

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

D Employer identification number: 61-0703799
E Telephone number: (502) 629-8263
G Gross receipts \$ 2,024,393,837

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.nortonhealthcare.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1969 **M** State of legal domicile: KY

Part I Summary

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 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 2018 (Part V, line 2a)	11,029
6 Total number of volunteers (estimate if necessary)	1,394
7a Total unrelated business revenue from Part VIII, column (C), line 12	5,927,294
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,474,603	12,610,334
9 Program service revenue (Part VIII, line 2g)	1,860,586,773	2,006,718,274
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,850	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,130,179	4,170,365
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,887,205,405	2,023,498,973
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)	634,795,603	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)	967,909,379	1,139,850,798
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,602,704,982	1,769,387,384
19 Revenue less expenses Subtract line 18 from line 12	284,500,423	254,111,589

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,271,045,747	2,551,346,959
21 Total liabilities (Part X, line 26)	130,550,044	156,881,955
22 Net assets or fund balances Subtract line 21 from line 20	2,140,495,703	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
 Date: 2019-11-12

Paid Preparer Use Only

Print/Type preparer's name: CROWE LLP
 Preparer's signature: [Signature]
 Date: [Date]
 Check if self-employed
 PTIN: P00520729
 Firm's EIN: 35-0921680
 Firm's address: 9600 Brownsboro Road Suite 400, Louisville, KY 402411122
 Phone no: (502) 326-3996

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			
Russell F Cox President & CEO/Trustee	10 40	X		X				0	2,023,748	139,421
Gary L Stewart Chair	10 12.5	X						0	1,600	0
Edie Nixon Vice Chair	10 7.5	X						0	0	0
Maria L Bouvette Trustee (partial year)	10 2.5	X						0	1,600	0
Brendan Canavan Trustee	10 2.5	X						0	0	0
Sue Davis EdD RN Trustee	10 2.5	X						0	1,600	0
Marshall Farrer Trustee	10 2.5	X						0	0	0
Lee K Garlove Trustee	10 3.5	X						0	3,200	0
Maria Gerwing Hampton Trustee	10 4.5	X						0	0	0
Craig D Grant Trustee	10 2.5	X						0	1,600	0

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(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rick Guillaume Chair Emeritus	1 0 3 5	X						0	0	0
Martha K Heyburn MD Trustee	1 0 4 5	X						0	0	0
Rita Hudson Shourds EdD Trustee	1 0 2 5	X						0	0	0
Richard R Ivey Trustee	1 0 2 5	X						0	1,600	0
Ronald Lehocky MD Trustee	1 0 4 5	X						0	0	0
Gail Lyttle Trustee	1 0 2 5	X						0	1,600	0
Gregory E Mayes Trustee	1 0 6 5	X						0	1,600	0
Barry Pennybaker Trustee	1 0 2 5	X						0	0	0
Erwin Roberts Trustee	1 0 2 5	X						0	0	0
Donald H Robinson Trustee	1 0 6 5	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G Hunt Rounsavall Jr Trustee	1 0 6 5	X						0	1,600	0
Rev William J Schultz Trustee	1 0 4 5	X						0	0	0
James L Sublett MD Trustee	1 0 2 5	X						0	1,600	0
Richard S Wolf MD Chair Ementus	1 0 2 5	X						0	1,600	0
Robert B Azar Sr VP Chief Legal Officer/Secretary	10 0 40 0			X				0	1,953,813	127,178
Michael W Gough Exec VP and COO	10 0 40 0			X				0	1,331,576	214,821
Adam Kempf Sr VP, CFO/Treasurer	10 0 40 0			X				0	587,990	116,583
Joseph Flynn DO CAO NMG - Physician -in-Chief NCI	50 0 0				X			837,612	0	133,057
Thomas Kmetz Division President Women and Children Services (partial year)	49 0 1 0				X			798,197	0	151,365
Matthew Ayers Hospital CAO	50 0 0				X			474,712	0	88,594

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			
Charlotte Ipsan Hospital CAO	50 0				X			457,744	0	95,044
Jon Cooper Hospital CAO	50 0				X			452,096	0	86,114
Andrew Strausbaugh Hospital CAO	50 0				X			402,773	0	83,767
Aaron Spalding MD Physician	50 0					X		1,253,443	0	53,004
Don Stevens MD Physician	50 0					X		1,189,870	0	52,722
Yong Cha MD Physician	50 0					X		1,162,191	0	52,516
Shawn Glisson MD Physician	50 0					X		1,049,438	0	40,108
Michael Driscoll MD Physician	50 0					X		937,961	0	46,657
Mary Gruebbel Former, VP Patient Care Svc/CNO	0 0						X	439,818	0	39,942

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OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018

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

C Name of organization
Baptist Healthcare System Inc
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2701 Eastpoint Parkway
City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 40223

D Employer identification number
61-0444707
E Telephone number
(502) 896-5000
G Gross receipts \$ 2,116,259,710

F Name and address of principal officer
Stephen R Oglesby
2701 Eastpoint Pkwy
Louisville, KY 40223

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: www.baptisthealth.com

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1918

M State of legal domicile KY

Part I 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

Table with 2 columns: Description, Amount. Rows 2-7b including total revenue and net income.

Table with 4 columns: Description, Prior Year, Current Year. Rows 8-19 including revenue, expenses, and net assets.

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
Date 2019-07-13
Janet M Norton VP & Secretary
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date
Check if self-employed
PTIN
Firm's name
Firm's EIN
Firm's address
Phone no

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			
Aaron Thompson PHD Director	1 00 0 00	X						3,000	0	0
Allen Rudd Director	1 00 0 00	X						3,000	0	0
Brent Cooper Director	1 00 0 00	X						3,000	0	0
Diane Dalton Evans Director (Through 12/31/17)	1 00 0 00	X						3,000	0	0
Dr Terry T Lester Director	1 00 0 00	X						3,000	0	0
Gerard J Colman CEO (12/12/17) & Director (1/1/18)	40 00 0 00	X		X				71,385	0	11,927
Glenn Leveridge Director	1 00 0 00	X						3,000	0	0
Judge Eugene Siler Jr Director	1 00 0 00	X						0	0	0
Kerry M Stemler Director	1 00 0 00	X						3,000	0	0
Marcia Milby Ridings Director	1 00 0 00	X						3,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R Christian Hutson Director (Through 12/31/17)	1 00 0 00	X						3,000	0	0
Ramsey Nassar MD Director	1 00 0 00	X						3,000	0	0
Randy Owen MD Director	1 00 0 00	X						6,000	0	0
Robert L Hook Jr Director	1 00 0 00	X						3,000	0	0
Tammy Zimmerman Director (Effective 1/1/18)	1 00 0 00	X						3,000	0	0
Thomas O Davis Director	1 00 0 00	X						3,000	0	0
Victoria Buster Director	1 00 0 00	X						3,000	0	0
David Gray Vice President (Through 12/31/17)	40 00 0 00			X				658,561	0	109,440
Janet Norton Secretary & Vice President	40 00 0 00			X				628,702	0	33,269
Stephen R Oglesby CFO, Treasurer, Vice President	40 00 0 00			X				520,100	0	95,344

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			
William G Sisson Vice President (Through 12/31/17)	40 00 0 00			X				735,887	0	34,407
Dennis Johnson Hospital President	40 00 0 00					X		464,195	0	33,970
Isaac Myers MD Chief Health Integration Officer	40 00 0 00					X		600,201	0	126,729
Kenneth Anderson MD VP & Chief Medical Officer	40 00 0 00					X		655,131	0	33,993
Stephen Toadvine VP of Physician Integration	40 00 0 00					X		430,799	0	35,794
Timothy Jahn MD Chief Clinical Officer	40 00 0 00					X		582,426	0	117,674
Stephen C Hanson President & CEO (Through 3/21/17)	0 00 0 00						X	1,926,660	0	29,111
William A Brown Vice President (Through 8/18/17)	0 00 0 00						X	657,157	0	33,338

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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
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OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
Univ of Louisville & Jewish Heritage Fund Cardiovascular Innovation Inst

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
302 E Muhammad Ali Blvd

City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 402021572

D Employer identification number
20-1319658

E Telephone number
(502) 852-1381

G Gross receipts \$ 711,713

F Name and address of principal officer
Laman Gray MD
302 E Muhammad Ali Blvd
Louisville, KY 402021572

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ cv2I.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2003 **M** State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE CARDIOVASCULAR INNOVATION INSTITUTE IS TO IMPROVE LIVES THROUGH WORLD-CLASS CARDIOVASCULAR RESEARCH, SCIENTIFIC DISCOVERY AND NEW ENTERPRISE CREATION

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)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	37,376
7b Net unrelated business taxable income from Form 990-T, line 34	4,770

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	770,000	579,367
9 Program service revenue (Part VIII, line 2g)	14,823	25,576
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)	90,680	67,913
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	875,503	672,856

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,362	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)	0	0
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)	1,063,933	833,750
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,065,295	833,750
19 Revenue less expenses Subtract line 18 from line 12	-189,792	-160,894

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	48,283	22,012
21 Total liabilities (Part X, line 26)	483,882	618,505
22 Net assets or fund balances Subtract line 21 from line 20	-435,599	-596,493

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: _____ Date: 2019-05-14
Laman Gray MD Executive Director
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Rachel Spurlock
Preparer's signature: Rachel Spurlock
Date: _____
Check if self-employed PTIN: P00520729
Firm's name: CROWE LLP Firm's EIN: 35-0921680
Firm's address: 9600 Brownsboro Road Suite 400
Louisville, KY 402411122 Phone no: (502) 326-3996

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Louis Waterman Chair (from 1/1/2018) / Vice Chair (to 1/1/2018)	0.5 0	X		X				0	0	0
(2) Gregory C Postel MD Chair (to 1/1/2018) / Vice Chair (from 1/1/2018)	0.5 0	X		X				0	0	0
(3) Daniel A Durbin Director	0.5 0	X						0	0	0
(4) Toni Ganzel MD Director	0.5 0	X						0	0	0
(5) Sandra Hammond Director	0.5 0	X						0	0	0
(6) David Laird Director	0.5 0	X						0	0	0
(7) John McCall Director	0.5 0	X						0	0	0
(8) Dr William M Pierce Jr Director (to 1/31/2018)	0.5 0	X						0	0	0
(9) Jeff Polson Director	0.5 0	X						0	0	0
(10) Jacquelyne Richardson Director	0.5 0	X						0	0	0
(11) Richard A Schultz Director	0.5 0	X						0	0	0
(12) William A Stone Director	0.5 0	X						0	0	0
(13) Laman Gray MD Medical and Exec Director	0.5 0			X				0	0	0
(14) Roberto Bolli MD Scientific Director	0.5 0			X				0	0	0

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

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

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	0	0	0

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 ▶ **0**

	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>		No
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>		No
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>		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) Name and business address	(B) Description of services	(C) Compensation

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 ▶ **0**