPTED BY THE BOARD ON 5/8/23, 501(R)(3) REQUIREMENTS HAVE BEEN MET.</p>
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE HOSPITAL CONDUCTED ITS LATEST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019. THE COMMUNITY HEALTH NEEDS ASSESSMENT PROVIDES INFORMATION SO THAT THE COMMUNITY MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS TOOK INTO ACCOUNT INPUT FROM PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS:</p> <p>(1) TELEPHONE INTERVIEWS OF A RANDOM SAMPLE OF 200 INDIVIDUALS AGE 18 AND OLDER IN THE PRIMARY SERVICE AREA. NOTE THAT THE SAMPLE CONSISTED SOLELY OF AREA RESIDENTS AGE 18 AND OLDER. DATA ON CHILDREN WERE GIVEN BY PROXY BY THE PERSON MOST RESPONSIBLE FOR THAT CHILD'S HEALTHCARE NEEDS.</p> <p>(2) ON-LINE KEY INFORMANT SURVEY DIRECTED AT PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BY THE HOSPITAL BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS THE COMMUNITY OVERALL. THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICAL UNDERSERVED POPULATIONS.</p> <p>BASED ON THE INFORMATION GATHERED THROUGH THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL WAS ABLE TO PUT TOGETHER A LIST OF "AREAS OF OPPORTUNITY" REPRESENTING SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY. THE AREAS OF OPPORTUNITY WERE DETERMINED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING: STANDING IN COMPARISON WITH BENCHMARK DATA (PARTICULARLY NATIONAL DATA); THE PREPONDERANCE OF SIGNIFICANT FINDINGS WITHIN TOPIC AREAS; THE MAGNITUDE OF THE ISSUE IN TERMS OF THE NUMBER OF PERSONS AFFECTED; THE POTENTIAL HEALTH IMPACT OF A GIVEN ISSUE. THESE ALSO TAKE INTO ACCOUNT THOSE ISSUES OF GREATEST CONCERN TO THE COMMUNITY STAKEHOLDERS (KEY INFORMANTS) GIVING INPUT TO THIS PROCESS. THE PRIORITIZATION OF THE HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT WAS DETERMINED BASED ON A PRIORITIZATION EXERCISE CONDUCTED AMONG COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) IN CONJUNCTION WITH THE ADMINISTRATION OF THE ONLINE KEY INFORMANT SURVEY. IN THIS PROCESS, THESE KEY INFORMANTS WERE ASKED TO RATE THE SEVERITY OF A VARIETY OF HEALTH ISSUES IN THE COMMUNITY. INSOFAR AS THESE HEALTH ISSUES WERE IDENTIFIED THROUGH THE DATA ABOVE AND/OR WERE IDENTIFIED AS TOP CONCERNS AMONG KEY INFORMANTS, THEIR RANKING OF THESE ISSUES INFORMED THE FOLLOWING PRIORITIES:</p> <ol style="list-style-type: none"> 1. SUBSTANCE ABUSE 2. MENTAL HEALTH 3. TOBACCO USE 4. NUTRITION, PHYSICAL ACTIVITY & WEIGHT 5. DIABETES 6. HEART DISEASE & STROKE 7. CANCER 8. RESPIRATORY DISEASES 9. INJURY & VIOLENCE 10. ACCESS TO HEALTHCARE SERVICES

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>SIGNAGE IS POSTED IN ALL HOSPITAL FACILITIES (INCLUDING THE ADMISSION AREA AND EMERGENCY ROOM) WHICH PROVIDES INFORMATION ON THE ABILITY TO APPLY FOR FINANCIAL ASSISTANCE AND TO SEEK HELP IN PAYING A BILL. THE SIGNAGE IS TRANSLATED IN TWO LANGUAGES, ENGLISH AND SPANISH. THERE ARE SEPARATE POSTERS FOR EACH LANGUAGE. AT THE TIME OF REGISTRATION, THE PATIENT ACCESS/REGISTRATION DEPARTMENT DISCUSSES WITH THE PATIENT THE FINANCIAL ASSISTANCE/CHARITY OPTIONS, GUIDELINES, AND PROVIDES ASSISTANCE AS NEEDED IN FILLING OUT A FINANCIAL ASSISTANCE APPLICATION AND ANSWERING QUESTIONS. THE PATIENT MAY ALSO BE REFERRED TO THE ELIGIBILITY VENDOR FOR ASSISTANCE AT NO COST TO THE PATIENT/GUARANTOR. ADDITIONAL QUESTIONS FROM THE PATIENT/GUARANTOR CAN BE FACILITATED THROUGH CUSTOMER SERVICE AND VENDORS. THE HOSPITAL HAS CREATED A NUMBER OF DIFFERENT OPTIONS FOR THE PATIENT/GUARANTOR TO SUPPLY THE INFORMATION/APPLICATION FOR FINANCIAL ASSISTANCE TO THE HOSPITAL. THOSE VARIOUS METHODS OF DELIVERY INCLUDE: IN PERSON, BY MAIL, BY FAX, ON-LINE APPLICATION SUBMISSION VIA THE WEBSITE, AND BY SPECIFIC EMAIL ADDRESS. THESE VARIOUS OPTIONS ARE PUBLICIZED AND MADE KNOWN TO THE PATIENT. IN 2022, STATEMENTS MAILED TO THE GUARANTORS BY THE HOSPITAL CONTAINED INFORMATION TO START THE FINANCIAL ASSISTANCE APPLICATION PROCESS.</p> <p>THE HOSPITAL EMPLOYS AN OUTSIDE ELIGIBILITY VENDOR, CLAIM AID. ALL SELF-PAY ACCOUNTS ARE PLACED FOR ELIGIBILITY SCREENING WITH CLAIM AID. CLAIM AID SCREENS FOR FINANCIAL ASSISTANCE, MEDICAID, MEDICAID MANAGED CARE ORGANIZATIONS, AND PRESUMPTIVE ELIGIBILITY. IN ADDITION, CLAIM AID MAY PROVIDE EDUCATION AND REFERRAL ASSISTANCE TO THE APPROPRIATE COUNTY/STATE DEPARTMENTS FOR FOOD STAMPS, RENT ASSISTANCE, HEATING ASSISTANCE, ETC. THE PROCESS OF COMPLETING THE APPLICATION IS OFTEN PERFORMED BY CLAIM AID. CLAIM AID PROTECTS FILING DEADLINES BY SUBMITTING THE APPROPRIATE FORMS TO THE STATE/COUNTY. CLAIM AID WILL FOLLOW UP TO SECURE PROOF OF INCOME DOCUMENTS FOR FINANCIAL ASSISTANCE AND FOLLOW UP WITH A STATE CASEWORKER AS NEEDED. CLAIM AID ALSO MAKES OUTSIDE FIELD CALLS TO THE PATIENTS TO SECURE THE NEEDED INFORMATION FOR ELIGIBILITY ASSISTANCE IF THE PATIENT IS HOMEBOUND. ALL OF THE SERVICES PROVIDED BY CLAIM AID ELIGIBILITY ARE AT NO COST TO THE PATIENT. COST TO THE HOSPITALS FOR THESE ELIGIBILITY AND ENROLLMENT SERVICES WAS IN EXCESS OF \$253,000 IN 2022.</p> <p>THE HOSPITAL HAS ONE FULL-TIME EMPLOYEE THAT IS DEDICATED TO PERFORMING THE FOLLOWING FUNCTIONS: PROCESSING, REVIEWING, AND OBTAINING APPROVAL OF THE FINANCIAL ASSISTANCE APPLICATIONS RECEIVED EACH WEEK. ADDITIONALLY, THIS EMPLOYEE WILL MAKE OUT-BOUND CALLS TO SOLICIT FINANCIAL ASSISTANCE INFORMATION NEEDED TO PROCESS THE PATIENT'S APPLICATION.</p> <p>FINANCIAL ASSISTANCE IS NOT LIMITED TO THE SELF-PAY POPULATION. EVEN PATIENTS WITH INSURANCE COVERAGE ARE ENCOURAGED TO APPLY FOR ASSISTANCE SO THEIR DEDUCTIBLE, CO-PAYMENTS, AND CO-INSURANCE AMOUNTS ARE COVERED UNDER THE VARIOUS ASSISTANCE PROGRAMS.</p> <p>FINANCIAL COUNSELORS AT THE FACILITIES ARE EDUCATED AND TRAINED TO ASSIST WITH COUNSELING PATIENTS TO DETERMINE AND EXPLAIN OUR FINANCIAL ASSISTANCE PROGRAMS. THEY CONTINUE TO RECEIVE ON-GOING EDUCATION THROUGHOUT THE ENTIRE YEAR REGARDING ELIGIBILITY CHANGES AND ADDITIONS FOR FINANCIAL ASSISTANCE, MEDICAID, MEDICAID MANAGED CARE ORGANIZATION, PRESUMPTIVE ELIGIBILITY, ETC.</p> <p>THE HOSPITAL ENSURES THAT ALL PATIENTS WERE MADE AWARE OF FINANCIAL ASSISTANCE REGARDLESS OF WHERE THE PATIENT'S ACCOUNT MAY HAVE BEEN IN THE COLLECTION CYCLE. EVEN IF THE PATIENT/GUARANTOR HAD NOT PREVIOUSLY AVAILED THEMSELVES OF THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE AND HAS SUBSEQUENTLY DECIDED THEY WILL NOW COOPERATE, THE PATIENT/GUARANTOR IS ALLOWED TO APPLY FOR ASSISTANCE.</p> <p>FINANCIAL ASSISTANCE NOTIFICATIONS AND APPLICATIONS WERE MADE AVAILABLE TO THE PATIENT/GUARANTOR VIA TELEPHONE, FACE TO FACE MEETINGS, WEBSITE, MAIL, ELECTRONICALLY, ETC.</p> <p>PRIMARY COLLECTION AGENCIES CHOSEN BY THE HOSPITAL INCLUDE WITH THEIR INITIAL PLACEMENT LETTER AN INSERT OF A COPY OF A FINANCIAL ASSISTANCE APPLICATION FOR THE GUARANTOR TO COMPLETE.</p> <p>THE HOSPITAL HAS TRANSLATED THE FULL FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND THE PLAIN LANGUAGE SUMMARY INTO TWO LANGUAGES, ENGLISH AND SPANISH.</p> <p>THE HOSPITAL'S CUSTOMER SERVICE DEPARTMENT ROUTINELY INSTRUCTS AND SCREENS PATIENTS IN THE PROTOCOL REGARDING FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S ASSISTANCE PROGRAM.</p> <p>THE HOSPITAL HAS HISTORICALLY OFFERED ALL TRUE HOSPITAL SELF-PAY PATIENTS A SIGNIFICANT DISCOUNT OFF OF THE TOTAL CHARGES AT THE TIME OF FINAL BILLING. THIS DISCOUNT IS TYPICALLY 30%.</p> <p>CONTRACTED COLLECTION AGENCIES ARE REQUIRED TO SOLICIT FINANCIAL ASSISTANCE APPLICATIONS WHEN THE PATIENT/GUARANTOR INDICATES "CANNOT PAY".</p> <p>THE STATEMENT PROVIDED BY THE HOSPITAL IN 2022 INCLUDED THE LINK TO THE HOSPITAL'S WEBSITE TO ALLOW THE PATIENT/GUARANTOR TO LEARN MORE ABOUT FINANCIAL ASSISTANCE. THE STATEMENT INCLUDED A PHONE NUMBER TO CALL TO LEARN MORE ABOUT THE APPLICATION PROCESS AND DISCUSS FINANCIAL ASSISTANCE OPTIONS.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>THE HOSPITAL PROVIDES HEALTH CARE SERVICES TO FIVE COUNTIES IN SOUTHERN INDIANA AND NORTHERN KENTUCKY. THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDED ITS PRIMARY SERVICE AREAS OF JEFFERSON AND SWITZERLAND COUNTIES IN INDIANA AND TRIMBLE COUNTY IN KENTUCKY. THE ADDITIONAL TWO COUNTIES (RIPLEY IN INDIANA AND CARROL IN KENTUCKY) HAVE MULTIPLE HEALTH CARE FACILITIES THAT CURRENTLY CONDUCT A CHNA. TO AVOID DUPLICATION, THE THREE PRIMARY COUNTIES DESCRIBED WERE INCLUDED IN THE 2019 CHNA. A FEW DESCRIPTIVE DEMOGRAPHIC HIGHLIGHTS FOR THE THREE COUNTIES DEFINED AS THE "PRIMARY SERVICE AREA" INCLUDE:</p> <ul style="list-style-type: none"> - POPULATION: 51,607 (JEFFERSON CO= 32,293, SWITZERLAND CO= 10,617, TRIMBLE CO= 8,697) - URBAN VS. RURAL CLASSIFICATION: 35.2% URBAN AND 64.8% RURAL - AGE GROUP PERCENT: AGE 0-17 WAS 22.0%, AGE 18-64 WAS 61.4%, AGE+65 WAS 16.6% - MEDIAN AGE: JEFFERSON CO= 40.6, SWITZERLAND CO= 40.0, TRIMBLE CO= 41.9 - RACE: 95.9% WHITE, 1.5% BLACK, 1.2% OTHER RACE, 1.4% MULTIPLE RACES - PERCENT POVERTY: 15.2% - EDUCATION LEVEL: 13.4% OF POPULATION AGE 25+ WITHOUT A HIGH SCHOOL DIPLOMA OR EQUIVALENT - UNEMPLOYMENT RATE: 4.0%

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>THE MAJORITY OF HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF INDIVIDUALS WHO LIVE AND WORK IN THE HOSPITAL SERVICES AREA. THE MAJORITY OF THESE INDIVIDUALS ARE NEITHER EMPLOYEES, NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS. THE ORGANIZATION ALSO APPLIES A PORTION OF SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE. HISTORICALLY, THE HOSPITAL HAS EMPLOYED A FULL TIME COMMUNITY WELLNESS COORDINATOR. THIS POSITION PROVIDES OUTREACH SERVICES IN AREAS OF NEED TO THE COMMUNITIES WE SERVE. IN ADDITION TO THESE SERVICES, THE HOSPITAL ALSO SERVES AS THE FISCAL AGENT FOR VARIOUS GRANTS. ALL OF THESE SERVICES HELP US MEET THE IDENTIFIED NEEDS OF THE COMMUNITIES WE SERVE. PARTICIPATION IN THE BELOW COMMUNITY ORGANIZATIONS IS PART OF THE HOSPITAL'S INDIANA STATE DEPARTMENT OF HEALTH COMMUNITY BENEFIT PLAN AND GOALS.</p> <p>2022 NORTON-KING'S DAUGHTERS' HEALTH OVERVIEW OF COMMUNITY BENEFIT ACTIVITIES -</p> <p>(1) HEALTH SCREENS / FAIRS: SCREENED 65 PEOPLE AT A FREE SKIN CANCER SCREENING SPECIAL EVENT HELD IN MAY. EDUCATION MATERIAL AND SUNSCREEN WERE ALSO DISTRIBUTED; PARTICIPATED IN THE JEFFERSON AND RIPLEY COUNTY 4-H FAIRS. HEALTH EDUCATION INFORMATION WAS PROVIDED FOR FIVE EVENINGS AT EACH FAIR; HOSTED AN EDUCATION TABLE WITH VARIOUS HEALTH TOPICS AT THE REACHING RURAL VETERAN'S EVENT. BLOOD PRESSURE AND HEART RATE CHECKS WERE ALSO OFFERED. THIS IS IN PARTNERSHIP WITH PURDUE UNIVERSITY AND THE JEFFERSON COUNTY CLEARINGHOUSE. THIS PROGRAM WAS HELD FOR THE FIRST SEVEN MONTHS OF 2022, JANUARY-JULY; WELLNESS AND TOBACCO CESSATION DEPARTMENTS ATTENDED A VETERAN'S STAND DOWN EVENT IN SEPTEMBER. OVER 100 VETERAN'S AND SPOUSES ATTENDED. BLOOD PRESSURE CHECKS WERE OFFERED.</p> <p>(2) CORPORATE FLU SHOTS: THREE CORPORATE FLU SHOT CLINICS WERE HELD FOR AREA BUSINESSES WITH 24 TOTAL PEOPLE RECEIVING A FLU VACCINE.</p> <p>(3) COVID TESTING/VACCINES: IN 2022, THE HOSPITAL ADMINISTERED 9,196 COVID TESTS AND PROVIDED 184 COVID VACCINES/BOOSTERS.</p> <p>(4) HEALTH/WELLNESS SPEAKING ENGAGEMENTS: THE WELLNESS COORDINATOR COMPLETED 43 COMMUNITY SPEAKING ENGAGEMENTS IN 2022. THESE FOCUSED ON WELLNESS AND DISEASE PREVENTION TOPICS SUCH AS; NUTRITION, HEART DISEASE, STRESS MANAGEMENT, SUN SAFETY, PHYSICAL ACTIVITY, SELF-DEFENSE, ETC.</p> <p>(5) FIT KIDS PROGRAM: FOUR LESSON PROGRAM FOR AREA 5TH GRADE CLASSROOMS TARGETING CHILDHOOD OBESITY. LESSONS AND TAKE HOME CHALLENGES AND GUARDIAN INFORMATION FOCUSED ON EXERCISE AND HEALTHY EATING. OFFERED THE PROGRAM TO 4 SCHOOL SYSTEMS AND REACHED EIGHT DIFFERENT 5TH GRADE CLASSES (168 STUDENTS AND TEACHERS).</p> <p>(6) GIRLS ON THE RUN: 10-WEEK FALL SEASON HELD WITH 51 GIRLS PARTICIPATING, 17 COACHES, AT 6 DIFFERENT SITES. 5K FUN RUN EVENT HELD WITH NEARLY 200 PEOPLE IN ATTENDANCE.</p> <p>(7) TOBACCO CESSATION & EDUCATION- THE HOSPITAL EMPLOYS A FULL TIME STATE GRANT FUNDED TOBACCO COORDINATOR. 2022 ACCOMPLISHMENTS INCLUDE: DOCUMENTED 114 ELECTRONIC PATIENT REFERRALS TO THE IN QUITLINE FROM JULY-DECEMBER. REFERRAL NUMBERS WERE NOT AVAILABLE FOR THE FIRST SIX MONTHS OF THE YEAR DUE TO THE HOSPITAL CYBER EVENT/LOSS OF COMPUTER FILES; MOTHER BABY SERVICES PROVIDED TOBACCO FREE CESSATION EDUCATION TO NEW MOMS WITH RESOURCES AND INCENTIVES; CANCER TREATMENT CENTER PROVIDES TOBACCO RESOURCES FOR CANCER PATIENTS AND HAS A TOBACCO TREATMENT SPECIALIST ON STAFF; PROVIDED PHYSICIAN OFFICES WITH FOLDERS FOR PATIENTS THAT INCLUDE CESSATION RESOURCES; COLLABORATED WITH THE JEFFERSON COUNTY SCHOOLS TO EDUCATE SCHOOL EMPLOYEES TOBACCO CESSATION RESOURCES AND POLICIES; PARTICIPATED IN MULTI-UNIT HOUSING SURVEYS IN JEFFERSON COUNTY; PARTICIPATE IN THE STARS (TOBACCO RETAIL SURVEY) FOR JEFFERSON COUNTY, SURVEYING 29 AREA BUSINESSES; PROVIDED TOBACCO RESOURCES TO LOW INCOME MOTHERS WORKING WITH COUNTY WIC SERVICES; PROVIDED FOLLOW-UP TRAINING FOR THE OVO HEAD START EMPLOYEES FOR THE BEATHE PROGRAM. THIS PROGRAM TEACHES PARENTS THE IMPORTANCE OF A SMOKE-FREE ENVIRONMENT; PROVIDED TOBACCO QUIT RESOURCE KITS TO A LOCAL FACTORY FOR THEIR EMPLOYEES DURING THE GREAT AMERICAN SMOKOUT CAMPAIGN; HOSTED A CIGARETTE BUTT/LITTER PICK UP EVENT AT THE HANOVER PARK.</p> <p>(8) CPR AND FIRST AID CLASSES -THE HOSPITAL SERVES AS AN AHA PROVIDER SITE HOSTING A VARIETY OF TRAININGS FOR EMPLOYEES AND COMMUNITY MEMBERS. TRAINING INCLUDE ACLS (INSTRUCTOR AND PROVIDER) BLS (INSTRUCTOR AND PROVIDER) HEARTSAVER(CPR AED, FIRST AID, K-12 SCHOOLS, INSTRUCTOR, AND PEDIATRIC- PALS (INSTRUCTOR AND PROVIDER). IN 2022, A TOTAL OF 1,280 PEOPLE RECEIVED TRAINING AND AN E-COMPLETION CARD.</p> <p>(9) PRENATAL EDUCATION: OB PREP PROGRAM - 328 EXPECTING MOTHERS PARTICIPATED IN AN EDUCATIONAL PREP VISIT PRIOR TO DELIVERY. IN ADDITION, 6 COUPLES ATTENDED THE CHILDBIRTH CLASS SERIES OFFERED BY NKDH. ONE MOTHER CAME TO A BREAST PUMPING EDUCATION CLASS AND THREE MOMS PARTICIPATED IN BREASTFEEDING CONSULTATIONS.</p> <p>(10) MONTHLY "TO YOUR HEALTH" PODCAST: 30-MINUTE EDUCATION PODCAST WITH VARIOUS HEALTH TOPICS WAS OFFERED TEN MONTHS IN 2022 ON A LOCAL RADIO STATION AND AVAILABLE TO LISTEN ON THE HOSPITALS' WEBSITE.</p> <p>(11) RUN THE FALLS 5K WALK/RUN: 199 WALKERS AND RUNNERS PARTICIPATED IN THIS COMMUNITY 5K HOSTED BY THE HOSPITAL.</p> <p>(12) CANCER SUPPORT ACTIVITES: PROVIDED BULK FREE SUNSCREEN FOR THE LOCAL BOYS & GIRLS CLUB TO USE FOR THEIR ENTIRE SUMMER SEASON.; PROVIDED FREE SUNSCREEN TO GOLFERS AT THE HOSPITAL'S GOLF BENEFIT EVENT.</p> <p>(13) EMPLOYEE HEALTH OPPORTUNITIES HOSPITAL STAFF: WELLNESS NEWSLETTERS AND CALENDARS PROVIDED TO STAFF; FREE LIPID BLOOD TEST OFFERED FOR ALL STAFF WITH INSURANCE PREMIUM REDUCTION OPPORTUNITY; FREE SUNSCREEN DISTRIBUTION FOR STAFF WITH SKIN CANCER PREVENTION EDUCATION; EMPLOYEE ASSISTANCE PROGRAM AVAILABLE FREE FOR STAFF AND DEPENDENTS; PROMOTION OF WALKTOBER WALKING CAMPAIGN TO EMPLOYEES; FREE NICOTINE REPLACEMENT THERAPY PRODUCTS FOR STAFF WHEN REQUESTED</p>

Return Reference - Identifier	Explanation
	<p>(14) ACTIVE ATTENDANCE AND PARTICIPATION IN THE FOLLOWING COMMUNITY COALITIONS/GROUPS: JEFFERSON COUNTY JUSTICE TREATMENT AND PREVENTION COALITION (JCJTAP); MADISON CONSOLIDATED SCHOOLS WELLNESS COMMITTEE; PURDUE EXTENSION HEALTH AND HUMAN SERVICES BOARD; PURDUE EXTENSION ADVISORY BOARD; COURT APPOINTED SPECIAL ADVOCATES OF JEFFERSON COUNTY BOARD (CASA); TRILOGY HEALTH CAMPUS ADVISORY BOARD; ADVISORY BOARD FOR HANOVER COLLEGE'S DPT PROGRAM; IVY TECH PROFESSIONAL COMMUNICATIONS ADVISORY COMMITTEE; PARTNER AND HOST SITE FOR THE LEADERSHIP JEFFERSON COUNTY PROGRAM</p> <p>(15) EMS STAND-BY AT VARIOUS COMMUNITY ACTIVITIES - EMS PROVIDES STAND-BY COVERAGE AT A VARIETY OF POPULATED JEFFERSON COUNTY ACTIVITIES.</p> <p>(16) ATHLETIC TRAINING/REHAB SERVICES - SPORTS MEDICINE SERVICES WERE PROVIDED TO THREE JEFFERSON COUNTY SCHOOLS.</p> <p>(17) SUPPORT TO VARIOUS AREA SCHOOLS WITH INTERNSHIPS - A TOTAL OF 188 COLLEGE STUDENTS WERE HOSTED FOR JOB SHADOW OPPORTUNITIES OR STRUCTURED INTERNSHIPS IN 2022. IN ADDITION, 28 HIGH SCHOOL STUDENTS PARTICIPATE IN THE HOSPITAL'S MEDICAL EXPLORERS PROGRAM</p> <p>(18) ART OF HEALING EXHIBIT - HOST A QUARTERLY ART SHOW FOR THE MADISON ART CLUB. VARIOUS PAINTINGS ARE ON DISPLAY IN THE HOSPITAL CAFE AS PART OF THE ON-GOING ART OF HEALING EXHIBIT.</p> <p>(19) HEALTHY COMMUNITIES INITIATIVE (HCI) - EFFORTS ARE LED BY THE HOSPITAL WHICH INCLUDE A PAID COORDINATOR. HCI IS COMPRISED OF THREE TEAMS WHICH INCLUDE STAFF AND COMMUNITY MEMBERS. 2022 HCI TEAM ACCOMPLISHMENTS: SUBSTANCE ABUSE TEAM: HOSTED A RALLY FOR RECOVERY WITH OVER 80 PEOPLE IN ATTENDANCE; MADE SOCIAL MEDIA POST TO WARN ABOUT THE DANGERS OF NEW FENTANYL PILLS; HOSTED A SPEAKER TO LEARNING MORE ABOUT STARTING A RECOVERY CAFE PROGRAM; MAINTAINED A RESOURCE LIST FOR SUBSTANCE ABUSE RECOVERY MEETINGS IN THE COMMUNITY; WORKED WITH A COUNTY LIBRARY TO ADD A NALOXONE BOX AT THEIR FACILITY.; HCI COORDINATOR SERVES ON A COUNTY RESIDENTIAL TREATMENT FACILITY SUBCOMMITTEE. THIS GROUP IS INVESTIGATING THE FEASIBILITY OF AN IN-PATIENT SUBSTANCE ABUSE AND MENTAL HEALTH FACILITY. MENTAL HEALTH/ZERO SUICIDE TEAM: RECOGNIZED MENTAL HEALTH AWARENESS MONTH AND SUICIDE AWARENESS MONTH; DISTRIBUTED GUN LOCKS FOR SUICIDE AND ACCIDENTAL DEATH PREVENTION AT COMMUNITY EVENTS; PROMOTED NEW SUICIDE PREVENTION AND CRISIS HOTLINE, WHICH STARTED IN 2022; HOSTED A BOOTH AT THE OUT OF THE DARKNESS SUICIDE AWARENESS WALK; CONTINUED WORK ON THE ADVERSE CHILDHOOD EXPERIENCES (ACES) INITIATIVE. IN 2022, BOTH JEFFERSON COUNTY LIBRARIES HOSTED VIEWINGS OF THE RESILIENCE FILM. AN ACE INTERFACE TRAINING WAS ALSO CONDUCTED FOR COUNTY 4H LEADERS AND STAFF AT A LOCAL NOT-FOR-PROFIT. HEALTHY LIFESTYLES TEAM- TEAM CHAIRED BY THE NKDH WELLNESS COORDINATOR WITH ASSISTANCE FROM THE TOBACCO COORDINATOR: HOSTED A LARGE COMMUNITY HEALTH FAIR WHICH INCLUDED 20 BOOTHS OFFERING HEALTH INFORMATION AND RESOURCES. IN ADDITION, FREE HEALTH SCREENS, HEALTHY SNACKS, AND DOOR PRIZES WERE PROVIDED; HOSTED A MONTH-LONG WALKTOBER WALKING CAMPAIGN; HOSTED A YOUTH TAILGATE PARTY -150 YOUTH & GUARDIANS</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>NORTON HEALTHCARE, INC. (THE CONTROLLING COMPANY) AND ITS AFFILIATES, INCLUDING NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PHARMACIES, PLLC, THE CHILDREN'S HOSPITAL FOUNDATION, INC., NORTON HEALTHCARE FOUNDATION, INC., AND NORTON ENTERPRISES, INC. OPERATE IN THE LOUISVILLE, KENTUCKY METROPOLITAN AREA AND THE OPERATIONS OF THE AFFILIATED HEALTHCARE SYSTEM INCLUDE 1,907 LICENSED BEDS, OVER 300 PHYSICIAN PRACTICE LOCATIONS, AND 18 NORTON IMMEDIATE CARE CENTER LOCATIONS, AND OTHER ANCILLARY HEALTH CARE SERVICES.</p> <p>NORTON HEALTHCARE - INDIANA, INC. IS AN AFFILIATE OF NORTON HEALTHCARE, INC. AND OPERATES NORTON - KING'S DAUGHTERS" HOSPITAL IN MADISON IN, WHICH HAS 86 LICENSED BEDS AND 8 PHYSICIAN PRACTICE AND OTHER ANCILLARY HEALTH CARE SERVICE LOCATIONS.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

NORTON - KING'S DAUGHTERS' HEALTH, INC.

35-0895832

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	45-5573749	501 (C)(3)	8,520				(SEE STATEMENT)
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	FUNDS ARE NOT GRANTED BUT ARE DONATED. DONATIONS ARE DETERMINED ON A DISCRETIONARY BASIS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	IHA HOSPITAL ASSISTANCE FOUNDATION 500 NORTH MERIDIAN STREET, SUITE 250, INDIANAPOLIS, IN 46204
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	IHA HOSPITAL ASSISTANCE FOUNDATION: GENERAL DONATION TO SUPPORT THE FOUNDATION - TO AID INDIANA HOSPITALS IN IMPROVING ACCESS TO QUALITY HEALTH CARE FOR INDIVIDUALS WHO ARE POOR, UNINSURED OR ENROLLED IN THE MEDICAID OR MEDICARE PROGRAMS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTON - KING'S DAUGHTERS' HEALTH, INC.

Compensation Information

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

35-0895832

Part I Questions Regarding Compensation

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

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				
ADAM KEMPF	(i)	0	0	0	0	0	0	
1 BOARD TREASURER	(ii)	617,611	278,616	143,280	144,879	33,636	1,218,022	
NATHAN POLLEY, M.D.	(i)	612,955	542,867	2,398	14,650	43,081	1,215,951	
2 PHYSICIAN	(ii)	0	0	0	0	0	0	
ROBERT B. AZAR	(i)	0	0	0	0	0	0	
3 BOARD SECRETARY	(ii)	577,778	257,754	280,499	74,695	15,549	1,206,275	
SCOTT WATKINS	(i)	0	0	0	0	0	0	
4 BOARD MEMBER	(ii)	420,274	218,722	132,368	121,362	34,440	927,166	
RAYMONDA STEVENS, M.D.	(i)	429,500	353,925	21,067	14,650	0	819,142	
5 PHYSICIAN	(ii)	0	0	0	0	0	0	
KENNETH MACKINLAY, M.D.	(i)	638,058	5,000	34,648	14,650	42,977	735,333	
6 PHYSICIAN	(ii)	0	0	0	0	0	0	
THOMAS ECKERT, M.D.	(i)	409,953	146,283	19,729	14,650	15,597	606,212	
7 PHYSICIAN	(ii)	0	0	0	0	0	0	
CAROL DOZIER	(i)	8,207	0	105,715	0	0	113,922	
8 PRESIDENT/CEO	(ii)	392,119	0	33,842	20,673	5,333	451,967	
GEORGE ALCORN, M.D.	(i)	283,399	197,390	1,869	14,650	45,798	543,106	
9 PHYSICIAN	(ii)	0	0	0	0	0	0	
JONATHAN HANSON, M.D.	(i)	221,705	185,957	19,112	14,650	43,857	485,281	
10 PHYSICIAN/BOARD MEMBER	(ii)	0	0	0	0	0	0	
MICHAEL ISRAEL, M.D.	(i)	268,809	92,681	567	14,650	42,615	419,322	
11 PHYSICIAN/BOARD MEMBER	(ii)	0	0	0	0	0	0	
JOHN PRICE	(i)	4,637	0	63,822	0	1,099	69,558	
12 VICE-PRESIDENT FINANCE	(ii)	254,687	0	4,889	13,023	12,509	285,108	
JENNIFER LITER	(i)	171,367	0	20,900	8,933	44,626	245,826	
13 VP INPATIENT SERVICES	(ii)	0	0	0	0	0	0	
DENINE FALLIS-HALLGARTH	(i)	161,427	0	21,572	8,351	17,330	208,680	
14 VP PHYSICIAN SERVICES	(ii)	0	0	0	0	0	0	
TINA HENDRICK, M.D.	(i)	147,858	39,479	0	9,378	998	197,713	
15 PHYSICIAN/BOARD MEMBER (PARTIAL YEAR)	(ii)	0	0	0	0	0	0	
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>THE PRESIDENT/CEO AND VICE -PRESIDENT OF FINANCE/CFO ARE PAID BY A RELATED ORGANIZATION, NORTON HEALTHCARE INC. NORTON HEALTHCARE, INC. (NHC) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, GALLAGHER, TO PROVIDE COMPARABILITY DATA ON TOTAL COMPENSATION FOR SIMILAR POSITIONS AT HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS SIMILAR IN SIZE, SCOPE OF SERVICES, AND CIRCUMSTANCES, INCLUDING REVIEW OF OTHER HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS THAT HAVE FILED FORM 990S. IN ADDITION, NORTON HEALTHCARE, INC. PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS.</p> <p>COMPENSATION FOR THE VICE-PRESIDENT OF INPATIENT SERVICES AND VICE-PRESIDENT ON PHYSICIAN SERVICES IS DETERMINED BY NORTON-KING'S DAUGHTERS' HEALTH, INC. AND IS ESTABLISHED BY THE USE OF COMPENSATION SURVEY DATA.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS.</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 CAROL DOZIER - \$5,423 ROBERT AZAR - \$54,258 ADAM KEMPF - \$125,316 SCOTT WATKINS - \$92,369</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 ROBERT AZAR - \$228,6116 ADAM KEMPF - \$115,476 SCOTT WATKINS - \$91,374</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>PHYSICIANS ARE ELIGIBLE FOR INCENTIVE COMPENSATION. THE PHYSICIAN IS COMPENSATED FOR EACH WORK RVU PERFORMED DURING THE CALENDAR YEAR IN EXCESS OF THE PHYSICIAN'S WORK RVU INCENTIVE THRESHOLD FOR THE CALENDAR YEAR MULTIPLIED BY THE INCENTIVE RVU PAYMENT.</p> <p>NON-PHYSICIAN BONUS COMPENSATION IS DISCRETIONARY, SOLEY UP TO THE BOARD OF MANAGERS, AND THE CALCULATION FOR SAID BONUS COMPENSATION VARIES FROM YEAR TO YEAR.</p>

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open To Public
Inspection**

Name of the organization: **NORTON - KING'S DAUGHTERS' HEALTH, INC.** Employer identification number: **35-0895832**

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.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSON LYONS	FAMILY MEMBER OF KEY EMPLOYEE DENINE FALLIS-HALLGARTH	\$32,742	EMPLOYMENT COMPENSATION		✓

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ <small>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.</small> ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	<small>OMB No. 1545-0047</small>
		2022 Open to Public Inspection
Name of the Organization NORTON - KING'S DAUGHTERS' HEALTH, INC.		Employer Identification Number 35-0895832

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	UNDER ITS CHARITY PROGRAM, NKDH PROVIDED FREE CARE TO 295 PATIENTS TOTALING \$816,223 IN GROSS CHARGES. ALSO, NKDH GRANTS A DISCOUNT FROM BILLED CHARGES TO ANY PATIENTS THAT HAVE NO ACCESS TO PRIVATE HEALTH INSURANCE OR DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE. UNDER THIS PROGRAM, 3,103 PATIENTS WERE PROVIDED CARE AT DISCOUNTED RATES TOTALING \$1,467,455 IN DISCOUNTS.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	BETHANY HOLDING, LLC., AN INDIANA LIMITED LIABILITY COMPANY, IS THE SOLE MEMBER OF THE CORPORATION (THE "CORPORATE MEMBER"). NOTWITHSTANDING THE FOREGOING, ALL RIGHTS, POWER AND AUTHORITY OF BETHANY HOLDING, LLC IN ITS CAPACITY AS THE MEMBER OF THE CORPORATION, WHETHER SET FORTH IN THE ARTICLES OF INCORPORATION, THESE BYLAWS, OR UNDER LAW, SHALL BE VESTED IN, AND EXCLUSIVELY EXERCISED BY, NORTON HEALTHCARE - INDIANA, INC, AN INDIANA NONPROFIT CORPORATION WHICH IS THE SOLE MEMBER OF BETHANY HOLDING, LLC. NORTON HEALTHCARE, INC., A KENTUCKY NONPROFIT CORPORATION IS THE SOLE CORPORATE MEMBER OF NORTON HEALTHCARE - INDIANA, INC.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF TRUSTEES OF NORTON HEALTHCARE - INDIANA, INC. SHALL APPOINT ALL TRUSTEES. IN ADDITION, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION SHALL SERVE AS AN EX-OFFICIO MEMBER OF THE BOARD OF TRUSTEES. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL HAVE VOTING RIGHTS IN THAT PERSON'S CAPACITY AS A MEMBER OF THE BOARD OF TRUSTEES AND ANY COMMITTEE ON WHICH THEY SERVE.

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS</p>	<p>NOT WITHSTANDING ANY OTHER PROVISION OF THE BYLAWS, THE FOLLOWING POWERS ARE RESERVED TO THE NORTON-HEALTHCARE, INDIANA, INC., IN ITS CAPACITY AS THE SOLE MEMBER OF BETHANY HOLDING LLC, AND MAY BE EXERCISED EXCLUSIVELY BY NORTON HEALTHCARE-INDIANA, INC. AND MAY NOT BE TAKEN BY THE CORPORATION WITHOUT THE PRIOR CONSENT OF NORTON HEALTHCARE-INDIANA, INC.:</p> <p>A. ADOPTING ANY AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OF THE CORPORATION, INCLUDING TO MODIFY THE POWERS OF OR TO ELIMINATE IN ENTIRETY THE BOARD OF TRUSTEES</p> <p>B. ADOPTING ANY AMENDMENT OR RESTATEMENT OF THESE BYLAWS</p> <p>C. DETERMINING THE CORPORATION'S VISION, MISSION AND GOALS</p> <p>D. ADOPTING OR MODIFYING THE STRATEGIC PLAN OF THE CORPORATION</p> <p>E. APPOINTING AND REMOVING TRUSTEES</p> <p>F. APPOINTING AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE SECRETARY AND THE TREASURER OF THE CORPORATION AND ESTABLISHING THEIR COMPENSATION AND OTHER TERMS OF EMPLOYMENT BY THE CORPORATION, SUBJECT TO THE TERMS OF THE AFFILIATION AGREEMENT AND THE EMPLOYMENT AGREEMENT WITH SUCH INDIVIDUAL, IF ANY.</p> <p>G. ADOPTING THE ANNUAL OPERATING AND CAPITAL PLANS AND BUDGETS OF THE CORPORATION, SUBJECT TO THE TERMS OF THE AFFILIATION AGREEMENT WITH RESPECT THERETO, AND EXPENDITURE IN EXCESS OF CURRENT BUDGETS</p> <p>H. THE CORPORATION ENTERING INTO, AMENDING, OR TERMINATING, ANY TRANSACTIONS THAT (I) WILL RESULT IN THE ACQUISITION, RENOVATION OR IMPROVEMENT OF AN ASSET, OR THE SALE, LEASE, ENCUMBRANCE OR DISPOSAL OF AN ASSET WHERE (II) THE AMOUNT OF SUCH TRANSACTION EXCEEDS \$100,000, SUBJECT TO TERMS OF THE AFFILIATION AGREEMENT WITH RESPECT THERETO</p> <p>I. THE CORPORATION ESTABLISHING ORGANIZATIONAL RELATIONSHIPS, INCLUDING WITHOUT LIMITATION, PARTNERSHIPS OR JOINT VENTURES, AND THE DISSOLUTION OF ANY SUCH ORGANIZATIONAL RELATIONSHIPS</p> <p>J. ENTERING INTO ANY AGREEMENT WITH RESPECT TO A MERGER, CONSOLIDATION, DISSOLUTIONS OR OTHER FUNDAMENTAL CORPORATE REORGANIZATION OF THE CORPORATION</p> <p>K. INCURRENCE OF DEBT BY THE CORPORATION</p> <p>L. ANY MATTER THAT MAY ADVERSELY IMPACT THE TAX EXEMPT STATUS OF THE CORPORATION OR OF NORTON HEALTHCARE-INDIANA, INC. OR ANY OF ITS AFFILIATES IN THE SOLE DISCRETION OF NORTON HEALTHCARE-INDIANA, INC.</p> <p>M. ANY MATTER FOR WHICH THE BOARD IS AUTHORIZED TO MAKE RECOMMENDATIONS TO NORTON HEALTHCARE-INDIANA, INC. AS SET FORTH IN SECTION 4.1 OF THE BYLAWS. SUCH RECOMMENDATIONS INCLUDE THE FOLLOWING: *NUMBER OF TRUSTEE POSITIONS *APPOINTMENT OF MEMBERS TO THE BOARD OF TRUSTEES *APPROVAL OF OPERATING AND CAPITAL BUDGETS *AMENDING/ALTERING/ REPEALING/RESTATING THE ARTICLES OF INCORPORATION OR BYLAWS *APPROVING THE ACQUISITION OF SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER ORGANIZATION *ADOPTING A PLAN OF MERGER OR PLAN OF CONSOLIDATION, AUTHORIZING THE SALE/LEASE/EXCHANGE/MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION, AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE CORPORATION, ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION OR ANY SIMILAR TRANSACTION</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>NORTON-KING'S DAUGHTERS' HEALTH, INC.'S FORM 990 WAS REVIEWED BY ITS PARENT COMPANY'S BOARD OF TRUSTEES AND FINANCE COMMITTEE.</p> <p>AT THE OCTOBER 5, 2023 NORTON HEALTHCARE, INC. (NHC) FINANCE COMMITTEE MEETING AND AT THE OCTOBER 26, 2023 NHC BOARD OF TRUSTEES MEETING, THE 990S WERE DISCUSSED AND COMMITTEE MEMBERS AND TRUSTEES HAD AN OPPORTUNITY TO ASK QUESTIONS. COINCIDING WITH THE FINANCE COMMITTEE MEETING, ELECTRONIC COPIES OF THE 990S WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND BOARD OF TRUSTEES THROUGH THE DIRECTORS PORTAL SITE, PRIOR TO THE FILING WITH THE IRS. 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 KING'S DAUGHTERS' HEALTH, INC. AND NORTON HEALTHCARE-INDIANA, INC.</p>

Return Reference - Identifier	Explanation																									
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>NORTON-KING'S DAUGHTERS' HEALTH, INC. HAS A FORMAL CONFLICT OF INTEREST POLICY. THIS POLICY REQUIRES EACH MEMBER OF THE BOARD OF DIRECTORS TO ANNUALLY DISCLOSE INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICT. THE PURPOSE OF THIS CONFLICT OF INTEREST POLICY IS TO PROTECT NORTON - KING'S DAUGHTERS' HEALTH, INC.'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR TRUSTEE OF THE CORPORATION. AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE BOARD OR COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THEN THE PROCEDURES UNDER C. (WHICH FOLLOWS), SHALL BE FOLLOWED. IF THE BOARD OR COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST DOES NOT EXIST, THE TRUSTEE MAY PARTICIPATE IN CONSIDERATION OF THE MATTER AS USUAL. THE PROCEDURE FOR ADDRESSING THE CONFLICT OF INTEREST IS -</p> <p>A. THE CHAIR OF THE BOARD OF TRUSTEES OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.</p> <p>B. AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.</p> <p>C. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE, THE BOARD OF TRUSTEES OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION, AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.</p>																									
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE PRESIDENT/CEO AND VICE -PRESIDENT OF FINANCE/CFO ARE PAID BY A RELATED ORGANIZATION, NORTON HEALTHCARE INC. NORTON HEALTHCARE, INC. (NHC) ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT, GALLAGHER, TO PROVIDE COMPARABILITY DATA ON TOTAL COMPENSATION FOR SIMILAR POSITIONS AT HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS SIMILAR IN SIZE, SCOPE OF SERVICES, AND CIRCUMSTANCES, INCLUDING REVIEW OF OTHER HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS THAT HAVE FILED FORM 990S. IN ADDITION, NORTON HEALTHCARE, INC. PARTICIPATES IN THIRD PARTY SURVEYS WHICH PROVIDE AGGREGATE, COMPARATIVE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES IN SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS.</p> <p>COMPENSATION FOR THE VICE-PRESIDENT OF INPATIENT SERVICES AND VICE-PRESIDENT ON PHYSICIAN SERVICES IS DETERMINED BY NORTON-KING'S DAUGHTERS' HEALTH, INC. AND IS ESTABLISHED BY THE USE OF COMPENSATION SURVEY DATA.</p>																									
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE NARRATIVE FOR LINE 15A ABOVE.																									
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE FOR PUBLIC INSPECTION. THE FORM 990 TAX RETURN IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.																									
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (E) - BOARD MEMBER STIPEND PAYMENTS	<p>NORTON HEALTHCARE, INC. (NHC) AND AFFILIATES (NORTON HOSPITALS, INC., COMMUNITY MEDICAL ASSOCIATES, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC., AND NORTON KINGS' 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.</p>																									
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="454 1581 732 1654">(a) Description</th> <th data-bbox="732 1581 922 1654">(b) Total Expenses</th> <th data-bbox="922 1581 1101 1654">(c) Program Service Expenses</th> <th data-bbox="1101 1581 1279 1654">(d) Management and General Expenses</th> <th data-bbox="1279 1581 1466 1654">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="454 1654 732 1686">CONTRACT LABOR</td> <td data-bbox="732 1654 922 1686">8,188,808</td> <td data-bbox="922 1654 1101 1686">6,452,644</td> <td data-bbox="1101 1654 1279 1686">1,729,967</td> <td data-bbox="1279 1654 1466 1686">6,197</td> </tr> <tr> <td data-bbox="454 1686 732 1717">PROFESSIONAL FEES</td> <td data-bbox="732 1686 922 1717">2,048,951</td> <td data-bbox="922 1686 1101 1717">2,048,951</td> <td data-bbox="1101 1686 1279 1717">0</td> <td data-bbox="1279 1686 1466 1717">0</td> </tr> <tr> <td data-bbox="454 1717 732 1770">FEES & SPECIAL SERVICES</td> <td data-bbox="732 1717 922 1770">10,981,065</td> <td data-bbox="922 1717 1101 1770">5,793,083</td> <td data-bbox="1101 1717 1279 1770">5,187,982</td> <td data-bbox="1279 1717 1466 1770">0</td> </tr> <tr> <td data-bbox="454 1770 732 1801">Total</td> <td data-bbox="732 1770 922 1801">21,218,824</td> <td data-bbox="922 1770 1101 1801">14,294,678</td> <td data-bbox="1101 1770 1279 1801">6,917,949</td> <td data-bbox="1279 1770 1466 1801">6,197</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONTRACT LABOR	8,188,808	6,452,644	1,729,967	6,197	PROFESSIONAL FEES	2,048,951	2,048,951	0	0	FEES & SPECIAL SERVICES	10,981,065	5,793,083	5,187,982	0	Total	21,218,824	14,294,678	6,917,949	6,197
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																						
CONTRACT LABOR	8,188,808	6,452,644	1,729,967	6,197																						
PROFESSIONAL FEES	2,048,951	2,048,951	0	0																						
FEES & SPECIAL SERVICES	10,981,065	5,793,083	5,187,982	0																						
Total	21,218,824	14,294,678	6,917,949	6,197																						

Return Reference - Identifier	Explanation									
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="462 184 1263 212">(a) Description</th> <th data-bbox="1273 184 1461 212">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="462 216 1263 243">LOSS ON DEBT EXTINGUISHMENT</td> <td data-bbox="1273 216 1461 243">- 1,523,045</td> </tr> <tr> <td data-bbox="462 247 1263 289">TRANSACTIONS RELATED TO MEMBER SUBSTITUTION BUSINESS COMBINATION</td> <td data-bbox="1273 247 1461 289">- 260,885,155</td> </tr> <tr> <td data-bbox="462 294 1263 321">FOUNDATION RELATED ADJUSTMENTS</td> <td data-bbox="1273 294 1461 321">- 261,099</td> </tr> </tbody> </table>		(a) Description	(b) Amount	LOSS ON DEBT EXTINGUISHMENT	- 1,523,045	TRANSACTIONS RELATED TO MEMBER SUBSTITUTION BUSINESS COMBINATION	- 260,885,155	FOUNDATION RELATED ADJUSTMENTS	- 261,099
	(a) Description	(b) Amount								
	LOSS ON DEBT EXTINGUISHMENT	- 1,523,045								
	TRANSACTIONS RELATED TO MEMBER SUBSTITUTION BUSINESS COMBINATION	- 260,885,155								
FOUNDATION RELATED ADJUSTMENTS	- 261,099									
LOSS ON DEBT EXTINGUISHMENT	- 1,523,045									
TRANSACTIONS RELATED TO MEMBER SUBSTITUTION BUSINESS COMBINATION	- 260,885,155									
FOUNDATION RELATED ADJUSTMENTS	- 261,099									
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	IN 2022, NORTON-KING'S DAUGHTERS' HEALTH, INC. (KDH) WAS ACQUIRED BY NORTON HEALTHCARE, INC. NORTON HEALTHCARE, INC. HAS THE ULTIMATE AUTHORITY IN SELECTING THE INDEPENDENT ACCOUNTANT FOR THE AUDIT OF ALL OF ITS CONSOLIDATED ENTITIES AND HAS DIRECT OVERSIGHT OF THE AUDIT PROCESS.									

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
NORTON - KING'S DAUGHTERS' HEALTH, INC.

Employer identification number
35-0895832

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTON HEALTHCARE, INC. (61-1028725) ACCOUNTING 224 E BROADWAY, 5TH FLOOR, LOUISVILLE, KY 40202	PROVIDE ADMINISTRATIVE AND SUPPORT SERVICES	KY	501(C)(3)	12 TYPE II	N/A		✓
(2) 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.		✓
(3) 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.		✓
(4) 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.		✓
(5) 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.		✓
(6) 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.		✓
(7) 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.		✓

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)	✓	
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)	✓	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

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

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

Norton-King's Daughters' Health, Inc. ("KDH") federal id# 35-0895832 was acquired by Norton Healthcare, Inc. via a member-substitution transaction.
KDH is consolidated with all other Norton entities for audit and financial statement reporting.

The consolidated, audited financial statements for Norton Healthcare, Inc. and Affiliates Years Ended December 31, 2022 and 2021 follow.
KDH's data appears on pages 65-68 under the entity header "Norton Healthcare - Indiana, Inc".