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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

C Name of organization
Norton Hospitals Inc

Doing business as

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

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

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

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

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

H(c) Group exemption number ▶

D Employer identification number
61-0703799

E Telephone number
(502) 629-8263

G Gross receipts \$ 2,065,305,685

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

J Website: ▶ www.nortonhealthcare.com

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

L Year of formation: 1969

M State of legal domicile: KY

Part I Summary

Activities & Governance

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

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)	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	22
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	11,793
6	Total number of volunteers (estimate if necessary)	1,740
7a	Total unrelated business revenue from Part VIII, column (C), line 12	6,946,411
7b	Net unrelated business taxable income from Form 990-T, line 39	252,831

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,610,334
9	Program service revenue (Part VIII, line 2g)	2,006,718,274
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,170,365
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,023,498,973

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
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)	629,536,586
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)	1,139,850,798
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,769,387,384
19	Revenue less expenses. Subtract line 18 from line 12	254,111,589

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,551,346,959
21	Total liabilities (Part X, line 26)	156,881,955
22	Net assets or fund balances. Subtract line 21 from line 20	2,394,465,004

Part II Signature Block

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

Sign Here

Signature of officer

Adam Kempf CFO

Type or print name and title

2020-11-06

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ CROWE LLP

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

Preparer's signature

Firm's EIN ▶ 35-0921680

Phone no. (502) 326-3996

Date

PTIN P01316095

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 1,766,195,605 including grants of \$) (Revenue \$ 2,045,367,374)
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 ► 1,766,195,605

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	
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 Yes	
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	No
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 Yes	
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	No
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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	232
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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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		No
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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		No

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Helena Schulz Accounting 224 E BROADWAY 5th Fl Louisville, KY 40202 (502) 629-8263

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

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

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	9,369,107	7,127,687	1,524,854

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 ► 449

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Messer Construction Co 11001 Plantside Dr LOUISVILLE, KY 40299	Construction	71,507,109
University of Louisville 323 E Chestnut St Suite 312 Louisville, KY 40202	Residency Program	11,949,704
Harshaw Trane Service 12700 Plantside Dr Louisville, KY 40299	Equipment and Repair	7,532,036
Northstar Anesthesia of KY II PLLC 6225 N State Hwy 161 Suite 200 Irving, TX 75038	Anesthesia Services	6,822,445
Abel Construction Co Inc 2401 Stanley Gault Parkway Louisville, KY 40223	Construction	6,700,445

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 ► 154

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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	10,439,382					
	e Government grants (contributions)				1e						
	f All other contributions, gifts, grants, and similar amounts not included above				1f						
	g Noncash contributions included in lines 1a - 1f:\$				1g						
	h Total. Add lines 1a-1f ▶				10,439,382						
Program Service Revenue					Business Code						
	2a Net Patient Revenue				621110	2,049,774,662	2,042,999,181	6,775,481			
	b Healthcare Education				611710	1,433,335	1,433,335				
	c										
	d										
	e										
	f All other program service revenue.					0	0	0	0		
	g Total. Add lines 2a-2f. ▶				2,051,207,997						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶										
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
			(i) Real	(ii) Personal							
	6a Gross rents		6a	1,084,135							
	b Less: rental expenses		6b	971,932							
	c Rental income or (loss)		6c	112,203	0						
	d Net rental income or (loss) ▶				112,203				112,203		
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory		7a								
	b Less: cost or other basis and sales expenses		7b								
	c Gain or (loss)		7c	0	0						
	d Net gain or (loss) ▶										
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				8a						
	b Less: direct expenses				8b						
	c Net income or (loss) from fundraising events . . . ▶										
	9a Gross income from gaming activities. See Part IV, line 19				9a						
	b Less: direct expenses				9b						
	c Net income or (loss) from gaming activities . . . ▶										
	10a Gross sales of inventory, less returns and allowances . . .				10a						
b Less: cost of goods sold . . .				10b							
c Net income or (loss) from sales of inventory . . . ▶											
Miscellaneous Revenue				Business Code							
11a Purchasing Co-Op Inc.				561499	1,015,287	844,357	170,930				
b Parking Income				812930	1,468,383			1,468,383			
c Retail Rx Sales				900099	18,368	18,368					
d All other revenue					72,133	72,133	0	0			
e Total. Add lines 11a-11d ▶				2,574,171							
12 Total revenue. See instructions ▶				2,064,333,753		2,045,367,374	6,946,411	1,580,586			

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,255,292	2,255,292		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	308,390	308,390		
7 Other salaries and wages	532,788,092	532,788,092		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,941,495	28,941,495		
9 Other employee benefits	65,302,444	65,302,444		
10 Payroll taxes	36,688,291	36,688,291		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	156,503,968	156,503,968	0	0
12 Advertising and promotion				
13 Office expenses	8,340,968	8,340,968		
14 Information technology				
15 Royalties				
16 Occupancy	22,233,642	22,233,642		
17 Travel	909,924	909,924		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	39,970,611	39,970,611		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,206,147	71,206,147		
23 Insurance	12,710,613	12,710,613		
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 Medical Supplies	525,673,255	525,673,255		
b Allocated Support	268,095,853	220,374,791	47,721,062	
c Provider Tax	20,129,732	20,129,732		
d Repairs & Maintenance	16,411,920	16,411,920		
e All other expenses	5,446,030	5,446,030	0	0
25 Total functional expenses. Add lines 1 through 24e	1,813,916,667	1,766,195,605	47,721,062	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 SheetCheck 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		8,900	1	9,000	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		210,952,565	4	226,547,434	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		54,383,711	8	56,299,747	
	9	Prepaid expenses and deferred charges		2,422,181	9	2,403,879	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,858,929,799			
	b	Less: accumulated depreciation	10b	1,022,561,504	750,527,375	10c	836,368,295
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		0	12		
	13	Investments—program-related. See Part IV, line 11		3,072,542	13	2,545,313	
	14	Intangible assets		7,445,984	14	8,986,720	
	15	Other assets. See Part IV, line 11		1,522,533,701	15	1,643,973,485	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,551,346,959	16	2,777,133,873		
Liabilities	17	Accounts payable and accrued expenses		101,720,807	17	100,299,005	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties			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		55,161,148	25	32,236,969	
	26	Total liabilities. Add lines 17 through 25		156,881,955	26	132,535,974	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		2,383,303,240	27	2,634,171,147	
	28	Net assets with donor restrictions		11,161,764	28	10,426,752	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		2,394,465,004	32	2,644,597,899	
33	Total liabilities and net assets/fund balances		2,551,346,959	33	2,777,133,873		

Part XI Reconciliation of Net AssetsCheck 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	2,064,333,753
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,813,916,667
3	Revenue less expenses. Subtract line 2 from line 1	3	250,417,086
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,394,465,004
5	Net unrealized gains (losses) on investments	5	
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	-284,191
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,644,597,899

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0703799
Name: Norton Hospitals Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Norton Hospitals, Inc. (NHI) was formed to: I) provide on a nonprofit basis, hospital or health care facilities and services for the care and treatment of ill and injured persons and those who otherwise require medical care and related services of the kind customarily furnished most effectively by hospitals or health care facilities; II) conduct educational activities related to rendering care to the sick and injured; III) promote and conduct scientific research related to the care of the sick and injured. NHI has a total of 1,837 licensed beds, Norton Hospital - 605 beds; Norton Children's Hospital - 300 beds; Norton Audubon Hospital - 432 beds; Norton Women's and Children's Hospital - 373 beds; and Norton Brownsboro Hospital - 127 beds. These hospitals operate twenty-four (24) hours a day, seven (7) days a week. In 2019, NHI's hospitals and diagnostic centers served 76,825 inpatients, 596,249 outpatients, 261,206 emergency department visits, and 28,534 observation cases. In addition, NHI's operating rooms cared for 21,224 inpatient surgical patients and 37,219 outpatient surgical patients. Additionally, 7,912 deliveries were performed at NHI birthing centers. Under its charity care program, NHI provided free care to 10,522 patients, at a cost of \$13.8 million. Also, NHI grants patients a discount from billed charges to any individuals that have no access to private health insurance or do not qualify for government assistance or charity care. Under this program, 14,820 patients were provided care at discounted rates. Other contributions to the community were the unpaid cost of Medicaid services of \$66.0 million and educational support of \$54.7 million, primarily to the University of Louisville's School of Medicine. Also, community health improvement services totaled \$10.2 million, and contributions to community groups were \$1.7 million.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rick Guillaume	1.0									
Chair Emeritus	 3.5	X						0	3,200	0
Rita Hudson Shourds EdD	1.0									
Trustee	 2.5	X						0	0	0
Ronald Lehocky MD	1.0									
Trustee	 4.5	X						0	3,200	0
Sue Davis EdD RN	1.0									
Trustee	 2.5	X						0	1,600	0
Adam Kempf	10.0									
Sr VP, CFO/Treasurer	 40.0			X				0	771,597	145,046
Michael W Gough	10.0									
Exec VP and COO	 40.0			X				0	2,563,340	136,304
Robert B Azar	10.0									
Sr VP Chief Legal Officer/Secretary	 40.0			X				0	807,725	127,164
Andrew Strausbaugh	50.0									
Hospital CAO	 0				X			434,735	0	84,311
Charlotte Ipsan	50.0									
Hospital CAO	 0				X			485,050	0	97,978
Jon Cooper	50.0									
Hospital CAO	 0				X			451,965	0	84,983

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			
Joseph Flynn DO CAO NMG - Physician -in-Chief NCI	50.0 0				X			864,582	0	138,884
Matthew Ayers Hospital CAO	50.0 0				X			481,980	0	88,811
Aaron Spalding MD Physician	50.0 0					X		1,242,677	0	62,955
Mark Cornett MD Physician	50.0 0					X		989,922	0	54,321
Michael Hahl MD Physician	50.0 0					X		1,302,472	0	54,175
Shawn Glisson MD Physician	50.0 0					X		1,073,877	0	50,687
Yong Cha MD Physician	50.0 0					X		1,257,039	0	60,856
Mary Gruebbel Former, VP Patient Care Svc/CNO	0.0 0						X	185,183	0	4,477
Stephen Williams Former CEO	0.0 0.0						X	0	593,451	23,710
Thomas Kmetz Former Division President Women and Children Services	0.0 0.0						X	599,625	0	119,385

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Norton Hospitals Inc

Employer identification number
61-0703799

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
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 in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0703799
Name: Norton Hospitals Inc

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

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

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

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

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

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

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

Name of the organization Norton Hospitals Inc	Employer identification number 61-0703799
--	--

Part I-A

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

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

Part I-B

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

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

Part I-C

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		73,410
j	Total. Add lines 1c through 1i			73,410
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 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Norton Hospitals, Inc. pays dues to the Kentucky Hospital Association. A portion of those dues in the amount of \$73,410 was spent on lobbying.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Norton Hospitals Inc

Employer identification number
61-0703799

Part I

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

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?

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?

(a)

Donor advised funds

(b)

Funds and other accounts

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.

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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?

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)?

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.

1b

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

(i)

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

(ii)

Assets included in Form 990, Part X ► \$

2

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

a

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

b

Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,881,092	20,691,046	18,843,030	18,722,595	20,430,388
b Contributions	2,971,598	127,680	30,621	31,092	-86,737
c Net investment earnings, gains, and losses	3,518,035	-1,053,047	2,617,227	987,970	-772,654
d Grants or scholarships					
e Other expenditures for facilities and programs	959,711	884,587	799,832	898,627	848,402
f Administrative expenses					
g End of year balance	24,411,014	18,881,092	20,691,046	18,843,030	18,722,595

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 89.44 %

c

Temporarily restricted endowment ▶ 10.56 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

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		25,560,360		25,560,360
b Buildings		922,302,862	418,022,095	504,280,767
c Leasehold improvements				
d Equipment		718,774,295	596,204,895	122,569,400
e Other		192,292,282	8,334,514	183,957,768
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				836,368,295

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM AFFILIATE	1,643,533,485
(2) MISCELLANEOUS RECEIVABLES	440,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	1,643,973,485

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	32,236,969

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0703799
Name: Norton Hospitals Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The Children's Hospital Foundation, Inc. and Norton Healthcare Foundation, Inc. utilize income generated from endowment funds to support various programs, services and capital projects for the benefit of Norton Hospitals, Inc.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Norton Hospitals Inc

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
61-0703799

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 30000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	No
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,581,160	822,619	13,758,541	0.76 %
b Medicaid (from Worksheet 3, column a)			436,661,770	370,732,951	65,928,819	3.63 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			649,909	0	649,909	0.04 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	451,892,839	371,555,570	80,337,269	4.43 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,489,868	2,324,321	10,165,547	0.56 %
f Health professions education (from Worksheet 5)			62,107,640	7,408,160	54,699,480	3.02 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			2,644,082	0	2,644,082	0.15 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,840,370	0	6,840,370	0.38 %
j Total. Other Benefits	0	0	84,081,960	9,732,481	74,349,479	4.10 %
k Total. Add lines 7d and 7j	0	0	535,974,799	381,288,051	154,686,748	8.53 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			1,127,812	1,500	1,126,312	0.06 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	1,127,812	1,500	1,126,312	0.06 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 0	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 1,875,643	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 403,992,585
6 Enter Medicare allowable costs of care relating to payments on line 5	6 412,025,378
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -8,032,793
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:	
☐ Cost accounting system ☐ Cost to charge ratio ☒ Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Section A. Hospital Facilities

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

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

5

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>https://nortonhealthcare.com/about-us/community-health-needs-assessment/</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://nortonhealthcare.com/about-us/community-health-needs-assessment/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.0% and FPG family income limit for eligibility for discounted care of %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☐ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance discount		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a ☒ The FAP was widely available on a website (list url): www.nortonhealthcare.com/fap		
b ☒ The FAP application form was widely available on a website (list url): www.nortonhealthcare.com/fap		
c ☒ A plain language summary of the FAP was widely available on a website (list url): www.nortonhealthcare.com/fap		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☒ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Line 7, Input 7 STATE FILING OF COMMUNITY BENEFIT REPORT	Not required at this time by Commonwealth of Kentucky.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6b Community Benefit Report	The annual community benefit initiative report is for all five hospitals in Norton Hospitals, Inc. (NHI) and is contained in the report prepared by NHI' parent corporation, Norton Healthcare, Inc.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Norton Hospitals Inc. (NHI) is a not-for-profit corporation based in Louisville, Kentucky. NHI has a total of 1,837 licensed beds: Norton Audubon Hospital, 432 beds; Norton Brownboro Hospital, 127 beds; Norton Children's Hospital, 300 beds; Norton Hospital, 605 beds; and Norton Women's & Children's Hospital, 373 beds. These five hospitals operate 24 hours a day, seven days a week. In 2019, NHI's hospitals, diagnostic centers and Norton Cancer Institute served 76,825 inpatients and 596,249 outpatients, 261,206 emergency department visits, and 28,534 observation cases. In addition, NHI's operating rooms cared for 21,224 inpatient surgical patients and 37,219 outpatient surgical patients. Additionally, 7,912 deliveries were performed at NHI birthing facilities. As part of our commitment to improving the health of our community, NHI provides funding for a wide array of lifesaving and life-enhancing services that benefit the communities we serve. In 2019, under its charity care program, NHI provided free care to 10,522 patients, at a cost of \$13.8 million. Also, NHI grants a discount from billed charges to any individuals who have no access to private health insurance or do not qualify for government assistance or charity care. Under this program, 14,820 patients were provided care at discounted rates. Other contributions to the community were the unpaid cost of Medicaid services of \$66.0 million and educational support of \$54.7 million, primarily to the University of Louisville School of Medicine (U of L). Also, community health improvement services totaled \$10.2 million and contributions to community groups were \$1.7 million. NHI provides programmatic support to the U of L through funding and facilities. During the 2019 calendar year, 178 residents completed clinical rotations in 41 specialties at NHI facilities. Residency programs are part of the \$54.7 million in educational support and clinical funding provided to the school. Norton Heart & Vascular Institute Norton Heart & Vascular Institute provides care to more than 250,000 unique patients a year, including completing more than 11,500 surgical procedures and 18,850 noninvasive cardiovascular diagnostic tests each year. As the area's leading provider of cardiovascular care, the institute is committed to meeting the needs of the community, including providing education and support to reduce cardiovascular lifestyle risk factors that can improve the heart health of those we serve. * In 2019, Norton Heart & Vascular Institute offered the area's most comprehensive education and prevention program including the following activities at no cost to participants or the community: - In the Kitchen With Norton Healthcare is a series of heart-healthy cooking classes, including demonstrations and instruction that help attendees learn to prepare heart-healthy meals. Participants receive samples and recipes to take home to continue their journey to a heart-healthy diet. 14 classes were offered and 274 people attended in 2019. - Tai Chi for Heart Health is a free class series offered several times a year. It is designed for those with heart issues to help improve quality of life, psychological well-being, blood pressure, balance, flexibility, stress and depression. 89 separate classes were completed and served 1,365 total attendees in 2019. - A-fib Education Workshops were offered three times in 2019. Patients facing an atrial fibrillation (A-fib) diagnosis learned more about the latest in treatment and medication options, steps to lower their risk of stroke, and how to live better with A-fib. Total attendees for 2019 was 130. - Heart Failure Education Workshops were offered to patients and their families four times in 2019. These workshops help them learn about ways to live a full life and reduce side effects while managing heart failure. Total attendees for 2019 was 94. - Circle of Hearts is a series of classes for patients with heart and vascular disease. Classes focus on various topics, including prevention, heart health education and other wellness issues. Total attendees for the 2019 class series was 31. * Norton Heart & Vascular Institute offers a one-of-a-kind patient support program through Advocates for Healthy Hearts. This unique group of eight advocates gives men and women a chance to connect with others who are heart disease survivors themselves to provide individual support and resources for recovery. Advocates visit those preparing to undergo cardiac surgeries or other procedures, and those who are in the recovery phase of their cardiac event. Patient visits are completed at Norton Healthcare's three centers for cardiac and pulmonary rehabilitation patients. The program provided support to 64 heart patients in 2019. * Connecting Hearts for Support, the only group of its kind in Kentucky, provides a monthly opportunity for men and women living with a heart condition to connect for support and education. The monthly group is offered at Marshall Women's Health.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	h & Education Center on the Norton Healthcare - St. Matthews campus. It is led by the eight trained Advocates for Healthy Hearts and a designated cardiovascular nurse navigator from the Norton Heart & Vascular Institute Resource Center. The group provides emotional support as well as education on healthy nutrition, exercise and stress management. In 2019, 10 support group classes were offered and 187 heart patients attended. * Norton Heart & Vascular Institute is an 11-year active supporter of the American Heart Association's Go Red For Women movement. In 2019, a free breakout session called "Heart Healthy Cooking" was offered prior to the annual Go Red For Women luncheon to more than 45 attendees. * In 2019, Norton Heart & Vascular Institute Resource Center cardiovascular nurse navigators attended 11 heart health community events, including health fairs, presentations and speaking engagements representing businesses, churches, women's groups and health care professionals. More than 1,290 participants attended the events. * Heart-healthy lifestyle consultations are offered to the community for one-on-one instruction with the Norton Heart & Vascular Institute Resource Center cardiovascular nurse navigator. In 2019, six people participated in this offering. Norton Orthopedic Institute Norton Orthopedic Institute earned The Joint Commission's Gold Seal of Approval for knee and hip replacement. This recognition confirms Norton Orthopedic Institute provides a consistently high level of quality care, expert training on best practices, a team approach to patient care and a culture of excellence throughout Norton Healthcare's hospitals and physicians' offices. * Norton Orthopedic & Hand Center on the Norton Brownsboro Hospital campus is a state-of-the-art facility where Norton Healthcare specialists, including those from Norton Orthopedic Institute and Norton Sports Health, provide a multidisciplinary approach to innovative orthopedic care. The facility supports research, training and education. * Housed in the same building as Norton Orthopedic & Hand Center are subspecialized trained orthopedists, a Norton Immediate Care Center with a focus on orthopedics, rehabilitation services, advanced sports training, and primary care services with an emphasis on orthopedics. Norton Women's Care * In 2019, Norton Women's Care birthing facilities at Norton Hospital and Norton Women's & Children's Hospital provided care and medical services for 7,912 deliveries. * Norton Hospital and Norton Women's & Children's Hospital offer free childbirth education classes, hosting a total of 555 in 2019.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Norton Children's Prevention & Wellness * Child passenger safety technicians check car and booster seats and also provide car and booster seats at free checkup clinics statewide. In 2019, 266 car seats were given to families in need through the community events and hospital admissions. Additionally, 53 special needs car seats were loaned to children with body casts and premature infants who would not fit in a conventional car seat. Certified car seat technicians completed 696 car seat inspections. 109 new car seat technicians were trained and certified locally and throughout the state. * The Norton Children's Hospital Bike Safety Rodeo program held 126 rodeo events to teach bicycle safety to 13,837 students from grades three through five throughout Kentucky. * Following interactive classroom lessons on pedestrian safety, 430 elementary school students and teachers participated in "Safe Kids Walk This Way," a program led by Norton Children's Hospital. The program is designed to reduce the number of pedestrian injuries. * Norton Children's Hospital's "Just for Kids" Transport Team transports babies and children from across the region to Norton Children's Hospital. Transportation is provided by airplane, helicopter and specially equipped ambulances (mobile intensive care units). In 2019, 2,389 transportation trips were completed. * More than 3,300 kindergarten students, teachers, chaperones and nursing students participated in the 36th annual Children & Hospitals Week event. The program was held at Louisville's Slugger Field and supported by a Kohl's Cares grant. Children & Hospitals Week, held each year in the spring, is designed to teach safe decisions and behaviors to help lessen the fear and anxiety children may have about coming to a hospital. Kentucky Poison Control Center of Norton Children's Hospital Norton Children's Hospital is home to the Kentucky Poison Control Center. In 2019, the center received nearly 50,000 calls and made nearly 37,000 follow-up calls to concerned families from all 120 counties in Kentucky. The center provided treatment consultation and education about how to correctly handle exposures to poisons. In addition, the center distributed more than 30,000 prevention education resources to physicians' offices, health departments and schools, and more than 1,000 packets of materials to individuals who called the toll-free Poison Help Line at (800) 222-1222, available 24 hours a day, 7 days a week. Norton Neuroscience Institute Founded in 2009, Norton Neuroscience Institute is continuing its quest to be the regional and national leader in treatment, research and academic training for adult and pediatric neuroscience disciplines. Norton Neuroscience Institute allows patients to be treated for neurological disorders without having to leave the region for care. Subspecialty neurosurgeons, neurologists and other neurological-related specialists have joined the growing institute. These physicians and advanced practice providers offer expertise in stroke care, epilepsy, Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS), brain tumors, headaches, concussions, spine care, endovascular and cerebrovascular neurosurgery and many other neurological conditions. * Kentucky is considered to be part of the stroke belt, a region of the United States that sees a high number of stroke cases. As a result, Norton Neuroscience Institute has committed to being a leader in stroke care. Norton Brownsboro Hospital is a designated Comprehensive Stroke Center, while Norton Audubon Hospital and Norton Hospital are certified Primary Stroke Centers, and Norton Women's & Children's Hospital is an Acute Stroke Ready certified center. * Neurosurgeons with Norton Neuroscience Institute were the first in Kentucky to use minimally invasive surgery techniques, including robotic surgery, laser ablation and stereoelectroencephalography in the treatment of brain tumors and epilepsy for adult and pediatric patients. * Norton Neuroscience Institute offers treatment for nearly all neurological disorders. Much of the focus is on working together for the patient, providing multidisciplinary programs for brain tumors, ALS, movement disorders, epilepsy, trigeminal neuralgia (face pain) and stroke. * Norton Leatherman Spine offers advanced treatment options for spine conditions such as Chiari malformation, degenerative disc diseases, scoliosis and spinal stenosis, as well as tumors and infections of the spine. * Norton Leatherman Spine brings leading spine specialists together for a comprehensive approach to treating all spine issues. Through a multidisciplinary team approach, neurosurgeons, orthopedic spine surgeons, general surgeons, pain management specialists, neurologists, physical therapists, neuroradiologists and nurses work together to create a plan that meets the specific needs of each patient, leading to better patient outcomes. The center's surgeons have pioneered many important breakthroughs in spin

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	al treatment that are performed in the U.S. and around the world. In fact, patients from a s far away as South America, Southeast Asia, and Europe have traveled to Louisville for tr eatment. * In 2019, Norton Neuroscience Institute pediatric neurosurgeons came together wi th the University of Louisville School of Medicine's child neurology team to create Norton Children's Neuroscience Institute. While both groups having been working together for dec ades, the creation of Norton Children's Neuroscience Institute, allows for leading experts to work together to treat the full spectrum of pediatric spine and brain conditions.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f Bad debt	As result of new accounting guidance, bad debt is no longer an expense, but is included as a reduction in net patient service revenue.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense under the organization's financial assistance policy	FOR FINANCIAL STATEMENT PURPOSES, NORTON Healthcare HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). Implicit price concessions includes BAD DEBTS. Therefore, Bad debts ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 and bad debt expense is not separately reported as an expense. THE AMOUNT REPORTED ON PART III, LINE 3 IS THE ESTIMATED COST OF BAD DEBT attributable to patients eligible under Norton Hospital's financial assistance policy ON A GROSS BASIS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	Norton Hospitals, Inc. has a policy where we discount charges for all self pay patients with no insurance coverage regardless of income qualifications. Because of this policy, we responded "No" to line 3b in that we do not utilize federal poverty guidelines for providing discounted care.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Norton Healthcare, Inc.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The costing methodology used to calculate the community benefit expenses was to calculate the cost by hospital location (five separate locations under one Medicare provider number). The cost was determined based on a specific location cost to charge ratio. The cost used in the calculator was reduced by provider taxes, Graduate Medical Education expenses, and other costs. The adjusted cost to charge ratio was then multiplied times the gross charges for qualified financial assistance charges, Medicaid, and the state Disproportionate Program (other means tested government program) to obtain the specific community benefit expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Norton Hospitals Inc. (NHI) supported over 400 community organizations with leadership support which included over 54,000 hours and over \$1.0 million in salaries. NHI representatives served on a variety of nonprofits and government agencies that helped improve access to health services, enhanced the health of the community, advanced medical and health care knowledge, and relieved or reduced the burden of government or community effort. NHI' purpose is to provide quality health care to all those we serve, in a manner that responds to the needs of our communities and honors our faith heritage. Our Community Benefit Initiative aligns with our mission to promote the health of the community through service on local boards, advisory councils and volunteering. NHI employees represent NHI on many community board positions that help to enhance the community including the American Red Cross, Greater Louisville Inc. Board, The Kentucky Board of Nursing, Habitat for Humanity, Metro United Way, The American Heart Association, The Ronald McDonald House, and many more. NHI has a rich cultural history of providing community support and NHI employees are passionate about serving others and promoting the health of our community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AS A RESULT OF NEW ACCOUNTING GUIDANCE, BAD DEBT IS NO LONGER AN EXPENSE, BUT IS INCLUDED AS A REDUCTION IN NET PATIENT REVENUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The method used to determine the amount that reasonably could be attributable to patients who likely would qualify for financial assistance under our financial assistance policy is based on our outside eligibility vendor's experience with qualifying accounts as financial assistance. Medassist Firstsource, our outside vendor, screens all self-pay accounts and based on an initial screening, will classify the account as probable financial assistance. If the accounts appear to meet Norton Hospital, Inc.'s (NHI) financial assistance program guidelines, these accounts are then required to submit the necessary documentation to ultimately be classified as a financial assistance account. Based on all accounts that are classified as probable financial assistance by Medassist Firstsource and their experience with getting accounts qualified as financial assistance, it is estimated that 60% of those accounts classified as probable financial assistance and which do not submit the required documentation would qualify as a NHI financial assistance account. The estimated cost of accounts that are estimated to qualify for our financial assistance programs is calculated based on gross charges for accounts for the year that are probable but do not submit the necessary documentation multiplied times our cost to charge ratio times the 60% estimated conversion factor.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	As a result of new accounting guidance, bad debt is no longer an expense, but is included as a reduction in net patient service revenue. The following paragraph per the audited financial statements (page 18, second paragraph) discusses the handling of patient deductible and coinsurance not paid by patients; "Generally, patients who are covered by third-party payors are responsible for patient responsibility balances, including deductibles and coinsurance, which vary in amount. The Corporation estimates the transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and /or implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of change. Adjustments arising from a change in the transaction price were not significant in 2019 and 2018."

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COST WAS BASED ON THE MEDICARE PRINCIPLES USED IN COMPLETING THE MEDICARE COST REPORT. ALL COST REPORTED CAME FROM THE MEDICARE COST REPORT. NORTON HOSPITALS, INC. (NHI) ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. NHI BELIEVES THAT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT FULLY COMPENSATE NHI FOR THE COST OF PROVIDING HOSPITAL CARE TO MEDICARE BENEFICIARIES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	After the patient's initial screening for financial assistance, if it is believed that the patient qualifies for financial assistance; Norton Hospitals Inc. will not start collection efforts pending the patient submitting the necessary information to document meeting the financial assistance qualifications. If the patient submits the necessary documentation within a reasonable time period, then there will not be any collection efforts made to collect any amount from the patient. The patient will receive a statement/bill reflecting the amount due through the financial assistance application process pending the patient's financial assistance application, but there will be no collection efforts. Only after an attempt is made to contact the patient to obtain the necessary documentation for completing the financial assistance application and the patient not responding will collection efforts begin. There is ongoing effort throughout the collection process to screen for Medicaid eligibility, Disproportionate Share Hospital, and the need for providing financial assistance applications to patients. When a patient is approved for financial assistance, their account balance is written off.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Norton Hospital: Line 16a URL: www.nortonhealthcare.com/fap ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Norton Hospital: Line 16b URL: www.nortonhealthcare.com/fap ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Norton Hospital: Line 16c URL: www.nortonhealthcare.com/fap ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	NORTON HOSPITALS, INC (NHI) REGULARLY AND CONSISTENTLY EVALUATES WORKFORCE AND COMMUNITY HEALTH CARE NEEDS THROUGHT PARTNERSHIPS WITH LOCAL HEALTH DEPARTMENTS, EMERGENCY MEDICAL SERVICES, LOCAL AND STATE UNIVERSITIES, AND KENTUCKIANA WORKS, THE WORKFORCE INVESTMENT BOARD FOR THE SEVEN COUNTY REGION SURROUNDING LOUISVILLE. PARTNERSHIPS WITH THESE ORGANIZATIONS, ALONG WITH NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION AND OTHERS, ALSO PROVIDE NHI IMPORTANT STATISTICS AND DATA TO USE IN EVALUATING COMMUNITY ACCESS TO HEALTH CARE SERVICES AND HEALTH CARE DISPARITIES. ADDITIONALLY, NHI ACCESSES DATA FROM ORGANIZATIONS SUCH AS THE CENTER FOR DISEASE CONTROL AND THE UNITED STATES CENSUS BUREAU TO ASSESS AREAS OF GREATEST ANTICIPATED POPULATION GROWTH AND LOW-INCOME AREAS, BOTH OF WHICH MAY BE IN GREATEST NEED FOR PREVENTION EDUCATION, FREE SCREENINGS AND ACCESS TO HEALTH CARE. Norton Healthcare, Inc. (NHC), the parent company of NHI, CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR ALL five HOSPITALS. THE CHNA DEFINED THE PATIENT SERVICE AREA BY PATIENT ORIGIN FOR INPATIENT STAYS, DEMOGRAPHIC, SOCIOECONOMIC, POPULATION, AND OTHER HEALTH RELATED INDICATORS UTILIZED TO PROVIDE INFORMATION ON THE HEALTH STATUS OF THE COMMUNITY. COMMUNITY INPUT WAS PROVIDED THROUGH PROVIDER AND COMMUNITY INTERVIEWS, TARGETED FOCUS GROUPS AND A COMMUNITY HEALTH SURVEY IN PARTNERSHIP WITH THE LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS. HEALTH NEEDS WERE PRIORITIZED AND ADDRESSED BASED ON HEALTH STATUS FINDINGS AND THE COMMUNITY INPUT. THE CHNA IS A COMPONENT OF THE ORGANIZATIONS STRATEGIC PLANNING PROCESS AS RESOURCES ARE NECESSARY TO IMPLEMENT STRATEGIES OUTLINED FOR PRIORITIES IDENTIFIED. THE NHC BOARD OF TRUSTEES AS WELL AS THE LEADERSHIP OF NHC AND HOSPITAL CHIEF ADMINSTRATIVE OFFICERS HAVE APPROVED THE ASSESSMENT AND IMPLEMENTATION PLAN.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Signage is posted in all Norton Healthcare, Inc. (NHC) hospital facilities, including the admission area and emergency room, providing information on the ability to apply for financial assistance and to seek help in paying your bill. The signage is translated in five languages and all languages are contained on the same poster. The languages are: English, Spanish, Vietnamese, Croatian, and Arabic. At the time of registration, the Patient Access/Registration department discusses with the patient the financial assistance/charity options, guidelines, and provides assistance as needed in filling out a financial assistance application and answering questions. The patient may also be referred to the NHC eligibility vendor for assistance at no cost to the patient/guarantor. Additional questions from the patient/guarantor can be facilitated through the NHC Single Billing Office (SBO) area, Customer Service, and NHC vendors. NHC has created a number of different options for the patient/guarantor to supply the information/application for financial assistance to NHC. Those various methods of delivery include: in person, by mail, by fax, on-line application submission via the website, and by specific email address. These various options are publicized and made known to the patient. In 2019 statements mailed to the guarantors by Norton Hospitals, Inc. (NHI) contained information to start the financial assistance application process. NHI employs an outside eligibility vendor, Medassist Firstsource. All self-pay accounts for the facilities are placed for eligibility screening with Medassist Firstsource. They screen for NHC financial assistance, Medicaid, Medicaid Managed Care organizations, presumptive eligibility, and Disproportionate Share Hospital/Kentucky Children's Health Insurance Program (DSH/KCHIP). In addition, they may provide education and referral assistance to the appropriate county/state departments for food stamps, rent assistance, heating assistance, etc. The process of completing the application is often performed by Medassist Firstsource. They protect filing deadlines by submitting the appropriate forms to the state/county. They follow up to secure proof of income documents for Norton financial assistance and follow up with a state caseworker as needed. Medassist Firstsource also makes outside field calls or home visits to the patients to secure the needed information for eligibility assistance if the patient is homebound. Additionally, Medassist Firstsource may provide assistance with patient transportation needs so that the patient can make their scheduled appointments with their caseworker. All of the services provided by Medassist Firstsource eligibility are at no cost to the patient. Cost to the hospitals for these eligibility and enrollment services was in excess of \$4,700,000 in 2019. NHI has a staff of over 11 full-time employees including a supervisor that are dedicated to performing the following functions: processing, reviewing, and approving the hundreds of financial assistance applications received each week. Additionally, some of those employees make out-bound calls to solicit financial assistance information needed to process the patient's application. Financial assistance for Norton financial assistance is not limited to the self-pay population. Even patients with insurance coverage are encouraged to apply for assistance so their deductible, co-payments, and co-insurance amounts are covered under the various assistance programs. Financial counselors/social workers at the facilities are educated and trained to assist with counseling patients to determine and explain our financial assistance programs. They continue to receive on-going education throughout the entire year regarding eligibility changes and additions for Norton financial assistance, DSH/KCHIP, Medicaid, Medicaid Managed Care organization, presumptive eligibility, etc. As the foundation office receives inquiries directed to their offices, they refer these individuals to Patient Financial Services (PFS) to screen for possible Norton financial assistance or The Children's Hospital Foundation, Inc. (CHF) funding. If a child's account does not qualify for Norton financial assistance, then those not qualifying for children's applications are referred to management of PFS for consideration for special funding through CHF as well as other programs. The charity application is provided on the back of the SBO statement. NHI ensures that all patients are made aware of financial assistance regardless of where the patient's account may be in the collection cycle. Even if the patient/guarantor had not previously availed themselves of the opportunity to apply for financial assistance and decided they will now cooperate, then allowed the patient/guarantor to apply and approved if they meet the qualifications. Financial assistance notifications and applications are made available to the patient/guarantor via telephone, face to face meetings, web

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	site, mail, electronically, etc. Primary collection agencies chosen by NHI include with th eir initial placement letter an insert of a copy of a financial assistance application for the guarantor to complete. Calls resulting from notification correspondence sent by the c ollection agencies may be routed to Spanish-speaking Customer Service representatives or p atient/guarantors may also request an interpreter service to assist in facilitating inform ation regarding financial assistance. NHI has translated the full financial assistance pol icy, financial assistance applications, and the plain language summary into four languages : Spanish, Vietnamese, Croatian, and Arabic. NHI's Customer Service department routinely i nstructs and screens patients in the protocol regarding financial assistance through the N orton financial assistance program. Since 2007, NHI has offered at the time of final billi ng all true hospital self-pay patients a significant discount off of the total charges tha t were reflected on their monthly statements and the amount due. Contracted collection age ncies are required to solicit financial assistance applications when the patient/guarantor indicates "cannot pay". The statement provided by NHI in 2019 included the link to the NH C website to allow the patient/guarantor to learn more about financial assistance. The sta tement contains the financial assistance application on the back of the statement so the g uarantor can apply using the actual NHI statement and then mail, fax, bring the applicatio n directly to the facilities, or email the form to PFS. The statement includes a phone num ber to call to learn more about the application process and discuss financial assistance o ptions.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	PRIMARY SERVICE AREA NORTON HOSPITALS INC.'S (NHI) PRIMARY SERVICE AREA POPULATION IS OVER 1.5 MILLION AND EXPECTED TO INCREASE 2% BETWEEN 2020 AND 2025. IN 2016, THE PRIMARY SERVICE AREA INCREASED FROM A 7 COUNTY AREA TO AN AREA INCLUSIVE OF 16 COUNTIES, 5 OF WHICH ARE LOCATED ALONG THE OHIO RIVER BORDER IN KENTUCKY, 4 BORDER THE RIVER IN INDIANA, AND INCLUDES 5 ADDITIONAL KENTUCKY COUNTIES AND 2 ADDITIONAL INDIANA COUNTIES THAT DO NOT BORDER THE OHIO RIVER. 94% OF NHI'S PATIENTS ARE DERIVED FROM THIS SERVICE AREA. APPROXIMATELY 30% OF THE POPULATION IS OVER 55 YEARS OLD; COMPARED TO 29% IN THE USA. THIS PORTION OF THE POPULATION TENDS TO USE ADDITIONAL HEALTHCARE SERVICES. THE PEDIATRIC POPULATION IN 2020 WAS ESTIMATED AT 343,240 AND IS EXPECTED TO INCREASE TO 344,292 WITHIN 5 YEARS AND REPRESENTS 22% OF THE POPULATION. THE NUMBER OF HOUSEHOLDS IN THE PRIMARY SERVICE AREA WAS ESTIMATED AT 611,225 IN 2020 AND IS EXPECTED TO INCREASE 2.7% BY 2025. CURRENTLY 10% OF THE ADULT POPULATION DOES NOT HAVE A HIGH SCHOOL DEGREE AND 18.3% OF THE HOUSEHOLD INCOME IS LESS THAN \$25,000 A YEAR; THE AVERAGE HOUSEHOLD INCOME IS \$84,576 COMPARED TO \$93,707 FOR THE UNITED STATES. NHI TREATS 43% OF THE ADULT INPATIENT CASES IN THE COMMUNITY AND ITS PAYOR MIX IS 50% MEDICARE, 25% MEDICAID/PASSPORT AND 2% SELF PAY. THE LARGEST COUNTY IN THE SERVICE AREA IS JEFFERSON COUNTY AND ITS MAY 2020 PRELIMINARY NON-SEASONALLY ADJUSTED UNEMPLOYMENT RATE WAS 11.9% COMPARED TO 11% FOR KENTUCKY AND 13% FOR THE UNITED STATES. SECONDARY SERVICE AREA NHI'S SECONDARY SERVICE AREA DECREASED FROM 26 COUNTIES TO 17 COUNTIES IN 2016 AS MANY COUNTIES ARE NOW INCLUDED IN THE PRIMARY SERVICE AREA. NHI'S SECONDARY SERVICE AREA POPULATION WAS 431,086 IN 2020 AND IS EXPECTED TO INCREASE 3% BETWEEN 2020 AND 2025. THE SECONDARY SERVICE AREA SPREADS ACROSS 15 KENTUCKY COUNTIES AND 2 INDIANA COUNTIES. THE 55+ AGE COHORT REPRESENTS 30.1% OF THE SECONDARY SERVICE AREA POPULATION AND IS SLIGHTLY HIGHER THAN IN THE UNITED STATES. THE PEDIATRIC POPULATION IN 2020 WAS ESTIMATED AT 97,895 AND EXPECTED TO INCREASE TO 99,069 BY 2025. ALTHOUGH THE PEDIATRIC POPULATION IS EXPECTED TO REMAIN RELATIVELY FLAT (1% GROWTH), THERE IS A NEED FOR CHILDREN TO HAVE APPROPRIATE ACCESS TO CARE IN THE RURAL AREAS OF KENTUCKY. THE NUMBER OF HOUSEHOLDS IN THE SECONDARY SERVICE AREA WAS ESTIMATED AT 169,782 IN 2020 AND IS EXPECTED TO INCREASE 3.1% BY 2025. OVER 47,000 ADULTS IN THIS SERVICE AREA DO NOT HAVE A HIGH SCHOOL EDUCATION AND THE HOUSEHOLD INCOME IS UNDER \$25,000 FOR 25.7% OF THE POPULATION. THE AVERAGE HOUSEHOLD INCOME IS \$65,562, 12% LESS THAN KENTUCKY AND 22% LESS THAN THE PRIMARY SERVICE AREA AVERAGE HOUSEHOLD INCOME.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Norton Healthcare, Inc. (the controlling company) and its affiliates, including Norton Hospitals, Inc., Norton Properties, Inc., Community Medical Associates, Inc., The Children's Hospital Foundation, Inc., Norton Healthcare Foundation, Inc., and Norton Enterprises, Inc. operate in the Louisville, Kentucky metropolitan area and the operations of the affiliated healthcare system include 1,837 licensed beds, over 250 physician practice locations, and 16 Norton Immediate Care Center locations, and other ancillary health care services.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 61-0703799
Name: Norton Hospitals Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>5</u>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Norton Hospital 200 E Chestnut St Louisville, KY 40202 https://nortonhealthcare.com/location/hospitals/norton-hospital/ 100234	X	X		X			X			A
2	Norton Children's Hospital 231 E Chestnut St Louisville, KY 40202 http://www.nortonchildrens.com/ 100234	X	X	X	X			X			A
3	Norton Women's and Children's Hospital 4001 Dutchmans Lane Louisville, KY 40207 https://nortonhealthcare.com/location/hospitals/norton-womens-and-childrens-hospital/ 100255	X	X		X			X			A
4	Norton Audubon Hospital One Audubon Plaza Drive Louisville, KY 40217 https://nortonhealthcare.com/location/hospitals/norton-audubon-hospital/ 100252	X	X		X			X			A
5	Norton Brownsboro Hospital 4950 Norton Healthcare Blvd Louisville, KY 40241 https://nortonhealthcare.com/location/hospitals/norton-brownsboro-hospital/ 100475	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - ALL HOSPITALS. NORTON HOSPITALS, INC. OWNS AND OPERATES FIVE HOSPITALS LOCATED IN LOUISVILLE, JEFFERSON COUNTY, KENTUCKY. THE HOSPITALS ARE: - NORTON HOSPITAL - NORTON CHILDREN'S HOSPITAL - NORTON WOMEN'S AND CHILDREN'S HOSPITAL - NORTON AUDUBON HOSPITAL - NORTON BROWNSBORO HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - OTHER ORGANIZATIONS. THE LOUISVILLE AREA HOSPITALS COLLABORATED WITH LOUISVILLE METRO GOVERNMENT TO CONDUCT THE COMMUNITY WIDE HEALTH SURVEY AND FOCUS GROUPS.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - All Hospitals. DRUG USE IN 2019 THE KENTUCKY POISON CONTROL CENTER OF NORT ON CHILDREN'S HOSPITAL LAUNCHED A 24/7 SUPPORT HOTLINE FOR HEALTH CARE PROVIDERS, PATIENTS AND FIRST RESPONDERS ON OPIOID-RELATED ISSUES. THE KENTUCKY OPIOID ASSISTANCE & RESOURCE HOTLINE - (800) 854-6813 - IS STAFFED BY TOXICOLOGY-CERTIFIED NURSES AND PHARMACISTS. FOR THE COMMUNITY, THE HOTLINE OFFERS ADVICE ON SAFE MEDICATION DISPOSAL, WHERE TO GET NALOXON E AND HOW TO USE IT. STAFF ALSO CAN DIRECTLY CONNECT USERS AND THEIR FAMILIES TO OPERATION UNITE FOR SUBSTANCE USE DISORDER TREATMENT AND ASSIST DISPLACED PATIENTS OF PAIN CLINICS THAT SUDDENLY CLOSE. THE NORTON MATERNAL OPiate AND SUBSTANCE TREATMENT (MOST) PROGRAM WAS CREATED TO HELP PREGNANT WOMEN BREAK THE CYCLE OF ADDICTION. THE MOST PROGRAM OFFERS KNOW LEDGEABLE, SUPPORTIVE STAFF MEMBERS WHO ARE SKILLED IN CARING FOR PREGNANT WOMEN WITH SUBS TANCE USE DISORDERS AND FOR THEIR BABIES. IN 2019, 130 WOMEN ENROLLED IN THE PROGRAM AND 7 7% DELIVERED THEIR BABIES FULL TERM. Norton Hospitals, Inc. (NHI) IS WORKING TO EXPAND THI S ADDICTION RECOVERY PROGRAM THROUGH USE OF NURSE PRACTITIONERS/NAVIGATORS. HEALTH EDUCATO RS FROM NORTON CHILDREN'S PREVENTION & WELLNESS TEAM PARTNER WITH LOCAL SCHOOLS TO OFFER W ELLNESS WORKSHOPS IN HEALTH AND PHYSICAL EDUCATION CLASSROOMS, AFTER-SCHOOL EVENTS AND SUM MER PROGRAMS. THIS PEER-TO-PEER EDUCATION SUPPORTS YOUNG PEOPLE IN DEVELOPING POSITIVE GRO UP NORMS AND IN MAKING HEALTHY DECISIONS. WORKSHOPS ARE OFFERED AS A FOUR-PART SERIES AND EMPOWER STUDENTS TO BECOME VOICES IN THEIR SCHOOL TO ENCOURAGE HEALTHY BEHAVIORS AND DECIS ION-MAKING. IN 2018 NHI CREATED AN OPIOID STEWARDSHIP PROGRAM TO DEVELOP PROTOCOLS FOR OPI OID USE AND DISPOSAL IN BOTH THE HOSPITAL AND AMBULATORY SETTING, AND TO PROMOTE ALTERNATI VE PAIN MANAGEMENT METHODS TO REDUCE THE NUMBER OF OPIOIDS IN THE COMMUNITY. THE PROGRAM F OCUSES ON CHANGING PRESCRIPTION PRACTICES BASED ON RECOMMENDATIONS MADE BY THE JOINT COMMI SSION, A HEALTH CARE ACCREDITATION ORGANIZATION. IN 2019, THE PERCENTAGE OF OPIOID PRESCRIP TIONS OF TOTAL PRESCRIPTIONS WRITTEN BY Hospital PROVIDERS DECREASED 11% FROM THE PRIOR YE AR. IN ADDITION, THE AVERAGE QUANTITY OF PILLS PER PRESCRIPTION DECREASED 8%. OBESITY NHI OFFERS FREE FRUIT AND BOOT CAMP CLASSES TO THE COMMUNITY, DESIGNED TO TEACH SCHOOL-AGE CHI LDREN HOW TO EAT WELL AND STAY ACTIVE TOGETHER. ADULTS AND KIDS PRACTICE MAKING SIMPLE, HE ALTHY FOOD AND PARTICIPATE IN AN EXERCISE ACTIVITY THAT CAN BE DONE AT HOME. CLASSES CAN B E OFFERED VIRTUALLY ON THE ONLINE PLATFORM ZOOM, WHEREBY FAMILIES ARE EMAILED A LIST OF IN GREDIENTS PRIOR TO THE CLASS, SO THEY CAN FOLLOW ALONG DURING THE COOKING DEMONSTRATION. T HE NORTON HEALTH & WELLNESS CENTER OFFERS FREE WEIGHT MANAGEMENT SEMINARS TO THE COMMUNITY IN EITHER AN IN-PERSON OR ONLINE SETTING. SERVICES INCLUDE EDUCATIONAL SEMINARS, SUPPORT GROUPS, A DEMONSTRATION KITCHEN AND MORE. NHI CONTINUES TO OFFER FREE HEALTH SCREENINGS AN D EDUCATION TO THE COMMUNITY T

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	HROUGH USE OF OUR MOBILE PREVENTION UNIT, AS WELL AS THROUGH VARIOUS COMMUNITY EVENTS AND HEALTH FAIRS. IN 2019, THERE WERE OVER 4,000 FREE SCREENINGS PERFORMED IN THE COMMUNITY, U P 12% FROM 2018. NHI HAS PLANS TO EXPAND THE MOBILE PREVENTION CENTER IN 2020 TO INCLUDE A NOTHER VEHICLE AND INCREASE ACCESS TO PREVENTIVE SCREENINGS IN UNDERSERVED AREAS OF THE CO MMUNITY. SMOKING/TOBACCO USE NORTON HEALTHCARE PREVENTION & WELLNESS OFFERS A COMPREHENSIV E TOBACCO CESSATION PROGRAM TO HELP THOSE IN THE COMMUNITY STRUGGLING WITH TOBACCO ADDICTI ON. CLASSES ARE OFFERED AT A VARIETY OF TIMES AND LOCATIONS TO MAKE PARTICIPATION EASY AND CONVENIENT. CLASSES FOLLOW THE AMERICAN LUNG ASSOCIATION FREEDOM FROM SMOKING PROGRAM, PR OVEN TO BE EFFECTIVE FOR MILLIONS OF SMOKERS. PARTICIPATION IN THE PROGRAM INCREASED 32% F ROM 2018 TO 2019. THE COMPREHENSIVE LUNG CENTER AT NORTON CANCER INSTITUTE IS A SCREENING CENTER OF EXCELLENCE, AS DESIGNATED BY THE LUNG CANCER ALLIANCE. LED BY A TEAM OF LUNG SPE CIALISTS, THE CENTER COMBINES FOUR COMPREHENSIVE COMPONENTS - PREVENTION, SCREENING, DIAGN OSIS AND TREATMENT - TO ENSURE EACH PATIENT HAS ACCESS TO STATE-OF-THE-ART LUNG CANCER SCR EENING, SAME-DAY FOLLOW-UP APPOINTMENTS AND FAST-TRACK TREATMENT AND SUPPORT SERVICES. NHI HAS ESTABLISHED A NO SMOKING POLICY ON ALL CAMPUSES TO ELIMINATE EXPOSURE TO TOBACCO SMOK E FOR OUR PATIENTS AND FAMILIES. NHI HAS MULTIPLE PULMONOLOGISTS ON STAFF AND OFFERS A BRO AD RANGE OF ACUTE CARE SERVICES AS WELL AS RESPIRATORY THERAPY AT ALL NHI AND AMBULATORY F ACILITIES. MENTAL HEALTH NHI IMPLEMENTED THE COLUMBIA-SUICIDE SEVERITY RATING SCALE IN APR IL 2019. THIS IS A QUESTIONNAIRE WHICH IS USED TO ASSESS SUICIDE RISKS FOR PATIENTS AT ALL ACCESS POINTS, INCLUDING THE EMERGENCY ROOM AND AMBULATORY SETTING. THE TOOL IS USED TO A SSSS PATIENT RISK AND ENSURE REFERRAL TO APPROPRIATE RESOURCES FOR TREATMENT. HEALTH EDUC ATORS FROM NORTON CHILDREN'S PREVENTION & WELLNESS TEAM PARTNER WITH LOCAL MIDDLE/HIGH SCH OOLS TO OFFER PEER-TO-PEER EDUCATION AND AWARENESS ABOUT MENTAL HEALTH CONCERNS. WORKSHOPS ARE OFFERED IN SCHOOL HEALTH AND PHYSICAL EDUCATION CLASSROOMS, AT AFTER-SCHOOL EVENTS AN D SUMMER PROGRAMS. WORKSHOPS PROVIDE PEER EDUCATION TO SUPPORT YOUNG PEOPLE IN DEVELOPING POSITIVE GROUP NORMS AND MAKING HEALTHY DECISIONS. THIS SERIES TEACHES STUDENTS HOW TO RED UCE STRESS AND EMPOWERS STUDENTS TO BECOME VOICES IN THEIR SCHOOLS AND TO ENCOURAGE HEALTH Y BEHAVIORS AND DECISION-MAKING. NORTON CHILDREN'S HOSPITAL OFFERS INPATIENT PSYCHIATRIC C ARE FOR CHILDREN AGES 2 TO 17 THROUGH THE ACKERLY CHILD PSYCHIATRIC UNIT. THEIR MISSION IS TO HELP CHILDREN AND FAMILIES REACH THEIR FULLEST POTENTIAL IN A NURTURING AND SAFE ENVR ONMENT. THEY ARE EQUIPPED TO SERVE PATIENTS WITH DEVELOPMENTAL DISABILITIES AND AUTISM, AN D EXTEND CARE REGARDLESS OF A FAMILY'S BACKGROUND OR ABILITY TO PAY. IN THE AMBULATORY SET TING, NORTON CHILDREN'S MEDICAL GROUP PSYCHIATRY & PSYCHOLOGY OFFERS CHILD AND ADOLESCENT PSYCHIATRY SERVICES. IN 2019,

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	NHI ESTABLISHED THE NORTON BEHAVIORAL HEALTH PRACTICE, WITH THE GOAL OF PROVIDING CLINICAL LY INTEGRATED FAMILY AND PATIENT-CENTERED MENTAL HEALTH CARE. THE PRACTICE OFFERS TELEMEDI CINE VISITS IN PRIMARY CARE LOCATIONS TO IMPROVE ACCESS AND HELP OVERCOME THE STIGMA OFTEN ASSOCIATED WITH MENTAL HEALTH FACILITIES. THE PRACTICE CARED FOR ALMOST 2,000 PATIENTS IN 2019. NORTON WOMEN'S MENTAL HEALTH SERVICES PROVIDES OUTPATIENT WOMEN'S MENTAL HEALTH SER VICES ON THE NORTON - ST. MATTHEWS CAMPUS. THEY ARE COMMITTED TO PROVIDING QUALITY MENTAL HEALTH CARE TO WOMEN ACROSS THEIR LIFESPAN. CARE COORDINATION NHI, IN PARTNERSHIP WITH THE UNITED WAY, IS PARTICIPATING IN THE UNITED COMMUNITY INITIATIVE. UNITED COMMUNITY SEEKS T O LINK HEALTH CARE SERVICES AND SOCIAL SERVICES VIA A DATABASE PLATFORM CALLED UNITE US. N HI CAN REFER PATIENTS WITH SOCIOECONOMIC NEEDS TO APPROPRIATE RESOURCES USING THIS DATABAS E PLATFORM. THE DATABASE IS INTEGRATED INTO THE PATIENT'S ELECTRONIC MEDICAL RECORD SO THA T PROVIDERS CAN SEE PATIENT REFERRALS TO SOCIAL SERVICES AS WELL AS THE OUTCOME OF THOSE R EFERRALS. NHI HAS ESTABLISHED A SOCIAL SERVICES ASSESSMENT TOOL TO STREAMLINE THE SCREENIN G AND DOCUMENTATION OF SOCIAL NEEDS FOR PATIENTS. THE ASSESSMENT IS INTEGRATED IN THE ELEC TRONIC MEDICAL RECORD AND UTILIZED BY SOCIAL WORKERS TO IDENTIFY AND DOCUMENT SOCIAL NEEDS AND TO REFER PATIENTS TO APPROPRIATE SOCIAL SERVICES RESOURCES USING THE UNITE US DATABAS E PLATFORM. IN 2019 NHI LAUNCHED THE NORTON BABY APP TO STREAMLINE CARE FOR OBSTETRICS PAT IENTS FROM PREGNANCY PLANNING, TO EXPECTING A NEW BABY, TO THE NEW PARENT STAGE. THE APP I S A ONE-STOP-SHOP FOR EXPECTANT MOTHERS AND PROVIDES HEALTH METRICS MONITORING, APPOINTMEN T TRACKING, CHECKLISTS, HEALTH TIPS, AND MORE. IN 2019, 904 PATIENTS UTILIZED THE APP.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - All Hospitals. Other eligibility criteria in addition to the criteria answered above would include as described in the Financial Assistance Policy: * The patient does not qualify for subsidized coverage of government assistance such as Disproportionate Share Hospital, Children's Health Insurance Program, Medicaid, Medicaid Managed Care Organization, or Hoosier Healthcare. * To be eligible for assistance for non-emergent Medically Necessary Care, a patient (or that patient's guarantor) must be a resident of Kentucky, Indiana, Tennessee, Ohio, or Illinois. This residency requirement does not apply to emergency care.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 1	Facility A, 1 - ALL HOSPITALS. SEE RESPONSE TO PART VI, LINE 3; PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Norton Hospitals Inc		Employer identification number 61-0703799

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ 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 Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Discretionary spending account	DISCRETIONARY SPENDING ACCOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PROVIDES A DISCRETIONARY SPENDING ACCOUNT FOR ELIGIBLE NORTON HEALTHCARE, INC. (NHC) EXECUTIVES, EFFECTIVE OCTOBER 1, 2007. NHC 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 NHC DOES NOT REIMBURSE FOR THE COST OF THOSE BENEFITS, AS THEY ARE PART OF THE DISCRETIONARY SPENDING ACCOUNT. THE INTERESTED PERSONS LISTED BELOW RECEIVED THE BENEFIT OF A DISCRETIONARY SPENDING ACCOUNT IN 2019: Matthew Ayers - \$10,000 Thomas Kmetz - \$17,500 Charlotte Ipsan - \$10,000 Jon Cooper - \$10,000 Joseph Flynn - \$10,000 Andrew Strausbaugh - \$10,000
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	NORTON HEALTHCARE INC (NHC) EIN 61-1028725 IS THE PARENT ORGANIZATION FOR NORTON HOSPITALS, INC. AND THEREFORE ESTABLISHES COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES THROUGH ENGAGING WITH THE EXECUTIVE COMMITTEE OF NHC; AN INDEPENDENT COMPENSATION CONSULTANT; WRITTEN EMPLOYMENT AGREEMENTS; THIRD PARTY COMPENSATION SURVEYS AND APPROVAL BY THE EXECUTIVE COMMITTEE AND BOARD. SEE NARRATIVE IN SCHEDULE O, REFERENCING PART VI, LINE 15 WHICH FURTHER DESCRIBES THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION.
Schedule J, Part I, Line 4a Severance or change-of-control payment	Severance payment was received during 2019 by key employee: Thomas Kmetz in the amount of \$525,705 other compensation included in Schedule J column B(iii) and former Key Employee: Mary Gruebbel in the amount of \$108,258 other compensation included in Schedule J column B(iii)
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INTERESTED PERSONS PARTICIPATED IN OR RECEIVED PAYMENT FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AS DESCRIBED IN IRC SECTION 457(F). THE INTERESTED PERSONS BELOW MAY HAVE PARTICIPATED IN ONE OR MORE OF THE FOLLOWING PLANS: THE EXECU-PLUS BENEFIT PLAN, DEFINED BENEFIT AND DEFINED CONTRIBUTION RESTORATION PLANS, AND THE PHYSICIAN DEFERRED PLAN. THE "PAY CREDIT" OUTLINED BELOW REPRESENTS A REASONABLE ESTIMATE OF THE ANNUAL INCREASE IN ACTUARIAL VALUE OF THE PLANS; AND THEREFORE, REPRESENTS THE ORGANIZATION'S CONTRIBUTION TO THE VALUE OF THE BENEFITS. NAME - PAY CREDIT Russell F. Cox - \$141,621 Michael W. Gough - \$89,896 Robert Azar - \$97,041 Adam Kempf - \$102,103 Matthew Ayers - \$49,277 Jon Cooper - \$44,979 Charlotte Ipsan - \$51,717 Thomas Kmetz - \$82,549 Joseph Flynn - \$95,844 Andrew Strausbaugh - \$42,545 THE "PAYMENT RECEIVED" OUTLINED BELOW REPRESENTS CASH PAYMENTS THAT THE EMPLOYEE RECEIVED DURING 2019 AND CAN BE COMPRISED OF CURRENT AND OR PRIOR YEARS EMPLOYEE AND EMPLOYER CONTRIBUTIONS. NAME - PAYMENT RECEIVED Russell F. Cox - \$133,455 Michael W. Gough - \$1,201,977 Robert Azar - \$67,016 Adam Kempf - \$43,053 Matthew Ayers - \$36,520 Jon Cooper - \$35,556 Charlotte Ipsan - \$36,390 Thomas Kmetz - \$69,436 Joseph Flynn - \$67,452 Andrew Strausbaugh - \$31,438 Mary Gruebbel - \$76,925 Michael Hahl - \$253,400
Schedule J, Part I, Line 7 Non-fixed payments	In 2019, Norton Healthcare, Inc. (NHC) had in place a Variable Compensation Plan for Executives, eligibility under which extended to employees holding a full-time position as Senior Officer, Officer, System Director or other designated Director level position. Under the plan, a variable compensation pool amount is approved by the Board of Trustees. Each participant's performance is evaluated relative to the goals and objectives documented as part of the participant's plan; and an award is determined for the participant, based on achievement of the goals and objectives, subject to the funding of the variable compensation pool. At the end of each year, the Committee on Executive Compensation and Benefits determines an appropriate award for the NHC's President & Chief Executive Officer, and the President & Chief Executive Officer recommends appropriate awards for other senior executives to the Committee on Executive Compensation and Benefits for its review and approval.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 61-0703799

Name: Norton Hospitals Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Russell F Cox President & CEO/Trustee	(i)	0	0	0	0	0	0	0
	(ii)	1,241,302	626,112	480,960	160,027	30,779	2,539,179	0
1Stephen Williams Former CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	593,451	0	23,710	617,161	0
2Robert B Azar Sr VP Chief Legal Officer/Secretary	(i)	0	0	0	0	0	0	0
	(ii)	483,956	212,683	111,085	113,661	13,502	934,889	64,572
3Michael W Gough Exec VP and COO	(i)	0	0	0	0	0	0	0
	(ii)	841,376	387,193	1,334,771	107,654	28,651	2,699,645	1,110,136
4Adam Kempf Sr VP, CFO/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	514,491	175,229	81,877	117,543	27,503	916,643	44,472
5Mary Gruebbel Former, VP Patient Care Svc/CNO	(i)	0	0	185,183	4,236	241	189,661	22,116
	(ii)	0	0	0	0	0	0	0
6Thomas Kmetz Former Division President Women and Children Services	(i)	0	0	599,625	99,427	19,959	719,010	595,173
	(ii)	0	0	0	0	0	0	0
7Matthew Ayers Hospital CAO	(i)	322,524	108,163	51,292	65,044	23,766	570,791	38,108
	(ii)	0	0	0	0	0	0	0
8Jon Cooper Hospital CAO	(i)	284,836	98,237	68,892	60,939	24,044	536,948	35,736
	(ii)	0	0	0	0	0	0	0
9Joseph Flynn DO CAO NMG - Physician -in-Chief NCI	(i)	590,595	186,795	87,192	109,844	29,040	1,003,466	66,040
	(ii)	0	0	0	0	0	0	0
10Charlotte Ipsan Hospital CAO	(i)	300,304	104,900	79,845	73,829	24,149	583,028	36,664
	(ii)	0	0	0	0	0	0	0
11Andrew Strausbaugh Hospital CAO	(i)	296,099	92,991	45,645	57,996	26,315	519,046	0
	(ii)	0	0	0	0	0	0	0
12Yong Cha MD Physician	(i)	641,204	593,672	22,163	13,440	47,416	1,317,895	0
	(ii)	0	0	0	0	0	0	0
13Mark Cornett MD Physician	(i)	640,988	318,762	30,172	16,650	37,671	1,044,243	0
	(ii)	0	0	0	0	0	0	0
14Shawn Glisson MD Physician	(i)	912,961	156,858	4,059	12,919	37,767	1,124,564	0
	(ii)	0	0	0	0	0	0	0
15Michael Hahl MD Physician	(i)	602,257	426,021	274,194	16,111	38,064	1,356,647	0
	(ii)	0	0	0	0	0	0	0
16Aaron Spalding MD Physician	(i)	641,882	476,668	124,127	16,330	46,625	1,305,632	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Norton Hospitals Inc

Employer identification number
61-0703799

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

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

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

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

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) JASON NACAZEL	FAMILY MEMBER OF RONALD LEHOCKY, TRUSTEE	85,608	COMPENSATION		No
(2) BARBARA KMETZ	FAMILY MEMBER OF THOMAS KMETZ, KEY EMPLOYEE	89,903	COMPENSATION		No
(3) SARAH A ROBINSON	FAMILY MEMBER OF DONALD H ROBINSON, TRUSTEE	59,964	COMPENSATION		No
(4) Lorraine Bouvette	Family member of Marie Bouvette, Trustee	72,915	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019
		Open to Public Inspection
Name of the organization Norton Hospitals Inc		Employer identification number 61-0703799

990 Schedule O, Supplemental Information	
Return Reference	Explanation
Form 990, Part V, Line 2a COMMON PAYING AGENT FOR EMPLOYEES	NORTON HEALTHCARE, INC. (NHC) EIN 61-102875 IS THE COMMON PAYING AGENT FOR NORTON HOSPITAL S, INC. (NHI) THEREFORE, ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY NHC ON BEHALF OF NHI. NHI HAS APPROXIMATELY 11,793 EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a COMMON PAYING AGENT 1099S	NORTON HEALTHCARE, INC. (NHC) EIN 61-1028725 IS THE COMMON PAYING AGENT FOR NORTON HOSPITALS, INC. (NHI) AND THEREFORE, ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY NHC ON BEHALF OF NHI. FOR PURPOSES OF PART V, LINE 1, THE NUMBER OF 1099S REPORTED AND FILED FOR 2019 BY NHC FOR NHI, WAS APPROXIMATELY 232. NHI HAS 154 INDEPENDENT CONTRACTORS EXCEEDING \$100,000 FOR 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT AND DIRECTION OF THE BUSINESS AND AFFAIRS OF THE CORPORATION. HOWEVER, THE EXECUTIVE COMMITTEE DOES NOT POSSESS THE AUTHORITY TO DO THE FOLLOWING: A) FILL VACANCIES ON THE BOARD; B) CHANGE THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE; C) MAKE DECISIONS TO MERGE, LIQUIDATE, OR OTHERWISE MAKE DECISIONS OUTSIDE OF THE NORMAL COURSE OF BUSINESS, D) MAKE FINAL DETERMINATIONS OF LONG-TERM POLICY; E) HIRE OF 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 6 Classes of members or stockholders	Norton Healthcare, Inc. EIN 61-1028725 is the sole member of Norton Hospitals, Inc.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The Board of Trustees of Norton Healthcare, Inc. appoints the trustees of the organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	According to the Articles of Incorporation of the organization, Norton Healthcare, Inc. (NHC) the sole member, possesses all of the rights granted to a member pursuant to law, including the right to elect trustees or directors and approve amendments to the Articles of Incorporation of the organization. NHC also possesses the right to require the organization to (I) provide contributions of funds of the organization to pay all to a portion of the principle of , interest on, and all other payments to become due and owing with respect to any and all indebtedness incurred by NHC, and (II) provide security for such indebtedness .

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	AT THE October 1, 2020 NORTON HEALTHCARE, INC. (NHC) FINANCE COMMITTEE MEETING AND AT THE OCTOBER 8, 2020 NHC BOARD OF TRUSTEES MEETING, THE 990S WERE DISCUSSED AND COMMITTEE MEMBERS AND TRUSTEES HAD AN OPPORTUNITY TO ASK QUESTIONS. COINCIDING WITH THE FINANCE COMMITTEE MEETING, ELECTRONIC COPIES OF THE 990S WERE MADE AVAILABLE TO ALL MEMBERS OF THE FINANCE COMMITTEE AND BOARD OF TRUSTEES THROUGH THE DIRECTORS PORTAL SITE, PRIOR TO THE FILING WITH THE IRS. NHC IS THE PARENT OF COMMUNITY MEDICAL ASSOCIATES, INC., NORTON HOSPITALS, INC., NORTON PROPERTIES, INC., NORTON HEALTHCARE FOUNDATION, INC., 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. (NHC) engages an outside independent compensation consultant, Integrated Healthcare Strategies (IHS)/Gallagher, to provide comparability data for NHC's officers and key employees on total compensation for similar positions at health systems and hospital organizations similar in size, scope of services, and circumstances. In addition, the organization participates in third party surveys which provide aggregate, comparative compensation data for officers and key employees in similar positions at similar organizations. IHS/Gallagher consultants presented and discussed this comparability data in 2018 for the 2019 compensation review and met in 2019 for the 2020 compensation review with the committee of board leadership (now Executive Committee) of the Board of Trustees (Board) The Committee reviewed the executive compensation and benefits program, determined total compensation for the CEO, and approved compensation for other officers and key employees. The Committee reviewed NHC's variable compensation program and determined appropriate awards for performance relative to goals set for the year . After the Committee determined appropriate compensation and benefits for officers and key employees, the Board approved their total compensation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	FINANCIAL STATEMENTS ARE AVAILABLE HERE: HTTPS://NORTONHEALTHCARE.COM/ABOUT-US/FINANCIAL- INFORMATION/ , GOVERNING DOCUMENTS, AND CONFLICTS OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Outside Lab Service - Total Revenue: 72133, Related or Exempt Function Revenue: 72133, Unr elated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	AFFILIATE TRANSFER - -284191;

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As Filed Data -

DLN: 93493311023560

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Norton Hospitals Inc

Employer identification number
61-0703799

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)NORTON HEALTHCARE INC ACCOUNTING 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1028725	PROVIDE ADMINISTRATIVE AND SUPPORT SERVICES	KY	501(c)(3)	Type II	NA		No
(2)COMMUNITY MEDICAL ASSOCIATES INC ACCOUNTING 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1276316	OPERATES A NETWORK OF PHYSICIAN PRACTICES	KY	501(c)(3)	10	NORTON HEALTHCARE INC		No
(3)NORTON PROPERTIES INC ACCOUNTING 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-1028724	MAINTAIN OFFICE AND PARKING FACILITIES	KY	501(c)(3)	Type I	NORTON HEALTHCARE INC		No
(4)THE CHILDREN'S HOSPITAL FOUNDATION INC ACCOUNTING 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 61-6027530	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(c)(3)	7	NORTON HEALTHCARE INC		No
(5)NORTON HEALTHCARE FOUNDATION INC ACCOUNTING 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 40202 31-0914919	GENERATE FUNDS TO SUPPORT PROGRAMS AND SERVICES	KY	501(c)(3)	7	NORTON HEALTHCAREINC		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) NORTON ENTERPRISES INC 224 E BROADWAY 5TH FLOOR LOUISVILLE, KY 402022025 61-1054301	PROVIDE NURSING AND PATHOLOGY SERVICES	KY	NA	C Corporation					No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r	Yes	
1s	Yes	

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation