DLN: 93493316043469 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990 2018** 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization Norton Hospitals Inc D Employer identification number **B** Check if applicable I ī

	ldress change	The contract of the contract o		61-0703	799	
	ime change itial return	Doing business as	-			
	ial return/terminal	ted	ŀ			
	nended return	Number and street (or P O box if mail is not delivered to street address) Room/su Accounting 224 E Broadway 5th Floor	ite	E Telephon	e number	
□ Ap	plication pendi	ng ,		(502) 6	29-8263	
		City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40202		<b>G</b> Gross red	eipts \$ 2,	024,393,837
		F Name and address of principal officer	H(a) Is this	a group ret	urn for	
		RUSSELL F COX 4967 US Highway 42 Suite 100	subord	ınates?		□ <sub>Yes</sub> ☑ <sub>No</sub>
		Louisville, KY 40222	H(b) Are all	subordinat	es	☐ Yes ☐No
	x-exempt statı	□ 501(c)(3) □ 501(c)( ) ◀ (insert no ) □ 494/(a)(1) or □ 52/	If "No,	" attach a l		instructions)
J W	<b>/ebsite: ►</b> v	www nortonhealthcare com	H(c) Group	exemption	number	<b>&gt;</b>
<b>K</b> For	m of organızatı	on ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of format	ion 1969	<b>M</b> State	of legal domicile KY
P	art I Su	mmary				
	1 Briefly o	describe the organization's mission or most significant activities				
au		Hospitals, Inc 's purpose is to provide quality health care to all those to all theominimum.	ose we serve, II	n a manner	that res	ponds to the needs
Š	<u> </u>	ommunices and rater recreage				
Ē						
Governance				_		
		this box $ ightharpoonup$ if the organization discontinued its operations or disposed of refer of voting members of the governing body (Part VI, line 1a)		of its net a	ssets 3	23
<b>ಸ</b> ರ ഗ		er of independent voting members of the governing body (Part VI, line 1b)			4	22
Activities &		number of individuals employed in calendar year 2018 (Part V, line 2a)			5	11,029
\$		number of volunteers (estimate if necessary)		_	6	1,394
¥		inrelated business revenue from Part VIII, column (C), line 12		•	7a	5,927,294
	1	related business taxable income from Form 990-T, line 34			7b	0
				r Year	1 -	Current Year
_	8 Contrib	outions and grants (Part VIII, line 1h)		12,474,6	03	12,610,334
Ravenue		m service revenue (Part VIII, line 2g)	<u> </u>	,860,586,7		2,006,718,274
ōΛċ	1	ment income (Part VIII, column (A), lines 3, 4, and 7d )		13,8	_	0
Œ		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,130,1		4,170,365
		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,887,205,4		2,023,498,973
	+	and similar amounts paid (Part IX, column (A), lines 1–3 )				0
	1	ts paid to or for members (Part IX, column (A), line 4)				0
S	1	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)		634,795,6	03	629,536,586
Expenses	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)				0
D G	<b>b</b> Total fu	ndraising expenses (Part IX, column (D), line 25) ▶0				
Щ	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		967,909,3	79	1,139,850,798
	18 Total e	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1	,602,704,9	82	1,769,387,384
	19 Revenu	ue less expenses Subtract line 18 from line 12		284,500,4	23	254,111,589
<u>≽</u> 8			Beginning o	of Current Y	ear	End of Year
dan.		1 (D 1)( 1 16)			47	3 FF1 615 5==
Ass I Ba		issets (Part X, line 16)		2,271,045,7		2,551,346,959
Net Assets or Fund Balances		abilities (Part X, line 26)	<u> </u>	130,550,0		156,881,955
		sets or fund balances Subtract line 21 from line 20		2,140,495,7	ادں	2,394,465,004
		<b>gnature Block</b> f perjury, I declare that I have examined this return, including accompanying	schedules and	statements	and to	the hest of my
know	ledge and be	elief, it is true, correct, and complete Declaration of preparer (other than office				
any k	nowledge					
		***	2019	-11-12		
Sian	Sign	nature of officer	Date			

Net Assets or 59 15 14 ar Sign Here Adam Kempf CFO Type or print name and title Print/Type preparer's name Date Preparer's signature PTIN Check | If P00520729 Paid self-employed Firm's name ► CROWE LLP Firm's EIN ► 35-0921680 Preparer Use Only Firm's address ▶ 9600 Brownsboro Road Suite 400 Phone no (502) 326-3996 Louisville, KY 402411122 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Sue Davis EdD RN

Marshall Farrer

Lee K Garlove

Craig D Grant

Maria Gerwing Hampton

				,		,		2/4.000 147.00)	(11) 2/1000	l
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Russell F Cox	10 0	×		x				0	2,023,748	139,421
President & CEO/Trustee	40 0							0	2,023,748	139,421
Gary L Stewart	1 0	x						0	1,600	0
Chair	12 5							0	1,000	
Edie Nixon	1 0									
Vice Chair	7.5	X							0	0

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1,600

3,200

1,600

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Gary L Stewart		l ,,			0	1,600	
Chair	12 5	^			0	1,600	
Edie Nixon	1 0	V			0	0	
Vice Chair	7 5	^			U	0	
Marıa L Bouvette	1 0				0	1.600	
Trustee (partial year)	2 5	×			0	1,600	
Brendan Canavan	10						

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from related from the compensation the

and Independent Contractors

Richard R Ivey

Ronald Lehocky MD

Gregory E Mayes

Barry Pennybaker

Erwin Roberts

Donald H Robinson

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Gail Lyttle

	any hours		dırect	or/t	rust	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Rick Guillaume	1 0	×						0	0	0
Chair Emeritus	3 5	1							3	0
Martha K Heyburn MD	1 0	X						0		
Trustee	4 5	1							U	0
Rita Hudson Shourds EdD	1 0									
Trustee	2.5	X						U	U	0

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(A) (D) (F) (B) (C) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation ation

and Independent Contractors

Sr VP Chief Legal Officer/Secretary

CAO NMG - Physician -in-Chief NCI

Division President Women and Children Services

Michael W Gough

Exec VP and COO

Joseph Flynn DO

Thomas Kmetz

(partial year)

Matthew Ayers

Hospital CAO

Sr VP, CFO/Treasurer

Adam Kempf

	week (list any hours	(	dırect			and a	a	from the organization (W-	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
G Hunt Rounsavall Jr	1 0								4.600	
Trustee	6 5	X						0	1,600	0
Rev William J Schultz	1 0	x						0	0	0
Trustee	4 5							_	-	-
James L Sublett MD	1 0	×						0	1,600	0
Trustee	2 5								,	
Richard S Wolf MD	1 0	×						0	1,600	0
Chair Emeritus	2 5	l							_,,,,,	
	10.0									

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837,612

798,197

474,712

1,331,576

587,990

127,178

214,821

116,583

133,057

151,365

88,594

Rev William J Schultz	1 0				0	0
Trustee	4 5	Х			0	0
James L Sublett MD	10					
Trustee	3.5	Х			0	1,600
Richard S Wolf MD	2 5 1 0					
		Х			0	1,600
Chair Emeritus	2 5					
Robert B Azar	10 0					
			X		0	1,953,813

49 0

1 0

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(C) (D) (E) (F) (A) (B) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from related from the compensation from the

46,657

39,942

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

	any hours	C	direct	or/ti	ruste	ee)		organization (W-	organizations (W- 2/1099-	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	2/1099-MISC)	MISC)	organization and related organizations
Charlotte Ipsan	50 0				x			457,744	0	95,044
Hospital CAO	0							437,744	0	33,044
Jon Cooper	50 0				,			452.006		06.444
Hospital CAO	0				X			452,096	0	86,114
Andrew Strausbaugh	50 0				,			402.772		02.767
Hospital CAO					×			402,773	0	83,767

and Independent Contractors

Michael Driscoll MD

Former, VP Patient Care Svc/CNO

Physician

Mary Gruebbel

Charlotte Ipsan	50 0		х		457,744	0	
Hospital CAO	0		^		437,744	0	
Jon Cooper	50 0		,,		452.006		
Hospital CAO	0		Х		452,096	U	
Andrew Strausbaugh	50 0		,,		402 772		
Hospital CAO	0		Х		402,773	U	
Aaron Spalding MD	50 0						
Physician	0			X	1,253,443	0	

	0						
Andrew Strausbaugh	50 0						
Hospital CAO	0		X		402,773	U	83,767
Aaron Spalding MD	50 0						
Physician				Х	1,253,443	0	53,004
Don Stevens MD	50 0						
Physician	0			X	1,189,870	0	52,722

Aaron Spalding MD	50 0						
Physician	0			×	1,253,443	0	53,004
Don Stevens MD	50 0						
Physician	0			×	1,189,870	0	52,722
Yong Cha MD	50 0			V			50.546
			 	X I	1.162.191	l o	52.516

	50 0						
Don Stevens MD				v	1,189,870	_	52,722
Physician	0			^	1,109,070		52,722
Yong Cha MD	50 0						
Physician	0			X	1,162,191	0	52,516
•	U						

•	l o		l I				
Yong Cha MD	50 0						
Physician	0			Х	1,162,191	0	52,516
Shawn Glisson MD	50 0						
Physician				X	1,049,438	0	40,108

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937,961

439,818

50 0

0 0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## 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

DLN: 93493194008009 OMB No 1545-0047

Open to Public

A For the 2017 c
Internal Revenue Service
Department of the Treasu

▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018 C Name of organization Baptist Healthcare System Inc D Employer identification number B Check if applicable ☐ Address change 61-0444707 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return ☐ Application pending (502) 896-5000 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 2,116,259,710 F Name and address of principal officer **H(a)** Is this a group return for Stephen R Oglesby ☐Yes ☑No subordinates? 2701 Eastpoint Pkwy H(b) Are all subordinates Louisville, KY 40223 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www baptisthealth com L Year of formation 1918 M State of legal domicile KY Summary 1 Briefly describe the organization's mission or most significant activities Provide quality healthcare services & enhance the health of the people & communities we serve Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 16,708 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 1,000 Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 5,445,550 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 665,257 **Prior Year Current Year** 2,832,365 8 Contributions and grants (Part VIII, line 1h) . . 2,091,222 **9** Program service revenue (Part VIII, line 2g) . . . 1,970,810,662 2,044,654,309 53,052,638 36,699,531 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,383,010 32,814,648 2,060,078,675 2,116,259,710 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . 2,130,955 1,764,591 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 906,723,723 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 919,820,653 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 909,642,871 951,779,008 1,831,594,479 1,860,267,322 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 255,992,388 19 Revenue less expenses Subtract line 18 from line 12 . 228,484,196 Assets or d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,796,627,084 2,890,128,218 21 Total liabilities (Part X, line 26) . 1,256,742,387 1,260,158,552 1,539,884,697 1,629,969,666 22 Net assets or fund balances Subtract line 21 from line 20 . Part III 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

Paid **Preparer** 

Use Only

Sign Here Signature of officer

Janet M Norton VP & Secretary

Type or print name and title Print/Type preparer's name Tricia M Johnson Preparer's signature Tricia M Johnson Date PTIN Check | If P00627205 self-employed Ernst & Young US LLP Firm's EIN ► 34-6565596 Firm's name Firm's address ▶ 1900 Scripps Center 312 Walnut Phone no (513) 612-1400 Cincinnati, OH 45202 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

2019-07-13

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

4	1 £   - +							J /14/ 1/4/000 '	1 /44 3/4000 '	avanniantion and	
	for related organizations below dotted line)		aatsurf lenotuutsul	101	eekoldwe key	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Aaron Thompson PHD	1 00	1 1						3,000	0	0	
Director	0 00	<u> </u>	<u> </u>	'	<u> </u>		∟'		<u> </u>		
Allen Rudd Director	1 00	x						3,000	0	0	
Brent Cooper Director	1 00	x						3,000	0	0	
Diane Dalton Evans	1 00	1 1						3,000	0	0	

3,000

71,385

3,000

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	0
Brent Cooper	1 00
Director	0 00
Diane Dalton Evans	1 00
Director (Through 12/31/17)	0 00
Dr Terry T Lester	1 00

Director

Director

Director

Director

Director

Gerard J Colman

Glenn Leveridge

Kerry M Stemler

Marcia Milby Ridings

Judge Eugene Siler Jr

CEO (12/12/17) & Director (1/1/18)

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and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation from the

	any hours		a dır	ecto	or/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
R Christion Hutson	1 00	X						3,000	0	0	
Director (Through 12/31/17)	0 00										
Ramsey Nassar MD	1 00	х						3,000	0	0	
Director	0 00										
Randy Owen MD	1 00	X						6,000	0	0	
Director	0 00										
Robert L Hook Jr	1 00	X						3,000	0	0	
Director	0.00	, ·									

3,000

3,000

3,000

658,561

628,702

520,100

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109,440

33,269

95,344

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Robert L Hook Jr

Director

Tammy Zimmerman

Director (Effective 1/1/18)

Thomas O Davis

Director

Director

David Gray

Janet Norton

Vice President (Through 12/31/17)

Secretary & Vice President

CFO, Treasurer, Vice President

Stephen R Oglesby

Victoria Buster

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

any hours

and Independent Contractors

Vice President (Through 8/18/17)

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

and a director/trustee)

organization

organizations

from the

35,794

117,674

29,111

33,338

	for related	£							Organization	/W 3/1000	TOTAL CITE	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
William G Sisson	40 00											
				X				735,887	0	34,407		
Vice President (Through 12/31/17)	0 00											
Dennis Johnson	40 00											
						X		464,195	0	33,970		
Hospital President	0 00											
Isaac Myers MD	40 00											
						X		600,201	0	126,729		
Chief Health Integration Officer	0 00											
Kenneth Anderson MD	40 00											
VD 0 Charles Madael Officer						×		655,131	0	33,993		

VP & Chief Medical Officer 0 00

40 00 Stephen Toadvine . . . . . . . . . . . . . . . . . Х 430,799

0 00

40 00 ......

VP of Physician Integration Timothy Jahn MD 582,426 Χ Chief Clinical Officer

0 00

0 00

0.00

Stephen C Hanson ...... Х 1,926,660

President & CEO (Through 3/21/17)

0 00

0 00

William A Brown ...... Х 657,157 Form **990** 

DLN: 93493134102979

OMB No 1545-0047

## **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

•		nue Service	I Information an	out Form 990 and its instructions is at <u>wi</u>	vw IRS go	ov/form990		Inspection
A F	or th	e 2017 c	 alendar year, or tax year beg	inning 07-01-2017 , and ending 06-	30-2018	·		
<b>B</b> Che	ck ıf a dress	ipplicable change	C Name of organization	ge Fund Cardiovascular Innovation Inst				ation number
☐ Ini	tıal re	- 1	Doing business as					
		d return on pending	202 E Muhammad Ali Blud	mail is not delivered to street address) Room/	suite	E Telephone no (502) 852-		
			City or town, state or province, co Louisville, KY 402021572	ountry, and ZIP or foreign postal code		<b>G</b> Gross receip		713
			<b>F</b> Name and address of princi	pal officer	H(a)	Is this a group return		.,, 13
			Laman Gray MD 302 E Muhammad Alı Blvd Louisville, KY 402021572			subordinates? Are all subordinates		□Yes ☑No □Yes □No
[ Ta:	x-exer	mpt status	<b>✓</b> 501(c)(3) □ 501(c)( )	◀ (Insert no )		included?  If "No," attach a list	(see ir	
J W	ebsit	t <b>e:►</b> cv2	I org		H(c)	Group exemption nu	mber 🕨	•
<b>K</b> Forr	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ As	ssociation ☐ Other ►	<b>L</b> Year	of formation 2003 <b>M</b>	State of	legal domicile KY
Pa	rt I	Sum	mary					
Activities & Governance	-	THE MISS	scribe the organization's mission ION OF THE CARDIOVASCULAR H, SCIENTIFIC DISCOVERY AND	INNOVATION INSTITUTE IS TO IMPROVE	LIVES TH	HROUGH WORLD-CLAS	SS CAR	DIOVASCULAR
% 5				discontinued its operations or disposed of ning body (Part VI, line 1a)			ts   <b>3</b>	11
<b>ಶ</b> ∽	l			of the governing body (Part VI, line 1b)			4	11
Me Me	l			calendar year 2017 (Part V, line 2a)			5	0
Í,	6	Total nun	nber of volunteers (estimate if r		6	12		
4	l			art VIII, column (C), line 12			7a	37,376
	Ь	Net unrel	lated business taxable income fr	om Form 990-T, line 34	· · ·	Dulley Veen	7b	4,770
	R	Contribut	tions and grants (Part VIII line	1h)	-	<b>Prior Year</b> 770,000	<u>'</u>	Current Year 579,367
e E	l		- '	2g)		14,823		25,576
Ravenue	l	-	· ·	(a), lines 3, 4, and 7d )		·		(
<u></u>	11	Other rev	enue (Part VIII, column (A), lin		90,680		67,913	
	12	Total rev	enue—add lines 8 through 11 (r	nust equal Part VIII, column (A), line 12)		875,503		672,856
	l		nd sımılar amounts paıd (Part IX	, , , , ,		1,362		0
	l		paid to or for members (Part IX,	, ,,				(
33		•	, , , ,	benefits (Part IX, column (A), lines 5–10)	' <u> </u>	0		(
Expenses			- , ,	olumn (A), line 11e)	-			(
Ä	l		raising expenses (Part IX, column (D) penses (Part IX, column (A), line	· · · ———		1,063,933		833,750
	l		, , , , , , , , , , , , , , , , , , , ,	equal Part IX, column (A), line 25)	-	1,065,295		833,750
	l		less expenses Subtract line 18			-189,792		-160,894
8 8 9 8			·		Beg	inning of Current Year		End of Year
Net Assets or Fund Balances			. (5 . ) ( 1 . 46)	<u> </u>	40.202		22.045	
Ass HBa	l		ets (Part X, line 16)	48,283		22,012		
ž ž	l		ollities (Part X, line 26) its or fund balances Subtract lin		-	-435,599		-596,493
	111		ature Block	21 110111111111111111111111111111111111		+33,333		330,433
Jnder	pen- ledge	alties of p and belie	erjury, I declare that I have exa	mined this return, including accompanyir ite Declaration of preparer (other than of				
411 <b>7</b> K	110111	<b>\</b> ****	*			2019-05-14		
Sign		Signati	ure of officer	Date				
Here			Gray MD Executive Director					
		17	r print name and title		<u> </u>			
D:	J		Print/Type preparer's name Rachel Spurlock	Preparer's signature Rachel Spurlock	Date		20729	
Paid		م <b>ر</b>	irm's name			self-employed Firm's EIN ► 35-092	1680	
Prep		<u>ا</u> ا	irm's address ▶ 9600 Brownsboro Ro	pad Suite 400		Phone no (502) 326		
Use	Un	עיי	Louisville, KY 4024:	11122				
May t	he ID	S discuss	this return with the preparer sh			•	√ v <sub>c</sub>	s 🗆 No

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C) o not ox, u n of	) t che inles ficer	eck moss pers	ore son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		
(1) Louis Waterman	0 5	Х		х				0	0	0	
Chair (from 1/1/2018) / Vice Chair (to 1/1/2018)	0	^		^				0	0		
(2) Gregory C Postel MD	0 5	X		x				0	0	0	
Chair (to 1/1/2018) / Vice Chair (from 1/1/2018)	0	^		^				0	0		
(3) Daniel A Durbin	0 5	X						0	0	0	
Director	0	^						0	0	0	
(4) Tonı Ganzel MD	0 5	×						0	0	0	
Director	0	^						0	0	0	
(5) Sandra Hammond	0 5	X						0	0	0	
Director	0	^						0	0		
(6) David Laird	0 5	V						0	0	0	
Director	0	Х						0	0	U	
(7) John McCall	0 5	V						0	0		
Director	0	Х						0	0	0	
(8) Dr William M Pierce Jr	0 5	v						0	0	0	
Director (to 1/31/2018)	0	Х						0	0	U	
(9) Jeff Polson	0 5	V							0		
Director	0	Х						0	0	0	
(10) Jacquelyne Richardson	0 5										
Director	0	Х						0	0	0	
(11) Rıchard A Schultz	0 5	V									
Director	0	Х						0	0	0	
(12) William A Stone	0 5	v						0	0	0	
Director	0	Х						0	0	0	
(13) Laman Gray MD	0 5			V				0	0		
Medical and Exec Director	0			Х				0	0	0	
(14) Roberto Bollı MD	0 5			.,							
Scientific Director	0			Х				0	0	0	
										Form <b>990</b> (2017)	

Part VII

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Average hours per week (list any hours director/trustee)  Average hours per than one box, unless person week (list any hours director/trustee)  Average hours do not check more compensation compensation from the organization (W-organization) (W-									w-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MI5C)	9-MISC) 2/1099-MISC)		relat relat organiz:	ed	
c ·	Sub-Total Fotal from continuation sheets to F Fotal (add lines 1b and 1c)	Part VII, Sectio	nΑ.		٠.		<b>*</b>   <b>*</b>   <b>*</b>   <b>*</b>			0		0		0	
2	Total number of individuals (includin of reportable compensation from the	g but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000	•			
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e •	mpl	oyee,	or hi	ghest co	mpensated	employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No	
5	Did any person listed on line 1a rece services rendered to the organization					,			_	tion or indi	vidual for	5		No	
Se	ection B. Independent Contrac	tors											'	_	
1	Complete this table for your five high from the organization Report compe	hest compensate										mpens	sation		
	(A) Name and business address  (B) Description of services												Comper		

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  $\blacktriangleright$  0