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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
Norton Healthcare Inc

Doing business as

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

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

D Employer identification number
61-1028725

E Telephone number
(502) 629-8249

G Gross receipts $ 394,731,614

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

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NORTONHEALTHCARE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile KY

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,142
6	Total number of volunteers (estimate if necessary)	**6**	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	803,490	832,896
9	Program service revenue (Part VIII, line 2g)	161,573,948	162,981,857
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,328,375	27,139,114
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,942,859	8,446,642
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,648,672	199,400,509
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,579,718	2,293,714
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	135,214,532	143,082,879
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	109,495,914	114,769,185
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	246,290,164	260,145,778
19	Revenue less expenses Subtract line 18 from line 12	-28,641,492	-60,745,269

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,259,945,526	1,723,698,889
21	Total liabilities (Part X, line 26)	1,645,334,708	2,150,187,394
22	Net assets or fund balances Subtract line 21 from line 20	-385,389,182	-426,488,505

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

****** 2017-11-07
Signature of officer Date

Michael W Gough TREASURER & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Spurlock	Rachel Spurlock			P00520729

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680
Firm's address ▶ 9600 Brownsboro Road Suite 400 Louisville, KY 402411122 — Phone no (502) 326-3996

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 210,530,216 including grants of $ 2,293,714) (Revenue $ 171,178,476)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 210,530,216

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	554		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	2,142		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in 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**			No
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**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
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**			No
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**			No
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**			No
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**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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**			
9a	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**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
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?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶Helena Schulz Accounting 224 E BROADWAY 5th Fl LOUISVILLE, KY 402022025 (502) 629-8263

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								14,804,433	330,618	3,211,455

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 ▶ 227

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Firstsource Solutions USA LLC 6455 Reliable Pkwy Chicago, IL 60686	Professional Service	5,954,675
Doe-Anderson Inc 620 W Main Street Louisville, KY 40202	Professional Services	2,262,105
Dinsmore & Shohl LLP P O Box 639038 Cincinnati, OH 452639038	Legal services	1,095,923
Brooksource PO Box 55767 Indianapolis, IN 46205	Professional Services	1,020,686
Press Ganey Associates Inc PO Box 88335 Milwaukee, WI 40202	Professional Services	950,951

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 ▶ 92

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	832,896		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		832,896		

Program Service Revenue	Business Code				
2a Management fees	900099	157,479,679	157,479,679		
b Clinical Research Trials	900099	5,327,397	5,327,397		
c Education Programs	900099	174,781	174,781		
d					
e					
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a–2f . . . . ▶		162,981,857			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		15,354,123			15,354,123
4 Income from investment of tax-exempt bond proceeds ▶		1,522,882			1,522,882
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	244,955				
b Less rental expenses					
c Rental income or (loss)	244,955 / 0				
d Net rental income or (loss) . . . . . ▶		244,955			244,955
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	205,593,214				
b Less cost or other basis and sales expenses	195,331,105				
c Gain or (loss)	10,262,109 / 0				
d Net gain or (loss) . . . . . ▶		10,262,109			10,262,109
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a Credit Card Rebate	900099	996,361	996,361		
b Employee Emergency Fund	900099	374,112	374,112		
c net gain on debt extinguishment	900099	5,644,176	5,644,176		
d All other revenue		1,187,038	1,181,970	0	5,068
e **Total.** Add lines 11a–11d . . . . . ▶		8,201,687			
12 Total revenue. See Instructions . . . . . ▶		199,400,509	171,178,476	0	27,389,137

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,163,714	2,163,714		
2 Grants and other assistance to domestic individuals See Part IV, line 22	130,000	130,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,236,881	7,402,750	5,834,131	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	38,718	38,718		
7 Other salaries and wages	104,359,792	91,592,605	12,767,187	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,076,539	4,702,955	373,584	
9 Other employee benefits	11,701,000	10,921,072	779,928	
10 Payroll taxes	8,669,949	7,538,755	1,131,194	
11 Fees for services (non-employees)				
a Management				
b Legal	2,553,527	2,272,639	280,888	
c Accounting	586,700	234,680	352,020	
d Lobbying	234,583	93,833	140,750	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,977,319		2,977,319	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43,453,693	38,683,061	4,770,632	0
12 Advertising and promotion				
13 Office expenses	2,923,974	2,411,887	512,087	
14 Information technology				
15 Royalties . .				
16 Occupancy	6,861,143	5,466,515	1,394,628	
17 Travel	1,395,366	1,118,165	277,201	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	33,818,802		33,818,802	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	17,971,724	21,773	17,949,951	
23 Insurance . . .	18,221,684	16,220,422	2,001,262	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Equipment rental & repair	36,754,747	34,356,652	2,398,095	
b Recruitment	861,334	769,610	91,724	
c Interest allocation	-36,660,627		-36,660,627	
d Insurance allocation	-18,437,161	-16,409,073	-2,028,088	
e All other expenses	1,252,377	799,483	452,894	0
25 **Total functional expenses.** Add lines 1 through 24e	260,145,778	210,530,216	49,615,562	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		-11,544,487	1	-826,266
	2	Savings and temporary cash investments		276,468,067	2	161,629,132
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,561,162	4	10,709,708
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	6,276
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		662,313	8	656,187
	9	Prepaid expenses and deferred charges		25,778,351	9	25,350,419
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 428,196,762			
	b	Less accumulated depreciation	10b 335,579,826	77,582,673	10c	92,616,936
	11	Investments—publicly traded securities		625,315,227	11	1,063,546,599
	12	Investments—other securities See Part IV, line 11		218,619,416	12	338,934,391
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		38,502,804	15	31,075,507
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,259,945,526	16	1,723,698,889
Liabilities	17	Accounts payable and accrued expenses		176,345,745	17	198,202,859
	18	Grants payable		1,842,926	18	1,640,544
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		844,124,150	20	1,124,709,451
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		623,021,887	25	825,634,540
	26	**Total liabilities.** Add lines 17 through 25		1,645,334,708	26	2,150,187,394
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-385,547,307	27	-426,650,440
	28	Temporarily restricted net assets		158,125	28	161,935
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-385,389,182	33	-426,488,505
	34	Total liabilities and net assets/fund balances		1,259,945,526	34	1,723,698,889

Part XI Reconcilliation 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	199,400,509
2	Total expenses (must equal Part IX, column (A), line 25)	2	260,145,778
3	Revenue less expenses Subtract line 2 from line 1	3	-60,745,269
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-385,389,182
5	Net unrealized gains (losses) on investments	5	32,940,198
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,294,252
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-426,488,505

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 61-1028725
Name: Norton Healthcare Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

NORTON HEALTHCARE, INC (NHI) IS A NOT-FOR-PROFIT CORPORATION BASED IN LOUISVILLE, KY IN 2016 NHI, THROUGH ITS AFFILIATE, NORTON HOSPITALS, INC , HAD A TOTAL OF 1,837 LICENSED BEDS NORTON HOSPITAL - 605 BEDS, NORTON CHILDREN'S HOSPITAL - 300 BEDS, NORTON AUDUBON HOSPITAL - 432 BEDS, NORTON WOMEN'S AND CHILDREN'S HOSPITAL - 373 BEDS, AND NORTON BROWNSBORO HOSPITAL - 127 BEDS THESE FIVE HOSPITALS OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK (CONTINUED IN SCHEDULE O)

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen A Williams CEO/Trustee	30 0 ..... 20 0	X		X				2,140,771	0	85,700
Donald H Robinson Chair	12 0 ..... 2 5	X						0	0	0
Gary L Stewart Vice Chair & Chair Elect	4 0 ..... 3 5	X						1,600	0	0
Maria L Bouvette Trustee	1 0 ..... 2 5	X						1,600	0	0
Brendan Canavan Trustee	1 0 ..... 2 5	X						1,600	0	0
Sue Davis EdD RN Trustee	1 0 ..... 2 5	X						1,600	0	0
Lee K Garlove Trustee	1 0 ..... 3 5	X						1,600	0	0
Maria Gerwing Hampton Trustee	4 0 ..... 2 5	X						1,600	0	0
Craig D Grant Trustee	1 0 ..... 2 5	X						1,600	0	0
Louis Heuser Trustee (partial year)	1 0 ..... 2 5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Martha K Heyburn MD Trustee	30 25	X						1,600	0	0
Richard R Ivey Trustee	10 25	X						1,600	0	0
Ronald Lehocky MD Trustee	30 25	X						1,600	0	0
Gail Lyttle Trustee	10 25	X						1,600	0	0
Gregory E Mayes Trustee	50 25	X						1,600	0	0
Joseph J McGowan EdD Trustee (partial year)	10 25	X						0	0	0
Maureen McGowan Trustee	10 25	X						0	0	0
Edie Nixon Trustee	40 25	X						1,600	0	0
Barry Pennybaker Trustee	10 25	X						1,600	0	0
Erwin Roberts Trustee	10 25	X						1,600	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G Hunt Rounsavall Jr Trustee	4 0 ..... 3 5	X						1,600	0	0
Dr Rita Hudson Shourds Trustee	1 0 ..... 2 5	X						0	0	0
Rev William J Schultz Trustee	3 0 ..... 2 5	X						1,600	0	0
James L Sublett MD Trustee	1 0 ..... 2 5	X						1,600	0	0
Richard S Wolf MD Honorary Chair Emeritus	1 0 ..... 3 5	X						1,600	0	0
Russell F Cox President	30 0 ..... 20 0			X				1,332,366	0	381,368
Michael W Gough Sr VP CFO/Treasurer	30 0 ..... 20 0			X				1,114,894	0	317,579
Robert B Azar Sys VP Chief Legal Officer/Secretary	30 0 ..... 20 0			X				680,749	0	121,650
Steve Hester Sr VP, CMO	50 0 0				X			955,018	0	192,287
Douglas Winkelhake Division President Adult Services	50 0 0				X			814,511	0	168,805

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Ready Sys VP CIO	50 0 0				X			590,274	0	130,932
Charles Bohn SYS VP Chief HR Officer	50 0 0				X			579,482	0	112,459
Scott Watkins Division VP COO	50 0 0				X			577,576	0	124,586
James Frazier SYS VP Medical Affairs	50 0 0				X			553,268	0	106,668
Steve Heilman Sys VP Ancillary Serv & CMIO	50 0 0				X			541,264	0	147,666
Tracy Williams Sr VP, CNO	50 0 0				X			534,867	0	105,796
Mary Jo Bean Sr VP Planning & Bus Analysis	50 0 0				X			482,183	0	90,092
Michael Esposito Sys VP Chief Network Development Officer	50 0 0				X			463,748	0	102,460
Thomas Johnson Sys VP PR-Chief Communication Officer	50 0 0				X			445,495	0	418,078
Adam Kempf Sys VP Finance	50 0 0				X			442,112	0	91,678

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Lynn Meyer Sr VP CDO	30 0 ..... 20 0				X			200,981	330,618	111,888
Jim Meyers Sys VP Revenue Cycle	50 0 0					X		379,681	0	90,372
Maureen Capalbo Sys VP Nursing Systems	50 0 0					X		374,761	0	51,862
Alfonso Cornish Sys VP Learning & Org Dev	50 0 0					X		371,125	0	44,388
Dana Allen Sys VP Chief Mktg & Communication Officer	50 0 0					X		370,241	0	71,099
Kathleen Exline VP Perf Excel & Care Continium	50 0 0					X		364,374	0	82,056
Kenneth Wilson SYS VP Clinical Effectiveness	0 0 0						X	464,291	0	61,986

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 4

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 4					1,782,640,661	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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 ▶ ☐

b **33 1/3% support test—2015.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

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 ▶ ☐

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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
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*	1		No
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)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
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*	4b		
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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
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.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
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*	10a		No
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)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	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		No

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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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 **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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section C, Line 1 Majority director detail	As a supporting organization, Norton Healthcare, Inc is supervised or controlled in conne ction with the supported organizations, and therefore, is designated as a Type II supporti ng organization Norton Healthcare, Inc meets this classification because the management of Norton Healthcare, Inc is vested in the same persons that control and manage the suppo rted organizations Specifically, the organizations share the same Chief Executive Officer , Chief Legal Officer, President/Chief Operating Officer, and Chief Financial Officer Thi s common control allows Norton Healthcare, Inc and its four supported organizations to fu nction collectively as a health system, with Norton Healthcare, Inc providing management and administrative support to the supported organizations The fact that the core leadersh ip team of each of the supported organizations is also the core leadership team of Norton Healthcare, Inc assures that Norton Healthcare, Inc is responsive to the needs and deman ds of the supported organizations and that Norton Healthcare, Inc constitutes an integral part of and maintains a significant involvement in the operations of the supported organi zations

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 61-1028725
Name: Norton Healthcare Inc

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

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) NORTON HOSPITALS INC	610703799	3	Yes		1,406,260,544	0
(A) NORTON HOSPITALS INC	610703799	3	Yes		1,406,260,544	0
(A) COMMUNITY MEDICAL ASSOCIATES INC	611276316	9		No	368,070,372	0
(A) COMMUNITY MEDICAL ASSOCIATES INC	611276316	9		No	368,070,372	0
(B) NORTON HEALTHCARE FOUNDATION INC	310914919	7		No	1,828,337	0
(B) NORTON HEALTHCARE FOUNDATION INC	310914919	7		No	1,828,337	0
(C) THE CHILDREN'S HOSPITAL FND INC	616027530	7		No	6,481,408	0
(C) THE CHILDREN'S HOSPITAL FND INC	616027530	7		No	6,481,408	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Norton Healthcare Inc	61-1028725

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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? ☐ **Yes** ☐ **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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,978
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		234,583
j	Total Add lines 1c through 1i			243,561
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 expenditures from the prior year?	3		

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 Description of the activities reported on lines 1A through 1i	Part II-B, line 1(i) other lobbying activities Payments made to the following entities for government affairs representation to focus on goals and priorities to advocate, educate and promote the interest of Norton Healthcare, Inc and registered as appropriate with the legislative and/or executive branch ethics commission as agents/lobbyists Government Strategies totaling $114,583, and Rotunda Group LLC totaling $120,000 Part II-B, line 1(g) Employees of Norton Healthcare, Inc are engaged in lobbying health policy issues at the state level to lobby the executive and legislative branches of Kentucky's government Norton Healthcare, Inc is not registered to lobby at the federal level Lobbying compensation paid and activities as reported to the Kentucky Legislative Ethics committee is $8,978

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
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 in Part XIII . . . . . ☐

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		2,125,807		2,125,807
b Buildings		50,220,808	39,269,655	10,951,153
c Leasehold improvements				
d Equipment		340,506,939	295,591,707	44,915,232
e Other		35,343,208	718,464	34,624,744
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				92,616,936

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS MASTER TRUST UNITS	253,105,951	
(B) REAL ESTATE MASTER TRUST UNITS	77,267,539	
(C) Private Equity Master Trust	8,560,901	
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	338,934,391	

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	
PAYABLE TO AFFILIATES	606,768,997
SELF INSURANCE TRUST	107,287,066
OTHER LIABILITIES	41,170,433
INTEREST RATE SWAP LIABILITY	
OTHER INSURANCE	1,766,965
Pension	56,416,128
Capital Lease	
Deferred Income LT	12,224,951
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	825,634,540

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 61-1028725
Name: Norton Healthcare Inc

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
PAYABLE TO AFFILIATES	606,768,997
SELF INSURANCE TRUST	107,287,066
OTHER LIABILITIES	41,170,433
INTEREST RATE SWAP LIABILITY	
OTHER INSURANCE	1,766,965
Pension	56,416,128
Capital Lease	
Deferred Income LT	12,224,951

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1)	Central America and the Caribbean	0	0	Investments		275,917,777
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			275,917,777
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			275,917,777

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 61-1028725
Name: Norton Healthcare Inc

Part V **Supplemental Information**

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table								
(1)								
(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 . . . . . ▶ 70

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) undergraduate scholarships for students pursuing education for a career in the healthcare field	95	130,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 61-1028725
Name: Norton Healthcare Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BELLARMINE UNIVERSITY 2001 NEWBURG RD LOUISVILLE, KY 40205	61-0482955	501(c)(3)	1,032,500				General program support and support Nursing, sports medicine, healthcare analytics and student health services
Jefferson County Public Schools 546 SOUTH FIRST ST LOUISVILLE, KY 40202	61-6001316	Jefferson Co	292,500				Program support to ensure that trainers and sports medicine experts are available in the county and support of baseline concussion testing by providing specilized football helmets

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY 800 ROSE ST C1 LEXINGTON, KY 40536	61-6001218	state of KY	210,000				general program support of university and Pharmacy school
NAFC School Corp POBox 1087 NEW ALBANY, IN 471511087	35-6005953	501(c)(3)	117,440				Support Community project intended to protect, diagnose and treat student athletes from concussions and other sports related injuries

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Habitat for Humanity 1620 BANK ST LOUISVILLE, KY 40203	58-1735528	501(c)(3)	90,000				support home building for those in need
METRO UNITED WAY OF KENTUCKY 3949 ZONETON RD SHEPHERDSVILLE, KY 40165	61-0444680	501(c)(3)	55,000				support health and human services

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LEADERSHIP LOUISVILLE FOUNDATION 732 W MAIN ST LOUISVILLE, KY 40202	31-0958491	501(c)(3)	52,300				general program support for educating leaders in community
Catholic Education Foundation Inc 401 W Main St LOUISVILLE, KY 40202	61-1294640	501(c)(3)	45,000				general event & program support

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

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AMERICAN HEART ASSOCIATION PO BOX 841750 DALLAS, TX 752841750	13-5613797	501(c)(3)	40,000				support heart health awareness
Family Community Clinic Inc 1406 E Washington St LOUISVILLE, KY 40206	27-2994215	501(c)(3)	40,000				Meet the healthcare needs of uninsured patients in the Louisville Community

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FUND FOR THE ARTS 623 W MAIN ST LOUISVILLE, KY 40202	61-0479626	501(c)(3)	38,000				General program support
WHAS Crusade for Children 520 W CHESTNUT ST LOUISVILLE, KY 402022235	23-7075524	501(c)(3)	35,000				promote support for special needs children

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

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ARTHRITIS FOUNDATION KY CHAPTER 2908 Brownsboro Rd LOUISVILLE, KY 40206	61-0492349	501(c)(3)	30,000				Program support to assist people with arthritis and related diseases
LouisvilleJefferson Co Metro 611 WEST JEFFERSON ST LOUISVILLE, KY 40202	32-0049006	Jefferson Co	30,000				general program support

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JUNIOR ACHIEVEMENT 1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(c)(3)	27,600				General program support
KENTUCKY PHYSICIANS HEALTH FOUNDATION 9000 WESSEX PLACE STE 305 LOUISVILLE, KY 40222	61-1242062	501(c)(3)	21,500				Supporting healthcare professionals

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

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CYSTIC FIBROSIS FOUNDATION 1941 Bishop Ln LOUISVILLE, KY 40218	13-1930701	501(c)(3)	20,500				Cystic Fibrosis patient support
COLON CANCER PREVENTION PROJECT PO BOX 4039 LOUISVILLE, KY 40204	20-1510713	501(c)(3)	17,500				Support for colon cancer awareness initiatives

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

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YMCA OF GREATER LOUISVILLE 545 SOUTH SECOND ST LOUISVILLE, KY 40202	61-0444843	501(c)(3)	16,695				support youth development & healthy living
AMERICAN CANCER SOCIETY 5250 VOGEL RD STE A EVANSVILLE, IN 47715	13-1788491	501(c)(3)	16,500				Supporting people with cancer by helping them get well, finding cures

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Integrating Woman Leaders Inc 47 W 96TH ST INDIANAPOLIS, IN 46260	27-2546534	501(c)(3)	15,000				Supporting advancement of women into higher levels of leadership
KENTUCKY LIFT INC 614 W MAIN ST STE 6000 LOUISVILLE, KY 40202	46-4048816	501(c)(4)	15,000				Support provisions of economic development and civic betterment

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

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SUPPLIES OVER SEAS 1500 ARLINGTON AVE LOUISVILLE, KY 40206	27-2624272	501(c)(3)	15,000				support donations of supplies to needy countries
COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY ACCOUNTING LOUISVILLE, KY 40202	61-1276316	501(c)(3)	12,943				Support of a nurse practitioner for the Bellarmine Student Health Clinic

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UNIVERSITY OF LOUISVILLE 401 CHAMPIONS WAY SIMPSONVILLE, KY 40067	31-1106941	115(1)	14,950				General program support
INDIA COMMUNITY FDTN OF LOUISVILLE 12505 VALLEY PINE DR LOUISVILLE, KY 40299	61-0989811	501(c)(3)	14,000				Support promotion of cultural and educational knowledge about Telugu people

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

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A WOMAN'S CHOICE RESOURCE CENTER 101 WEST MARKET LOUISVILLE, KY 40202	61-1142823	501(c)(3)	12,500				Support for pregnancy center
BRAIN INJURY ALLIANCE OF KY 7321 NEW LAGRANGE RD STE 100 LOUISVILLE, KY 40222	61-1128496	501(c)(3)	12,500				Outreach, education and support for patients with brain injuries

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

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CENTER FOR WOMEN AND FAMILIES PO BX 2048 LOUISVILLE, KY 402012048	61-0444846	501(c)(3)	11,000				support services for victims of domestic abuse
AMERICAN DIABETES ASSOCIATION PO BOX 930850 ATLANTA, GA 311930850	13-1623888	501(c)(3)	10,000				Program support for African American outreach re diabetes education, prevention

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CHRIST IN YOUTH INC 2201 N MAIN JOPLIN, MO 64801	43-1303328	501(c)(3)	10,000				employee match-general program support
HOSPARUS 3539 EPHRAIM MCDOWELL DR LOUISVILLE, KY 40205	61-0921718	501(c)(3)	10,000				Pediatric bereavement program

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KENTUCKIANS FOR PROGRESS INC 6060 DUTCHMANS LN STE 110 LOUISVILLE, KY 40205	27-4218549	501(c)(3)	10,000				Support the development and promotion of the social and economic welfare of KY area
LEUKEMIA AND LYMPHOMA SOCIETY 301 E MAIN SUITE 100 LOUISVILLE, KY 40202	13-5655916	501(c)(3)	10,000				supporting mission to cure leukemia, lymphoma, hodgkin's disease and myeloma, improve patient & family quality of life

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LOUISVILLE MEDICAL LEGAL 100 DISCOVERY WAY ACTON, MA 01720	35-2079715	501(c)(3)	10,000				general program support
RONALD MCDONALD HOUSE 550 S 1ST ST LOUISVILLE, KY 40202	31-1053467	501(c)(3)	10,000				support home assistance for families in need

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WELLSPRING SPECIAL EVENT POBOX 1927 LOUISVILLE, KY 402011927	31-1020023	501(c)(3)	10,000				Supporting adults with severe and persistent mental illness
Young Professionals 657 S Hurstbourne Pkwy LOUISVILLE, KY 40222	45-0483455	501(c)(3)	10,000				provides leadership development, educational opportunities and philanthropic support to Louisville's Young Professionals for the benefit of the local community

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EPILEPSY FOUNDATION KENTUCKIANA 982 EASTERN PARKWAY LOUISVILLE, KY 402171566	61-1314540	501(c)(3)	9,900				Epilepsy support groups and outreach
LEADERSHIP SOUTHERN INDIANA 8204 HWY 311 SELLERSBURG, IN 47172	35-1644080	501(c)(3)	9,000				general program support for educating leaders in community

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NEIGHBORHOOD HOUSE 201 N 25TH ST LOUISVILLE, KY 40212	61-0445842	501(c)(3)	9,000				provide opportunities for individuals to enhance quality of heir lives
THE HEALING PLACE 1020 W MARKET ST LOUISVILLE, KY 40202	61-1164775	501(c)(3)	8,000				promotes social support and medical assistance to the homeless

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KOMEN KENTUCKY 1201 STORY AVE STE 205 LOUISVILLE, KY 40206	75-2855046	501(c)(3)	7,500				support breast cancer awareness
MARCH OF DIMES FOUNDATION P O BOX 932852 ATLANTA, GA 311932852	13-1846366	501(c)(3)	7,500				premature birth support

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SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(c)(3)	7,500				general program support
American Lung Association of the Midland States 4100 CHURCHMAN AVE LOUISVILLE, KY 40215	31-4379531	501(c)(3)	7,000				Support mission of preventing lung disease and improving lung health

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KY CHAMBER OF COMMERCE 464 CHENAULT AVE FRANKFORT, KY 40601	61-0405718	501(c)(3)	7,000				Support prosperous business climate in Commonwelath of KY
KENTUCKY DERBY MUSEUM 704 CENTRAL AVE LOUISVILLE, KY 40208	31-1023459	501(c)(3)	6,400				Support the endowment and safeguards the future of the KY Derby Museum

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REVOLUTION DEVELOPMENT CYCLING INC 1806 GRESHAM RD LOUISVILLE, KY 40205	81-2907077	501(c)(3)	6,000				supporting healthy lifestyles through bicycle riding
PARKINSON'S SUPPORT CENTER OF KENTUCKIANA 315 TOWNEPARK CIR STE 100 LOUISVILLE, KY 40243	61-1367576	501(c)(3)	5,800				promote parkinson support

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FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(c)(3)	5,500				support education initiatives
ASSOCIATION OF PROFESSIONAL CHAPLIANS 2800 W HIGGINS RD STE 295 HOFFMAN EST, IL 601697221	36-3762667	501(c)(3)	5,000				support pastoral education

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Be Their Diffence Inc 17513 POPE DALE RD LOUISVILLE, KY 40245	81-2316399	501(C)(3)	5,000				General program support
BRIDGEHAVEN P O BOX 950270 LOUISVILLE, KY 402950270	61-0548949	501(c)(3)	5,000				general programs support

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CENTER FOR INTERFAITH RELATION 415 W MULHAMMED ALI BLVD LOUISVILLE, KY 40202	61-1149619	501(c)(3)	5,000				General Program support
CEREBRAL PALSY KIDS CENTER 982 EASTERN PKWY LOUISVILLE, KY 40217	61-0492378	501(c)(3)	5,000				Support for children with cerebral palsy

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CHRISTIAN ACADEMY OF LOUISVILLE 700 S ENGLISH STATION RD LOUISVILLE, KY 402453912	61-0907309	501(c)(3)	5,000				General program support
CLOUT C/O FR JOE GRAFFIS LOUISVILLE, KY 40203	61-1202173	501(c)(3)	5,000				Program support of interfaith relations and social justice

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FAMILY & CHILDRENS COUNSELING 525 ZANE ST LOUISVILLE, KY 40203	61-0549561	501(c)(3)	5,000				general program support
FRIEND FOR LIFE 4003 KRESGE WAY STE 100 LOUISVILLE, KY 40207	61-1139410	501(c)(3)	5,000				Program support for peer-to-peer cancer patient counseling/relationships

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JM OUTDOORS LLC 131 ST MATTHEWS AVE LOUISVILLE, KY 40207	33-1178847		5,000				supporting active lifestyle through bycicle riding
KENTUCKIANA HEALTH COLLABORATIVE 1930 BISHOP LN STE 1023 LOUISVILLE, KY 40218	45-0700087	501(c)(3)	5,000				Program support of Healthcare Value-lowering costs & improving outcomes

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KENTUCKY PEDIATRIC SOCIETY 420 CAPITAL AVE FRANKFORT, KY 40601	61-1125554	501(c)(3)	5,000				Support for continuing medical education for KY pediatric physicians
KIDS CANCER ALLIANCE INC 607 W MAIN ST STE 200 LOUISVILLE, KY 40202	61-1256743	501(c)(3)	5,000				supporting children battling cancer

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LEADERSHIP KENTUCKY FOUNDATION 464 CHENAULT RD FRANKFORT, KY 406019260	31-1096215	501(c)(3)	5,000				General donation to sustain LKY programs
MORTON CENTER 1028 BARRETT AVE LOUISVILLE, KY 402041667	31-1068020	501(c)(3)	5,000				Supporting mission to improve lives of families and individuals who are affected by alcohol and chemical dependencies

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

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NATIONAL KIDNEY FND OF KY 8920 STONE GREEN WAY 100 LOUISVILLE, KY 402204072	61-0673518	501(c)(3)	5,000				kidney diesease awareness
NEW ALBANYFLOYD CO HABITAT 711 E 8TH ST POBOX 1814 NEW ALBANY, IN 47150	35-1817055	501(c)(3)	5,000				Funding for a home build project

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OVARIAN AWARENESS OF KENTUCKY 2300 HURSTBOURNE VILLAGE DRIVE LOUISVILLE, KY 40299	61-1393292	501(c)(3)	5,000				Support education and awarness of ovarian cancer and provide support women with ovarian cancer
PARK DUVALLE COMMUNITY 3015 WILSON AVE LOUISVILLE, KY 40211	61-0666209	501(c)(3)	5,000				general program support

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PRP ALUMNI ASSOCIATION PO BOX 58051 LOUISVILLE, KY 40268	32-0087730	501(c)(3)	5,000				general education support
THE ALS ASSOCIATION KY CHAPTER 8640 HAINES DR STE F FLORENCE, KY 41017	94-3124729	501(c)(3)	5,000				Support for ALS patient care services program

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UNIVERSITY OF LOUISVILLE 500 S PRESTON ST INSTRUCTIONAL BLDG RM 311 LOUISVILLE, KY 40292	61-1014882	Section 115	5,000				Supporting community education

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 61-1028725
Name: Norton Healthcare Inc

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSONS LISTED BELOW AT TIME OF PAYMENT PAYMENTS ARE IN ACCORDANCE WITH EXISTING COMPENSATION POLICY GROSS-UP PAYMENTS SHALL BE MADE ONLY WHEN SPECIFIED IN AN EMPLOYEE'S EMPLOYMENT CONTRACT, OR AS APPROVED IN WRITING BY THE PRESIDENT AND CEO OF NORTON HEALTHCARE, EXECUTIVE VICE PRESIDENT OR CFO DURING 2016, GROSS-UP PAYMENTS WERE PROCESSED AS OUTLINED IN THE EMPLOYMENT CONTRACT FOR THE CEO SEE NARRATIVE PROVIDED IN SCHEDULE O, REFERENCING PART VI, LINE 15, WHICH DESCRIBES THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION DISABILITY COVERAGE (AND ASSOCIATED GROSS-UP) FOR MR WILLIAMS - DURING 2016 NET DISABILITY COVERAGE PREMIUMS TOTALED $18,087, AND THE ASSOCIATED GROSS-UP OF SUCH PREMIUMS TOTALED $9,654 THUS, THE TOTAL OF THESE AMOUNTS - $27,741 - WAS INCLUDED IN THE TAXABLE COMPENSATION OF MR WILLIAMS IN 2016

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Discretionary spending account	DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE EXECUTIVES, EFFECTIVE OCTOBER 1, 2007 NORTON HEALTHCARE PROVIDES BENEFITS TO ITS IDENTIFIED EXECUTIVE STAFF TO PROVIDE A TOTAL COMPENSATION PACKAGE THAT IS COMPETITIVE WITH THE MARKET AND WHICH CONFORMS TO THE PHILOSOPHY AND GUIDELINES SET OUT BY THE BOARD OF TRUSTEES, THROUGH THE EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAMS THROUGH THE DISCRETIONARY SPENDING ACCOUNT POLICY, EXECUTIVES ARE FREE TO CHOOSE WHATEVER BENEFITS THEY FIND MOST USEFUL OR IMPORTANT TO THEM AND NORTON HEALTHCARE DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2016 Stephen A Williams -$32,427 Russell F Cox - 59,434 Michael G Gough - 52,208 Robert B Azar - 17,500 Tracy Williams - 17,500 Steve Hester - 17,500 Scott Watkins - 10,000 Michael Esposito - 10,000 Charles Bohn - 17,500 Steve Ready - 10,000 James Frazier - 10,000 Steve Heilman - 10,000 Kenneth Wilson - 10,000 Douglas Winklehake - 17,500 Dana Allen - 10,000 Thomas Johnson - 10,000 Mary Jo Bean - 10,769 Adam Kempf - 10,000 Kathleen Exline - 10,000 Jim Meyers - 10,000

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F) THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS THE EXECU-FLEX BENEFIT PLAN, THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN THE "PAY CREDIT" OUTLINED BELOW REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS, AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS NAME - PAY CREDIT Stephen A Williams - $ 37,614 Russell F Cox - 184,624 Michael W Gough - 151,419 Robert Azar - 89,124 Mary Lynn Meyer - 70,315 Dana Allen - 37,508 Mary Jo Bean - 49,507 Charles Bohn - 70,769 Maureen Capalbo - 15,972 Alfonso Cornish - 14,287 Michael Esposito - 53,673 Kathleen Exline - 36,126 James Frazier - 63,606 Steven Heilman - 61,727 Steven Hester - 140,441 Thomas Johnson - 18,452 Adam Kempf - 51,108 Jim Meyers - 41,951 Steve Ready - 79,315 Scott Watkins - 73,169 Tracy Williams - 67,807 Kenneth Wilson - 23,108 Douglas Winkelhake - 119,512 THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2016 AND CAN BE COMPRISED OF Current and or PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS NAME - PAYMENT RECEIVED Stephen A Williams - $ 269,688 Russell F Cox - 110,639 Michael W Gough - 91,441 Robert Azar - 56,519 Mary Lynn Meyer - 44,860 Dana Allen - 28,645 Mary Jo Bean - 118,493 Charles Bohn - 48,561 Maureen Capalbo - 43,438 Alfonso Cornish - 60,049 Michael Esposito - 35,096 Kathleen Exline - 26,400 James Frazier - 44,006 Steven Heilman - 43,739 Steven Hester - 78,678 Thomas Johnson - 86,388 Adam Kempf - 28,948 Jim Meyers - 29,152 Steve Ready - 40,961 Scott Watkins - 45,385 Tracy Williams - 46,432 Kenneth Wilson - 39,416 Douglas Winkelhake - 72,364

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	In 2016, NHI had in place a Variable Compensation Plan for Executives, eligibility under which extended to employees holding a full-time position as Senior Officer, Officer, System Director or other designated Director level position Under the plan, a variable compensation pool amount is approved by the Board of Trustees Each participant's performance is evaluated relative to the goals and objectives documented as part of the participant's plan, and an award is determined for the participant, based on achievement of the goals and objectives, subject to the funding of the variable compensation pool At the end of each year, the Committee on Executive Compensation and Benefits determines an appropriate award for the NHI's President & Chief Executive Officer, and the President & Chief Executive Officer recommends appropriate awards for other senior executives to the Committee on Executive Compensation and Benefits for its review and approval

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 Stephen A Williams CEO/Trustee	(I)	1,100,643	648,812	391,317	58,375	27,325	2,226,472	156,533
	(II)	0	0	0	0	0	0	0
1 Russell F Cox President	(I)	775,652	300,166	256,549	350,179	31,188	1,713,734	105,296
	(II)	0	0	0	0	0	0	0
2 Michael W Gough Sr VP CFO/Treasurer	(I)	637,892	253,405	223,597	294,872	22,707	1,432,473	88,892
	(II)	0	0	0	0	0	0	0
3 Robert B Azar Sys VP Chief Legal Officer/Secretary	(I)	417,886	167,415	95,448	109,086	12,564	802,399	55,868
	(II)	0	0	0	0	0	0	0
4 Kenneth Wilson SYS VP Clinical Effectiveness	(I)	303,009	84,633	76,649	43,224	18,762	526,277	9,854
	(II)	0	0	0	0	0	0	0
5 Steve Hester Sr VP, CMO	(I)	601,610	234,175	119,234	163,395	28,892	1,147,305	79,572
	(II)	0	0	0	0	0	0	0
6 Douglas Winkelhake Division President Adult Services	(I)	540,881	161,643	111,987	143,985	24,820	983,316	68,812
	(II)	0	0	0	0	0	0	0
7 Steve Ready Sys VP CIO	(I)	413,356	101,933	74,985	104,933	25,999	721,206	41,984
	(II)	0	0	0	0	0	0	0
8 Charles Bohn SYS VP Chief HR Officer	(I)	368,706	115,647	95,130	86,669	25,790	691,942	49,232
	(II)	0	0	0	0	0	0	0
9 Scott Watkins Division VP COO	(I)	393,452	106,682	77,442	97,280	27,307	702,163	44,488
	(II)	0	0	0	0	0	0	0
10 James Frazier SYS VP Medical Affairs	(I)	375,137	101,655	76,476	79,691	26,977	659,936	43,864
	(II)	0	0	0	0	0	0	0
11 Steve Heilman Sys VP Ancillary Serv & CMIO	(I)	366,034	99,574	75,656	120,416	27,251	688,930	42,648
	(II)	0	0	0	0	0	0	0
12 Tracy Williams Sr VP, CNO	(I)	337,624	109,066	88,177	87,603	18,193	640,663	46,432
	(II)	0	0	0	0	0	0	0
13 Mary Jo Bean Sr VP Planning & Bus Analysis	(I)	282,183	66,130	133,871	73,463	16,630	572,275	66,177
	(II)	0	0	0	0	0	0	0
14 Michael Esposito Sys VP Chief Network Development Officer	(I)	307,342	86,780	69,627	77,842	24,618	566,208	35,608
	(II)	0	0	0	0	0	0	0
15 Thomas Johnson Sys VP PR-Chief Communication Officer	(I)	247,988	71,917	125,590	393,307	24,772	863,574	60,832
	(II)	0	0	0	0	0	0	0
16 Adam Kempf Sys VP Finance	(I)	299,595	83,429	59,088	73,222	18,456	533,790	0
	(II)	0	0	0	0	0	0	0
17 Mary Lynn Meyer Sr VP CDO	(I)	200,981	0	0	0	0	200,981	0
	(II)	135,900	127,393	67,325	94,334	17,554	442,506	44,860
18 Jim Meyers Sys VP Revenue Cycle	(I)	266,830	70,338	42,512	64,158	26,214	470,052	0
	(II)	0	0	0	0	0	0	0
19 Maureen Capalbo Sys VP Nursing Systems	(I)	246,615	68,151	59,995	38,716	13,146	426,623	20,389
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 Alfonso Cornish Sys VP Learning & Org Dev	(I)	224,099	62,864	84,162	33,825	10,563	415,512	32,441
	(II)	0	0	0	0	0	0	0
1 Dana Allen Sys VP Chief Mktg & Communication Officer	(I)	246,419	65,870	57,953	53,761	17,338	441,340	29,252
	(II)	0	0	0	0	0	0	0
2 Kathleen Exline VP Perf Excel & Care Continium	(I)	264,254	57,349	42,770	52,372	29,684	446,429	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	10,730,000	12,100,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	75,000,300	23,775,000	21,100,000	200,060,571
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	953,000	150,000	171,313	0
8	Credit enhancement from proceeds	2,000	0	0	0
9	Working capital expenditures from proceeds	0	0	0	31,048
10	Capital expenditures from proceeds	74,045,259	0	0	200,029,523
11	Other spent proceeds	41	23,625,000	20,928,687	0
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2011			2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X						X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X						X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		2 39 %						1 77 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 75 %						0 75 %
6	Total of lines 4 and 5		3 14 %		0 %		0 %		2 52 %
7	Does the bond issue meet the private security or payment test?		X						X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X						X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

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

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

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

Return Reference	Explanation
Schedule K, Part II, Line 7 ISSUANCE COSTS FROM PROCEEDS	COLUMN D, E and F - 2013 and 2016 BOND ISSUE - ALL ISSUANCE COSTS FOR THE 2013 BOND ISSUE WERE PAID FOR WITH CASH FROM NORTON'S EQUITY NO BOND PROCEEDS WERE USED TO PAY FOR COST OF ISSUANCE

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

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

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

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

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	10,920,000		
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	613,383,944	100,075,000		
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	4,276,705			
10	Capital expenditures from proceeds	72,386,096			
11	Other spent proceeds	308,563,977	100,075,000		
12	Other unspent proceeds	228,157,166			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 78 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 75 %						
6	Total of lines 4 and 5		2 53 %		0 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Kathleen Exline	Norton Healthcare, Inc highly compensated employee	Norton Healthcare, Inc Scholar Program (Disclosure continued below)		X	6,276	6,276		No	Yes		Yes	
Total				▶ $		6,276						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jessica Lloyd	Family member of Adam Kempf, Key Employee	38,718	Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part II, Column (a) Purpose of Loan	NORTON HEALTHCARE SCHOLARS PROGRAM IS A STUDENT LOAN PROGRAM THAT PROVIDES EDUCATIONAL FUNDING TO STUDENTS INTERESTED IN PURSUING DESIGNATED HEALTHCARE CAREERS IT IS AN AFFILIATION BETWEEN NORTON HEALTHCARE AND OVER 100 COLLEGES AND UNIVERSITIES NATIONALLY THIS PROGRAM WAS STARTED BY NORTON HEALTHCARE AS A RESULT OF THE HEALTHCARE WORKER SHORTAGE AND WAS BEGUN AS A WORKFORCE DEVELOPMENT INITIATIVE TO ENSURE THE COMMUNITY HAS ENOUGH HEALTHCARE WORKERS UPON GRADUATION, NORTON HEALTHCARE SCHOLARS BEGIN CAREERS WITH NORTON HEALTHCARE AND ARE ELIGIBLE TO HAVE THEIR LOAN FORGIVEN CURRENTLY NORTON HEALTHCARE HAS 293 SCHOLARS IN SCHOOL THIS PROGRAM HAS 2,572 GRADUATES AND 2,061 OF THESE GRADUATES HAVE CONTINUED THEIR CAREERS WITH NORTON HEALTHCARE APPLICANTS ARE REVIEWED EACH YEAR FOR THIS PROGRAM FOR 2016, 246 APPLICANTS WERE GRANTED ENROLLMENT INTO THE NORTON HEALTHCARE SCHOLARS PROGRAM SCHOLARS WHO FAIL TO GRADUATE OR FULFILL THEIR COMMITMENT WITH NORTON HEALTHCARE ARE REQUIRED TO REPAY THE LOAN AT THE TIME OF WITHDRAWAL FROM THE PROGRAM

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number

61-1028725

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	(Continued from Part III) In 2016, NHI, through its affiliate, Community Medical Associate s, Inc , encountered approximately 1 8 million visits Norton Healthcare's hospitals, diag nostic centers and Norton Cancer Institute served 68,189 inpatients, 508,353 outpatients, and 246,963 emergency room visits In addition Norton Healthcare hospitals' operating room s cared for 20,391 inpatient surgical patients and 35,415 outpatient surgical patients Ad ditionally, 7,932 babies were delivered at Norton Healthcare birthing centers As part of our commitment to improving the health of our community, Norton Healthcare provides fundin g for a wide array of practical life-saving and life-enhancing services that benefit the c ommunities we serve In 2016, under its charity care program, NHI provided free care to 22 ,707 patients, at a cost of $9 3 million Also, NHI grants patients a discount from billed charges to any individuals that have no access to private health insurance or do not qual ify for government assistance or charity care Under this program, 14,603 patients were pr ovided care at discounted rates Other contributions to the community were charity care an d the unpaid cost of Medicaid services of $97 2 million, community cancer initiatives were $3 7 million, the Kentucky Poison Control Center was $1 0 million, and the Child Guidance and advocacy program was $388 thousand As NHI representatives, our employees donated 86, 552 hours of community service, a benefit valued at more than $1 4 million In addition, m any employees self-reported personal volunteer activities, which totaled more than 6,000 h ours of service Norton Healthcare provides programmatic support to the University of Loui sville School of Medicine through funding and facilities During the 2016 calendar year, 5 64 residents completed clinical rotations in 45 specialties at Norton Healthcare facilitie s Residency programs are part of the $35 0 million in educational support and clinical fu nding provided to the school Contributions to the Community * Norton Healthcare employees and physicians gave more than $988,000 to the 2016 Combined Giving Campaign to help suppo rt community organizations also committed to improving the health and well-being of commun ity residents Supported organizations include, the WHAS Crusade for Children, Metro Unite d Way, Fund for the Arts, Children's Hospital Foundation and Norton Healthcare Foundation * More than 100 Norton Healthcare employees "Raised the Roof" on a Habitat for Humanity h ouse on Brentwood Avenue in Louisville, Ky This is the ninth Habitat home Norton Healthca re employees have built * In 2016, more than 1,000 Norton Healthcare employees donated ti me and funds to plan, purchase and deliver gifts, food and clothing for the Caring Tree pr ogram The program assisted 357 employees and their 813 children by providing for their fa milies at Christmas * More than 41,700 pounds of usable surplus medical supplies valued a t more than $668,000 and $92,0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	00 in equipment were donated for use locally and around the world Community Education and Workforce Development As one of Kentucky's largest healthcare systems, Norton Healthcare, Inc has established a culture of continual, lifelong learning through the departments of Workforce Development, Norton Institute for Nursing and Norton University Workforce Deve lopment, encourages continuing education, improves job performance and provides financial assistance for designated educational programs related to the business operations of the o rganization Norton Healthcare encourages and supports employees and dependents career goa ls by providing financial assistance and scholarships as well as other advancement opportu nities In 2016, Workforce Development financially supported more than 800 students with n early $6 million in educational assistance programs * Workforce Development Career Center served over 1,350 students Each program participant worked directly with a Certified Car eer Management Coach, offering services in resume writing, career and educational explorat ion, financial assistance opportunities for educational pursuit, interviewing skills and m entoring * Norton Scholars Accelerated Program, a student loan program, for employees and non-employees, provides educational funding to students interested in pursuing designated healthcare careers It is an affiliation between Norton Healthcare and over 100 colleges and universities nationally This program has 2,572 graduates and 2,061 of these graduates have continued their careers with Norton Healthcare * Norton Healthcare, through Workfor ce Development, continues to partner with the city of Louisville through a summer job and internship program known as the Mayor Summers Work Program, to give young adults an opport unity to be employed in our healthcare environment during the summer months * The Student Nurse Apprenticeship program (SNAP) is a 12-to-18-month apprenticeship in which nursing s tudents will work and engage in hands-on learning with an experienced mentor, in addition to becoming acclimated to Norton Healthcare Top area student nurses with good grades, goo d references and a desire to be the best will gain the skills and the confidence to delive r quality patient care Norton University provides learning opportunities to enhance the p rofessional, educational, and personal development of all employees Norton University's V alue Proposition states "Norton University nurtures learning and relations to inspire chan ge that leads to exceptional experiences for both patients and employees " In 2016, Norton University held 300,275 learning events, an average of 20 trainings per employee In 2016 , 139,372 web-based training courses and 62,769 instructor-led courses were completed by l eaders and staff of all disciplines * Elevating the First Line Employee, School at Work a nd College at Work programs expose entry-level staff to healthcare careers and help them o btain a higher level position,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	GED or college degree * Leadership development programs that support the development of leaders (Nursing, Physician Practices, Physician and System) across the continuum * Organ izational development activities that assist in creating a more effective and efficient wo rkplace with highly engaged employees Norton Faith and Health Ministries Norton Faith and Health Ministries (FHM) works with churches and faith communities to weave health and fai th together, promoting the intentional integration of faith, healing and wellness through the development of health ministries FHM provides mentoring, educational resources and ne tworking opportunities to assist health ministry coordinators and faith community nurses m inister to their churches In 2016, the office mentored and served nearly 200 multi-denomi national faith communities with active health ministry programs, and assisted many others with health and wellness efforts * FHM nurtured relationships with faith communities thro ugh participation in events by the Mid-Kentucky Presbytery, Lutheran Church, Central Distr ict Baptist Association, African American Episcopal Church Conference and the Episcopal Di ocese of Kentucky Annual Convention, and consulted with United Methodist clergy regarding the development of a mobile medical unit * In order to advance congregational health mini stries, faith community nursing and other health-related programs, FHM reached more than 4 0,850 contacts by distributing 22 electronic informational newsletters At 74 faith commun ity events, 5,780 people were provided health literacy education using educational tools l oaned from FHM At 176 events, 1,375 people were screened for asthma, blood glucose, blood pressure, body mass index and/or cholesterol, and often received counseling and referrals by faith community nurses Twelve formal educational and networking events were held reac hing 331 individuals * Promoting awareness of Norton Healthcare's faith heritage and miss ion, 21,000 were reached by three editions of our seasonal printed newsletters, Health Min istries Connection * Four faith community nurses earned a new certification available thr ough the American Nurses Credentialing Center (ANCC) Through a Norton Healthcare Foundati on grant of $4,650 00, certification fees were covered Mentored closely by FHM, all four earned the faith community nurse certification Through Norton Faith and Health Ministries , a total of nine nurses have earned their RN-BC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	Norton Heart Care Norton Heart Care provides the region's most comprehensive screening, ed ucation and prevention program and is committed to educating our community about heart hea lth and risk factor management In 2016 * Norton Women's Heart & Vascular Center offered its free Circle of Hearts program, a quarterly heart disease and prevention class that foc uses on heart health education and other wellness issues of interest to women, also offere d Yoga and Tai Chi classes * Norton Women's Heart & Vascular Center attended heart health community events, including health fairs, presentations and speaking engagements represen ting businesses, churches, women's groups and health care professionals * At Norton Women 's and Norton Children's Hospital, women who had experienced pregnancy-related complicatio ns were visited by a registered nurse who provided heart health education, resource referr als and a baby blanket, including a Go Red for Women message * Norton Women's Heart & Vas cular Center offers the only WomenHeart Support group in Kentucky, and Norton Heart Care i s the only hospital in Kentucky to be a WomenHeart National Hospital Alliance Member Wome nHeart is the national coalition for women living with cardiovascular disease and is the o nly patient-centered program offering support and education for women living with cardiova scular disease Norton Heart Care supported two women heart survivors and sent them to the Mayo Clinic to be trained at the WomenHeart Symposium to provide support and education to our Norton Heart Care patients and to the women in our community living with cardiovascul ar disease In 2016, the WomenHeart program provided * The monthly WomenHeart Support Gro up is offered at the Marshall Women's Health and Education Center It is led by the WomenH eart Champions and a nurse from the Women's Heart and Vascular Center, who provide emotion al support as well as education on healthy nutrition, exercise, and stress management * T he WomenHeart Champions provide support and education to women preparing to undergo cardia c surgeries or procedures and also to women who were in the recovery phase of their cardia c surgery or procedure * The WomenHeart Champions attend community events, health fairs, and provide educational presentations to businesses, churches, women groups, and healthcar e professionals Norton Orthopaedic Care * Norton Orthopaedic Care earned The Joint Commis sion's Gold Seal of Approval for knee and hip replacement This recognition confirms Norto n Orthopaedic Care provides a consistently high level of quality care, expert training on best practices, a team approach to patient care and a culture of excellence throughout Nor ton Healthcare hospitals and doctors' offices * Norton Orthopaedic & Hand Center near the campus of Norton Brownsboro Hospital is a state-of-the-art facility with specialists of N orton Orthopaedic Care, Norton Sports Health and Norton Healthcare to provide a multidisci plinary approach to innovative

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	orthopaedic care The facility supports research, training and education It also offers patients subspecialized trained orthopaedists, a Norton Immediate Care Center with a focus on orthopaedics, rehabilitation services, advanced sports training and primary care servi ces with an emphasis on orthopaedics Women's services * In 2016, Norton Women's Care birt hing facilities at Norton Hospital and Norton Women's and Children's Hospital provided the care and medical services for 7,932 deliveries * Free childbirth education classes are p rovided at Norton Hospital and Norton Women's and Children's Hospital Office of Child Adv ocacy * Norton Children's Hospital is home to the Kentucky Poison Control Center In 2016, the center received more than 50,000 calls and made nearly 37,000 follow-up calls to conc erned families from all 120 counties in Kentucky The center provided treatment consultati on and education about how to correctly handle exposures to poisons In addition, the cent er distributed more than 30,000 prevention education resources to physicians' offices, hea lth departments and schools and more than 1,400 packets of materials to individuals who ca lled the toll-free Poison Help Line, (800) 222-1222, available 24 hours a day, 7 days a we ek * Child passenger safety technicians from Norton Children's Hospital check car and boo ster seats and also provide car and booster seats at free checkup clinics statewide * Nor ton Children's Hospital's Bike Rodeo Program saw students from grades three through five t hroughout Kentucky and provided bike safety "rodeos " * Following interactive classroom le ssons on pedestrian safety elementary school students and teachers participated in "Safe K ids Walk This Way," a program led by Norton Children's Hospital The program is designed t o reduce the number of pedestrian injuries * Norton Children's Hospital's "Just for Kids" Transport Team transports babies and children from across the region to Norton Children's Hospital Transportation was provided by airplane, helicopter and specially equipped ambu lances (mobile intensive care units) * Kindergarten students, teachers, chaperones and nu rsing students participated in the 33rd annual Children & Hospitals Week event led by Nort on Children's Hospital The program was held at Louisville Slugger Field and supported by a Kohl's Cares grant Children & Hospitals Week, held each year in March, is designed to t each safe decisions and behaviors and help lessen the fear and anxiety children may have a bout coming to a hospital Norton Neuroscience Institute Norton Neuroscience Institute is continuing its quest to be the regional and national leader in treatment, research and aca demic training for adult and pediatric neuroscience disciplines Norton Neuroscience Insti tute allows patients to be treated for neurological disorders without having to leave the region for care Subspecialty neurosurgeons, neurologists and other neurological-related s pecialists have joined the gro

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishment	wing institute These physicians and advanced level practitioners provide expertise in str oke care, epilepsy, Parkinson's disease, multiple sclerosis, ALS, brain tumors, headaches, concussions, spine care and many other neurological conditions The following services al so are available to our community as a result of Norton Healthcare's significant commitmen t to the best neurological care * An endovascular neurosurgery team is available at two N orton Healthcare facilities, making advanced stroke, aneurysm and arteriovenous malformati on (random brain hemorrhage or rupture) treatment possible for our patients Neurosurgery teams are on call and cover all facilities for emergency situations * A state-of-the art epilepsy center at Norton Brownsboro Hospital provides the region's most advanced epilepsy monitoring unit and is dedicated to providing accurate diagnoses and quality care for ind ividuals living with seizures and epilepsy As part of Norton Neuroscience Institute's mul tidisciplinary approach to epilepsy care, the Norton Brownsboro Hospital epilepsy monitori ng unit is a specialized inpatient unit designed to evaluate and diagnose seizure disorder s Norton Neuroscience Institute has expanded the treatment options in neurosurgery treatm ent for patients with brain tumors, lesions and epilepsy to offer less invasive surgical o ptions With the use of a robotic neurosurgery technology a robotic arm assists the neuros urgery in pinpointing a trajectory in the brain of where their treatment needs to be targe ted Taking that technology a step further, once the trajectory is set, the neurosurgeon c an use image-guided laser technology to treat brain tumors and lesions in the brain All o f this is done through a small incision about the size of a spaghetti noodle It is more c omfortable for the patient and reduces the recovery time * A centralized Norton Neuroscie nce Institute Resource Center is available to patients, offering free education and suppor t services The resource center offers support services and resources to bridge the gap be tween managing a neurological condition and improving the quality of life The center offe rs support groups, educational, therapeutic and exercise programs The center may also ass ist with access to medical care and medical equipment and referrals to community and home health services In addition, patients have access to National Institutes of Health clinic al trials through the center * The region's first rehabilitation program focused on treat ing patients with orthopedic, neurological and spine disorders has the only Lokomat system and the DIERS formetric scanner Lokomat assists with walking movements for patients rece iving therapy for paralysis or movement disorders and Norton Healthcare is the only facili ty in Louisville to offer this treatment

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	DIERS formetric scanner is used for spine and posture analysis Norton Healthcare is the o nly healthcare system in the region to provide this state of the art technology Community Medical Associates * Provided physicians and a chaplain who make house calls for elderly patients who have difficulty leaving home for medical care * Physicians are involved in m edical screening, community outreach and community education activities to promote wellnes s and early interventions Prevention and Wellness * In 2016, the Norton Healthcare Preven tion & Wellness staff provided cancer screenings and/or cardiovascular screenings involvin g the Norton Healthcare Mobile Prevention Center Approximately 2400 women received mammog rams and/or Pap smears aboard the Mobile Prevention Center Of them, approximately 22 perc ent had not been screened in the past five years 15 individuals were diagnosed and treate d for pre-invasive and invasive breast cancer Approximately 52% percent of these location s were in underserved communities and 64 percent of patients came from medically underserv ed areas * Screenings were performed for high blood pressure, diabetes, high cholesterol and osteoporosis In addition, our staff provided education on smoking cessation, diet and exercise Research * Our research benefits Norton Healthcare patients and develops results that will become generalizable to and shared with a wide number of patient populations an d medical professionals These new, innovative treatments expand the medical community's k nowledge and potentially improve the quality of medical care now and in the future * Nort on Healthcare Office of Research Administration partnered with Norton University to offer research education to all researchers in Metro Louisville and beyond In 2016, se programs were offered, and attendees included Norton Healthcare, KentuckyOne Health, University of Louisville Hospital, Floyd Memorial Hospital, Cincinnati Children's Hospital Medical Cent er, St Vincent Health, University of Kentucky, University of Louisville and various commu nity-based practices Children's Hospital Foundation The Children's Hospital Foundation ra ises funds to support programs, equipment and facilities, research, advocacy and education for Norton Children's Hospital, Norton Women's and Norton Children's Hospital - and Norto n Children's Medical Center The Children's Hospital Foundation is motivated to ensure tha t children in the Louisville area have the medical care they need when they need it, while keeping kids as close to home as possible Thanks to support from the community, Norton C hildren's Hospital has some of the most talented and dedicated pediatric specialists and c linical and caregiving teams in the country ready to care for children This 265-bed hospi tal is the only full-service, free-standing pediatric hospital in Kentucky, level 1 pediat ric trauma center in Kentucky, and the primary teaching facility for the University of Lou isville School of Medicine Dep

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	artment of Pediatrics In order to continue to exceed the community's need for specialized pediatric care and meet the ever-growing needs at Norton Children's Hospital, 2016 brough t several specific fundraising initiatives forward to donors and the community at large T hese efforts focused on raising funds for pediatric cancer, neurology and neurosurgery, Ty pe I diabetes, trauma and emergency care to name a few While the foundation's "Just for K ids" campaign concluded in 2011, the three general areas of development from the campaign - workforce, research and facilities - continue to guide fundraising growth in each of the aforementioned pediatric services Additionally, ongoing areas of need, such as child adv ocacy, pediatric pastoral care and bereavement programs, endowed research chairs, and spec ialty therapies, including child life, expressive and music therapies, continue to be area s of funding and priority for the Children's Hospital Foundation to ensure a truly "Just f or Kids" experience for patients and families The foundation continues to expand partners hips within the community and enhance the hospital's ability to serve all children regardl ess of their families' ability to pay The strength and value of the community's support f or the hospital are visible through funding and support of many projects in 2016, includin g * Nearly $9 million in investments granted to Norton Children's Hospital, to benefit do zens of areas of care * The Children's Hospital Foundation Office of Child Advocacy of No rton Children's Hospital, which helps provide safety and outreach information aimed at kee ping kids out of the hospital * Funding for the Wendy Novak Diabetes Center at Norton Chi ldren's Hospital for workforce, expansion of technology and accreditation * Remodeling of a Teen Room at the Addison Jo Blair Cancer Center * Research for a Pediatric Immunothera py research program, including the development of a chemo-immunotherapy approach for relap sed Neuroblastoma * Expansion of neonatal intensive care unit * Purchase of a pediatric echocardiography machine * Modernization and safety upgrades to heliport * Staff educati onal opportunities and advanced certifications that can lead to improved patient treatment Support from the Children's Hospital Foundation allows the pediatric specialists at Nort on Children's Hospital to continue to respond to the unique medical needs of children from birth to age 18 It also helps the hospital work to keep children out of the hospital No rton Healthcare Foundation The Norton Healthcare Foundation is the philanthropic arm of th e not-for-profit Norton Healthcare adult-service hospitals Norton Audubon Hospital, Norto n Brownsboro Hospital, Norton Hospital and Norton Women's and Norton Children's Hospital The foundation raises funds each year to improve programs, equipment and facilities, resea rch and education, enabling the hospitals to stay up-to-date with medical advances and tec hnology, and maintaining the c

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	ommunity's access to health care Community support through the Norton Healthcare Foundati on allows caregivers to continue making a difference for patients served by Norton Healthc are Inc In 2016, that support helped the foundation provide funding to * Norton Healthca re Foundation funds granted more than $4 million to benefit dozens of areas of care throug hout the facilities * Purchase of a NeuroBlate Laser for Norton Cancer Institute * Purch ase of equipment for Dr Cressman Critical Care at Norton Women's & Children's Hospital * Hire a Fellowship Director for Norton Leatherman Spine Center * Support pastoral care ser vices for patients, their families and staff members at all Norton Healthcare adult-servic e facilities * Provide educational opportunities for the community and caregivers, such a s the Gail Klein Garlove Lectureship series, with 166 attendees and Nixon Lectureship seri es with 345 attendees, which focus on topics related to cancer care, prevention and resear ch * Support nurses to obtain oncology-certified nurse designation, enabling them to prov ide the most advanced and comprehensive care to cancer patients

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC , EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HEALTHCARE, INC , NORTON HOSPITALS, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON PROPERTIES, INC , NORTON HEALTHCARE FOUNDATION, INC AND THE CHILDREN'S HOSPITAL FOUNDATION INC THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THESE NAMED ENTITIES FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2016 BY NORTON HEALTHCARE, INC , WAS APPROXIMATELY 554 NORTON HEALTHCARE, INC , HAS APPROXIMATELY 92 INDEPENDENT CONTRACTORS EXCEEDING $100,000 FOR 2016 NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 996 VENDORS ON FORM 1096 FOR 2016

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC , NORTON PROPERTIES, INC , COMMUNITY MEDICAL ASSOCIATES, INC , NORTON HEALTHCARE FOUNDATION, INC , AND THE CHILDREN'S HOSPITAL FOUNDATION, INC THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NORTON HEALTHCARE, INC ON BEHALF OF THESE NAMED ENTITIES NORTON HEALTHCARE, INC HAS APPROXIMATELY 2,142 EMPLOYEES NORTON HEALTHCARE, INC , THE COMMON PAYING AGENT, REPORTED 15,729 EMPLOYEES ON FORM W-3 FOR 2016

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	At the October 5, 2017 Norton Healthcare, Inc (Norton) Finance Committee meeting and at the October 26, 2017 Norton Board of Trustees meeting , the 990s were discussed and committee members and Trustees had an opportunity to ask questions Coinciding with the Finance Committee meeting, electronic copies of the 990s were made available to all members of the Finance Committee and the Board of Trustees through the Director's portal site, prior to the filing with the IRS Norton is the parent of Community Medical Associates, Inc , Norton Hospitals, Inc , Norton Properties, Inc , Norton Healthcare Foundation, Inc , and The Children's Hospital Foundation, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ANNUALLY DISTRIBUTING A QUESTIONNAIRE THAT REQUIRES OFFICERS, TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE INTERESTS THAT MAY GIVE RISE TO CONFLICTS IF A CONFLICT ARISES, THE POLICY PROVIDES PROCEDURES FOR ADDRESSING CONFLICTS TO ENSURE DECISIONS ARE MADE IN THE BEST INTEREST OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Please see explanation provided for Form 990, Part VI, Line 15b

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The organization takes all necessary steps to ensure that compensation for all officers, directors and key employees is reasonable and appropriate for the services provided to the organization The organization provides a total compensation package that is on par with compensation provided by similar organizations and which conforms to the policies and guidelines set out by the Board of Trustees Norton Healthcare, Inc (NHI) engages an outside independent compensation consultant, Integrated Healthcare Strategies (IHS), to provide comparability data for NHI's officers and key employees on total compensation for similar positions at health systems and hospital organizations similar in size, scope of services, and circumstances In addition, the organization participates in third party surveys which provide aggregate, comparative compensation data for officers and key employees in similar positions at similar organizations IHS consultants presented and discussed this comparability data in 2015 for the 2016 compensation review and met in 2016 for the 2017 compensation review with the committee of board leadership (now Executive Committee) of the Board of Trustees (Board) The Committee reviewed the executive compensation and benefits program, determined total compensation for the CEO, and approved compensation for other officers and key employees The Committee reviewed NHI's variable compensation program and determined appropriate awards for performance relative to goals set for the year After the Committee determined appropriate compensation and benefits for officers and key employees, the Board approved their total compensation

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a, Column (D) Board Member Stipend Payments	Norton Healthcare, Inc (NHI) and affiliates (Norton Hospitals, Inc , Community Medical Associates, Inc , Norton Properties, Inc , Norton Healthcare Foundation, Inc , and The Children's Hospital Foundation, Inc) encourages and facilitates board member attendance at educational programs and conferences on subjects relevant to NHI NHI's travel policy for Board of Trustees provides that for each trustee that attends at least one out of town educational conference, a lump sum stipend will be paid to cover unreimbursed travel expense and other miscellaneous expenses associated with conference preparation, attendance or follow up In compliance with IRS regulations, NHI provides a form 1099 to any trustee that receives a stipend These amounts have been reported in Part VII or the form 990 as reportable compensation to the trustee receiving stipends in 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Employee Fitness Center - Total Revenue 1187038, Related or Exempt Function Revenue 1181970, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 5068, Miscellaneous Income - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Outside Services - Total Expense 41534448, Program Service Expense 37041482, Management and General Expenses 4492966, Fundraising Expenses , Other expenses - Total Expense 741681, Program Service Expense 607907, Management and General Expenses 133774, Fundraising Expenses , Contract Labor - Total Expense 550135, Program Service Expense 406243, Management and General Expenses 143892, Fundraising Expenses , Professional Fees - Total Expense 627429, Program Service Expense 627429, Management and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	AFFILIATE TRANSFER - -460420, SWAP MARK TO MARKET ADJUSTMENT - -10288898, CHANGE IN MINIMUM PENSION LIABILITY - -3624998, NCAC Income/Expense - 1080064,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317028827

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Norton Healthcare Inc

Employer identification number
61-1028725

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

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

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	(g) No
(1)NORTON HOSPITALS INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-0703799	PROVIDE HOSPITAL SERVICES	KY	501(c)(3)	3	NA	Yes	
(2)COMMUNITY MEDICAL ASSOCIATES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1276316	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(c)(3)	9	NA	Yes	
(3)NORTON PROPERTIES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1028724	MAINTAINS OFFICE AND PARKING FACILITIES	KY	501(c)(3)	Type I	NA	Yes	
(4)THE CHILDREN'S HOSPITAL FOUNDATION INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-6027530	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(c)(3)	7	NA	Yes	
(5)NORTON HEALTHCARE FOUNDATION INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 31-0914919	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(c)(3)	7	NA	Yes	

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

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

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	(i) No
(1)NORTON ENTERPRISES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1054301	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	NA	C Corporation	35,213,899	40,273,865	100 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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) Disproprtionate 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	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 61-1028725
Name: Norton Healthcare Inc

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Norton Hospitals Inc	R	1,406,260,544	FMV
(1)	Norton Hospitals Inc	S	1,650,045,093	FMV
(2)	Community Medical Associates Inc	R	368,070,372	FMV
(3)	Community Medical Associates Inc	S	305,732,222	FMV
(4)	Norton Properties Inc	R	52,550,490	FMV
(5)	Norton Properties Inc	S	48,305,595	FMV
(6)	The Children's Hospital Foundation Inc	R	6,481,408	FMV
(7)	The Children's Hospital Foundation Inc	S	6,341,288	FMV
(8)	Norton Healthcare Foundation Inc	R	1,828,337	FMV
(9)	Norton Healthcare Foundation Inc	S	2,390,598	FMV
(10)	Norton Enterprises Inc	R	8,448,400	FMV
(11)	Norton Enterprises Inc	S	16,543,948	FMV